

MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

ANNUAL REPORT

SUBMITTED BY:

TREATMENT FACILITY: Northside WPCF NPDES #: AL0050245

MUNICIPALITY: City of Auburn COUNTY: Lee

CONTACT PERSON: Ron Anders, Jr.
Responsible Official
Mayor
Title

Telephone #: 334-501-7260 Fax #: _____

Email Address: randers@auburnalabama.org

CHIEF OPERATOR: David Jones
Name

Telephone #: 334-826-7340 Fax #: _____

Email Address: david.jones@veolia.com

Date: 3/24/2025

REVIEWED BY: Lynn Sisk, JACOBS
Consulting Engineer

Telephone #: 334-271-1444 Fax #: _____

Date: 3/24/2025

**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 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: Northside Water Pollution Control Facility

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	No Discharge	No Discharge	No Discharge
February	No Discharge	No Discharge	No Discharge
March	No Discharge	No Discharge	No Discharge
April	No Discharge	No Discharge	No Discharge
May	No Discharge	No Discharge	No Discharge
June	No Discharge	No Discharge	No Discharge
July	No Discharge	No Discharge	No Discharge
August	No Discharge	No Discharge	No Discharge
September	No Discharge	No Discharge	No Discharge
October	No Discharge	No Discharge	No Discharge
November	No Discharge	No Discharge	No Discharge
December	No Discharge	No Discharge	No Discharge
Annual Avg.	No Discharge	No Discharge	No Discharge

** 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	2.2 mgd (MMADF)	3398
90% of the Design Criteria	1.98 mgd	3058

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: Northside Water Pollution Control Facility

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)
	Dec - Apr	7	30	1.8	Report Only
	May - Nov	5	30	1.0	Report Only

(2) DMR Concentration

Qtr	Month	BOD ₅ (CBOD ₅) (mg/l)	TSS (mg/l)	NH ₃ -N (mg/l)	TKN (mg/l)
1	January	No Discharge	No Discharge	No Discharge	No Discharge
	February	No Discharge	No Discharge	No Discharge	No Discharge
	March	No Discharge	No Discharge	No Discharge	No Discharge
2	April	No Discharge	No Discharge	No Discharge	No Discharge
	May	No Discharge	No Discharge	No Discharge	No Discharge
	June	No Discharge	No Discharge	No Discharge	No Discharge
3	July	No Discharge	No Discharge	No Discharge	No Discharge
	August	No Discharge	No Discharge	No Discharge	No Discharge
	September	No Discharge	No Discharge	No Discharge	No Discharge
4	October	No Discharge	No Discharge	No Discharge	No Discharge
	November	No Discharge	No Discharge	No Discharge	No Discharge
	December	No Discharge	No Discharge	No Discharge	No Discharge
	Annual Avg.	No Discharge	No Discharge	No Discharge	No Discharge

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)
	Dec - Apr	128	550	33	Report Only
	May - Nov	91.7	550	18.3	Report Only

(2) DMR Loading

Qtr	Month	BOD ₅ (CBOD ₅) (lbs/day)	TSS (lbs/day)	NH ₃ -N (lbs/day)	TKN (lbs/day)
1	January	No Discharge	No Discharge	No Discharge	No Discharge
	February	No Discharge	No Discharge	No Discharge	No Discharge
	March	No Discharge	No Discharge	No Discharge	No Discharge
2	April	No Discharge	No Discharge	No Discharge	No Discharge
	May	No Discharge	No Discharge	No Discharge	No Discharge
	June	No Discharge	No Discharge	No Discharge	No Discharge
3	July	No Discharge	No Discharge	No Discharge	No Discharge
	August	No Discharge	No Discharge	No Discharge	No Discharge
	September	No Discharge	No Discharge	No Discharge	No Discharge
4	October	No Discharge	No Discharge	No Discharge	No Discharge
	November	No Discharge	No Discharge	No Discharge	No Discharge
	December	No Discharge	No Discharge	No Discharge	No Discharge
Annual Avg.		No Discharge	No Discharge	No Discharge	No Discharge

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: Northside Water Pollution Control Facility

Part 3: Age of the Wastewater Treatment Facility

A. What year was the wastewater treatment plant constructed or last reconstructed? 2009

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

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

Age 15 = (2024) - (2009)

Enter Age in Part C below.

B. Check the type of treatment facility employed.

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

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

$$\frac{2.0}{\text{(Factor)}} \times \frac{15}{\text{(Age)}} = \frac{30}{\text{TOTAL POINT VALUE FOR PART 3}}$$

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: Northside Water Pollution Control Facility

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.) 10
- 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? 10
- 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: Northside Water Pollution Control Facility

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?) N/A

(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 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 N/A
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 N/A
Enter this value on Part 11: Summary Sheet.

Facility Name: Northside Water Pollution Control Facility

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: 22,000 Design Flow: 2.2 MGD Design BOD₅ (CBOD₅): 3,398 lbs/day
Equivalent (PE)

List industrial and/or residential developments.

Woodward Oaks, Farmville Lakes, Yarbrough

Farms, Plainsman Lake, Old Samford, various

smaller developments

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: Northside Water Pollution Control Facility

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 \$15.75 Plus rate \$4.94 /1,000 gal.

Industrial Minimum \$15.75 Plus rate \$4.94 /1,000 gal.

Monthly residential rate based on 6,000 gallons usage \$ 30.57

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

User charges, surcharges, sewer access fees, borrowing and developer contributions to the
system.

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

See attached.

Part 10: Subjective Evaluation

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

The facility has no known physical or structural issues. Generally the facility is in good
condition. Equipment currently in use at the facility (screens, pumps, electrical gear, generator,
etc.) is in good condition due to proper operation and maintenance practices.

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

The sewer system is generally in average to good condition. The City has limited SSOs due
to its preventative maintenance program. Sewer lines are repaired or rehabilitated as needed
based on inflow/infiltration concerns, capacity concerns, and/or general integrity.

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

Future use of the Northside WPCF was evaluated as part of the 2020 Wastewater Facilities

Master Plan Update. Future plans (1-3 years) include construction of a flow equalization

storage tank for peak wet weather flows and rehabilitation of the Northside liftstation.

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

The theoretical design life of the facility is approximately 20-40 years. The Northside WPCF

has been operating solely as a liftstation (no treatment or discharge) since 2013. Significant

upgrades, or possibly a new plant, would be needed should the City need to reopen Northside.

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

High flows occasionally experienced due to inflow and infiltration (I/I) in the collection system

during heavy rain events.

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

Yes. The City has a comprehensive Wastewater Facilities Master Plan that is updated every

5 years. The most recent update was completed in 2020-2021. Update will be done in 2025.

- 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. Preventative maintenance is documented and tracked by Veolia using the HACH Job

Cal Plus asset management software. Electronic and hard copies of O&M manuals are filed at

the facility. The City utilizes CityWorks for collection system asset management.

- 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.

Northside Transfer Pump 2 Volute Replacement = \$11,629

Northside Transfer Pump 2 Parts = \$29,650

Northside Transfer Pump 1 Replacement = \$53,180

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

Facility Name: Northside Water Pollution Control Facility

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>30</u> points	40 points
Part 4 <u>0</u> points	200 points
Part 5 <u>N/A</u> points	50 points
Part 6 <u>N/A</u> points	50 points
Part 7 <u>0</u> points	121 points
Part 8 <u>0</u> points	121 points
Total <u>30</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.

Northside WPCF 2024 MWPP

Form 417 Additional Information

Item K. Major Equipment Repairs/Replacement

- Northside Transfer Pump #2 Volute Replacement - \$11,629
- Northside Transfer Pump #2 Parts - \$29,950
- Northside Transfer Pump #1 Replacement - \$53,180

Sewer Maintenance Division



Sanitary Sewer Overflow Report Form

DATE CALL RECEIVED 1/18/2024

TIME CALL RECEIVED 7:45 AM

COMPLAINT REPORTED BY Brandon McGinty

LOCATION OF DISCHARGE: Wooded Area Behind 507 Greentree Terrace

NATURE OF OVERFLOW:

- | | |
|---|---|
| <input type="checkbox"/> City Sewer Line Discharge | <input checked="" type="checkbox"/> Manhole Discharge |
| <input type="checkbox"/> City Sewer Line Blockage | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lift Station Alarm/Discharge | |

SOURCE OF OVERFLOW:

- | | |
|---|---|
| <input type="checkbox"/> Broken Sewer Line | <input type="checkbox"/> Lift Station Discharge |
| <input checked="" type="checkbox"/> Manhole Discharge | <input type="checkbox"/> Other |

CAUSE OF OVERFLOW:

- | | |
|---|--|
| <input type="checkbox"/> Damaged Sewer Line | <input type="checkbox"/> Insufficient Capacity |
| <input type="checkbox"/> Failed/Collapsed Sewer Line | <input checked="" type="checkbox"/> Root Intrusion Into Sewer Line |
| <input type="checkbox"/> Sewer Blockage-Grease | <input checked="" type="checkbox"/> Sewer Blockage-Debris |
| <input type="checkbox"/> Manhole Damaged | <input type="checkbox"/> Lift Station Power Failure |
| <input type="checkbox"/> Failed Collapsed Manhole | <input type="checkbox"/> Lift Station Equipment Failure |
| <input checked="" type="checkbox"/> Cause not listed above: | |

DESTINATION OF DISCHARGE:

- | | | |
|---|--|--------------------------------------|
| <input checked="" type="checkbox"/> Onto Ground | <input type="checkbox"/> Into Ground | <input type="checkbox"/> Onto Street |
| <input type="checkbox"/> Into Storm Drain | <input checked="" type="checkbox"/> Into Water | |

WAS THERE A VISIBLE DISCHARGE INTO A BODY OF WATER ☒ Yes ☐ No (If yes, document with photos)

DURATION OF OVERFLOW (Please fill out below):

From (Date and Time) 7:45 AM To (Date and Time) 8:25 AM

ACTION TAKEN Crew used hydro jet to remove the blockage

WEATHER CONDITIONS (Check One):

- | | | | | |
|---|-------------------------------------|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> No Rain | <input type="checkbox"/> Light Rain | <input type="checkbox"/> Moderate Rain | <input type="checkbox"/> Heavy Rain | <input type="checkbox"/> Previous Rain |
|---|-------------------------------------|--|-------------------------------------|--|

COMPLETED BY Justin Floyd

DATE 1/18/2024

ESTIMATED QUANTITY OF DISCHARGE:

- | | | |
|---|---|--|
| <input type="checkbox"/> Less than 100 gal. | <input type="checkbox"/> Less than 500 gal. | <input checked="" type="checkbox"/> Less than 1,000 gal. |
|---|---|--|

Other estimated flows (Less or more than above) 600 gal

REPORTABLE UNPERMITTED DISCHARGE:

- | | |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Reportable | <input type="checkbox"/> Unreportable |
|--|---------------------------------------|

PERMIT NUMBER: AL 0050245 Auburn Northside WPCF

STATE NOTIFIED: ☒ Yes ☐ No

ADEM SSO HOTLINE NOTIFIED: ☐ Yes ☒ No

ADEM SSO E2 WEB PORT NOTIFIED: ☒ Yes ☐ No

DATE/TIME NOTIFIED: N/A

DATE/TIME NOTIFIED: January 18, 2024

PERSON THAT NOTIFIED STATE: Justin Floyd

PHONE NUMBER: 334-321-1589

SUPERVISOR THOMPSON, MIKEL S

DATE 1/18/2024 1:00:11 PM

Sewer Maintenance Division



Sanitary Sewer Overflow Report Form

DATE CALL RECEIVED 1/24/2024

TIME CALL RECEIVED 12:32

COMPLAINT REPORTED BY Brandon McGinty & Dextin Baker

LOCATION OF DISCHARGE: Across the street from 950 West Farmville Road

NATURE OF OVERFLOW:

- | | |
|---|--|
| <input type="checkbox"/> City Sewer Line Discharge | <input type="checkbox"/> Manhole Discharge |
| <input type="checkbox"/> City Sewer Line Blockage | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Lift Station Alarm/Discharge | |

SOURCE OF OVERFLOW:

- | | |
|--|---|
| <input type="checkbox"/> Broken Sewer Line | <input type="checkbox"/> Lift Station Discharge |
| <input type="checkbox"/> Manhole Discharge | <input checked="" type="checkbox"/> Other |

CAUSE OF OVERFLOW:

- | | |
|--|---|
| <input type="checkbox"/> Damaged Sewer Line | <input type="checkbox"/> Insufficient Capacity |
| <input type="checkbox"/> Failed/Collapsed Sewer Line | <input type="checkbox"/> Root Intrusion Into Sewer Line |
| <input type="checkbox"/> Sewer Blockage-Grease | <input type="checkbox"/> Sewer Blockage-Debris |
| <input type="checkbox"/> Manhole Damaged | <input type="checkbox"/> Lift Station Power Failure |
| <input type="checkbox"/> Failed Collapsed Manhole | <input type="checkbox"/> Lift Station Equipment Failure |
| <input checked="" type="checkbox"/> Cause not listed above: <u>Pressure relief valve failure on force main</u> | |

DESTINATION OF DISCHARGE:

- | | | |
|---|---|--------------------------------------|
| <input checked="" type="checkbox"/> Onto Ground | <input checked="" type="checkbox"/> Into Ground | <input type="checkbox"/> Onto Street |
| <input type="checkbox"/> Into Storm Drain | <input type="checkbox"/> Into Water | |

WAS THERE A VISIBLE DISCHARGE INTO A BODY OF WATER ☐ Yes ☒ No (If yes, document with photos)

DURATION OF OVERFLOW (Please fill out below):

From (Date and Time) 12:32 PM To (Date and Time) 1:30 PM

ACTION TAKEN Maintenance crew turned off the pressure relief

WEATHER CONDITIONS (Check One):

- | | | | | |
|----------------------------------|-------------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> No Rain | <input type="checkbox"/> Light Rain | <input type="checkbox"/> Moderate Rain | <input type="checkbox"/> Heavy Rain | <input checked="" type="checkbox"/> Previous Rain |
|----------------------------------|-------------------------------------|--|-------------------------------------|---|

COMPLETED BY Justin Floyd

DATE 1/24/2024

ESTIMATED QUANTITY OF DISCHARGE:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Less than 100 gal. | <input type="checkbox"/> Less than 500 gal. | <input type="checkbox"/> Less than 1,000 gal. |
|--|---|---|

Other estimated flows (Less or more than above) 10 Gallons

REPORTABLE UNPERMITTED DISCHARGE:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Reportable | <input checked="" type="checkbox"/> Unreportable |
|-------------------------------------|--|

PERMIT NUMBER: AL 0050245 Auburn Northside WPCF

STATE NOTIFIED: ☐ Yes ☒ No

ADEM SSO HOTLINE NOTIFIED: ☐ Yes ☒ No ADEM SSO E2 WEB PORT NOTIFIED: ☐ Yes ☒ No

DATE/TIME NOTIFIED: N/A DATE/TIME NOTIFIED: N/A

PERSON THAT NOTIFIED STATE: N/A

PHONE NUMBER: 334-321-1589

SUPERVISOR THOMPSON, MIKEL S

DATE 1/24/2024 3:50:26 PM

Sewer Maintenance Division



Sanitary Sewer Overflow Report Form

DATE CALL RECEIVED 3/25/2024
COMPLAINT REPORTED BY Tejinder Sara
LOCATION OF DISCHARGE: 1208 Hickory Lane

TIME CALL RECEIVED 9:00AM

NATURE OF OVERFLOW:

- | | |
|---|---|
| <input type="checkbox"/> City Sewer Line Discharge | <input checked="" type="checkbox"/> Manhole Discharge |
| <input type="checkbox"/> City Sewer Line Blockage | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lift Station Alarm/Discharge | |

SOURCE OF OVERFLOW:

- | | |
|---|---|
| <input type="checkbox"/> Broken Sewer Line | <input type="checkbox"/> Lift Station Discharge |
| <input checked="" type="checkbox"/> Manhole Discharge | <input type="checkbox"/> Other |

CAUSE OF OVERFLOW:

- | | |
|---|--|
| <input type="checkbox"/> Damaged Sewer Line | <input type="checkbox"/> Insufficient Capacity |
| <input type="checkbox"/> Failed/Collapsed Sewer Line | <input checked="" type="checkbox"/> Root Intrusion Into Sewer Line |
| <input checked="" type="checkbox"/> Sewer Blockage-Grease | <input type="checkbox"/> Sewer Blockage-Debris |
| <input type="checkbox"/> Manhole Damaged | <input type="checkbox"/> Lift Station Power Failure |
| <input type="checkbox"/> Failed Collapsed Manhole | <input type="checkbox"/> Lift Station Equipment Failure |
| <input checked="" type="checkbox"/> Cause not listed above: | |

DESTINATION OF DISCHARGE:

- | | | |
|---|---|--------------------------------------|
| <input checked="" type="checkbox"/> Onto Ground | <input checked="" type="checkbox"/> Into Ground | <input type="checkbox"/> Onto Street |
| <input type="checkbox"/> Into Storm Drain | <input checked="" type="checkbox"/> Into Water | |

WAS THERE A VISIBLE DISCHARGE INTO A BODY OF WATER ☒ Yes ☐ No (If yes, document with photos)

DURATION OF OVERFLOW (Please fill out below):

From (Date and Time) 9:00 AM To (Date and Time) 9:30 AM

ACTION TAKEN Hydro Jet was used to clear the blockage

WEATHER CONDITIONS (Check One):

- | | | | | |
|---|-------------------------------------|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> No Rain | <input type="checkbox"/> Light Rain | <input type="checkbox"/> Moderate Rain | <input type="checkbox"/> Heavy Rain | <input type="checkbox"/> Previous Rain |
|---|-------------------------------------|--|-------------------------------------|--|

COMPLETED BY Justin Floyd DATE 3/25/2024

ESTIMATED QUANTITY OF DISCHARGE:

- | | | |
|---|--|---|
| <input type="checkbox"/> Less than 100 gal. | <input checked="" type="checkbox"/> Less than 500 gal. | <input type="checkbox"/> Less than 1,000 gal. |
|---|--|---|

Other estimated flows (Less or more than above) 300 gallons

REPORTABLE UNPERMITTED DISCHARGE:

- | | |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Reportable | <input type="checkbox"/> Unreportable |
|--|---------------------------------------|

PERMIT NUMBER: AL 0050245 Auburn Northside WPCF

STATE NOTIFIED: ☒ Yes ☐ No

ADEM SSO HOTLINE NOTIFIED: ☐ Yes ☒ No ADEM SSO E2 WEB PORT NOTIFIED: ☒ Yes ☐ No

DATE/TIME NOTIFIED: 2:00 PM DATE/TIME NOTIFIED: 8:25 AM

PERSON THAT NOTIFIED STATE: Alabama

PHONE NUMBER: 334-501-3069

SUPERVISOR FLOYD, JUSTIN V DATE 3/25/2024 1:44:40 PM

Sewer Maintenance Division



Sanitary Sewer Overflow Report Form

DATE CALL RECEIVED 4/12/2024

TIME CALL RECEIVED 11:05 AM

COMPLAINT REPORTED BY Chad(Landscaper for 817 N Cary Drive)

LOCATION OF DISCHARGE: Creek bank located at 805 N Cary Drive

NATURE OF OVERFLOW:

- | | |
|---|--|
| <input checked="" type="checkbox"/> City Sewer Line Discharge | <input type="checkbox"/> Manhole Discharge |
| <input type="checkbox"/> City Sewer Line Blockage | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lift Station Alarm/Discharge | |

SOURCE OF OVERFLOW:

- | | |
|--|---|
| <input type="checkbox"/> Broken Sewer Line | <input type="checkbox"/> Lift Station Discharge |
| <input type="checkbox"/> Manhole Discharge | <input checked="" type="checkbox"/> Other |

CAUSE OF OVERFLOW:

- | | |
|---|---|
| <input type="checkbox"/> Damaged Sewer Line | <input type="checkbox"/> Insufficient Capacity |
| <input type="checkbox"/> Failed/Collapsed Sewer Line | <input type="checkbox"/> Root Intrusion Into Sewer Line |
| <input checked="" type="checkbox"/> Sewer Blockage-Grease | <input checked="" type="checkbox"/> Sewer Blockage-Debris |
| <input type="checkbox"/> Manhole Damaged | <input type="checkbox"/> Lift Station Power Failure |
| <input type="checkbox"/> Failed Collapsed Manhole | <input type="checkbox"/> Lift Station Equipment Failure |
| <input checked="" type="checkbox"/> Cause not listed above: | |

DESTINATION OF DISCHARGE:

- | | | |
|---|--|--------------------------------------|
| <input checked="" type="checkbox"/> Onto Ground | <input type="checkbox"/> Into Ground | <input type="checkbox"/> Onto Street |
| <input type="checkbox"/> Into Storm Drain | <input checked="" type="checkbox"/> Into Water | |

WAS THERE A VISIBLE DISCHARGE INTO A BODY OF WATER ☒ Yes ☐ No (If yes, document with photos)

DURATION OF OVERFLOW (Please fill out below):

From (Date and Time) 11:30 AM To (Date and Time) 3:30 PM

ACTION TAKEN Sewer personnel used a high pressure jetter truck to relive the blockage and the discharge ceased. Lateral will be inspected for further maintenance needs.

WEATHER CONDITIONS (Check One):

- | | | | | |
|---|-------------------------------------|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> No Rain | <input type="checkbox"/> Light Rain | <input type="checkbox"/> Moderate Rain | <input type="checkbox"/> Heavy Rain | <input type="checkbox"/> Previous Rain |
|---|-------------------------------------|--|-------------------------------------|--|

COMPLETED BY Justin Floyd

DATE 4/12/2024

ESTIMATED QUANTITY OF DISCHARGE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than 100 gal. | <input type="checkbox"/> Less than 500 gal. | <input type="checkbox"/> Less than 1,000 gal. |
|---|---|---|

Other estimated flows (Less or more than above) 14,400

REPORTABLE UNPERMITTED DISCHARGE:

- | | |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Reportable | <input type="checkbox"/> Unreportable |
|--|---------------------------------------|

PERMIT NUMBER: AL 0050245 Auburn Northside WPCF

STATE NOTIFIED: ☒ Yes ☐ No

ADEM SSO HOTLINE NOTIFIED: ☐ Yes ☒ No ADEM SSO E2 WEB PORT NOTIFIED: ☒ Yes ☐ No

DATE/TIME NOTIFIED: 4/13/2024 9:30AM DATE/TIME NOTIFIED: 4/13/2024

PERSON THAT NOTIFIED STATE: Derek May

PHONE NUMBER: 334-501-7363

SUPERVISOR FLOYD, JUSTIN V

DATE 4/13/2024 9:18:43 AM

Sewer Maintenance Division



Sanitary Sewer Overflow Report Form

DATE CALL RECEIVED 4/22/2024
COMPLAINT REPORTED BY COLLECTION SYSTEM
MAINTENANCE STAFF
LOCATION OF DISCHARGE: 1208 HICKORY LN.

TIME CALL RECEIVED 1:30PM

NATURE OF OVERFLOW:

- | | |
|--|--|
| <input type="checkbox"/> City Sewer Line Discharge | <input type="checkbox"/> Manhole Discharge |
| <input checked="" type="checkbox"/> City Sewer Line Blockage | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lift Station Alarm/Discharge | |

SOURCE OF OVERFLOW:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Broken Sewer Line | <input type="checkbox"/> Lift Station Discharge |
| <input type="checkbox"/> Manhole Discharge | <input type="checkbox"/> Other |

CAUSE OF OVERFLOW:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Damaged Sewer Line | <input type="checkbox"/> Insufficient Capacity |
| <input checked="" type="checkbox"/> Failed/Collapsed Sewer Line | <input type="checkbox"/> Root Intrusion Into Sewer Line |
| <input type="checkbox"/> Sewer Blockage-Grease | <input type="checkbox"/> Sewer Blockage-Debris |
| <input type="checkbox"/> Manhole Damaged | <input type="checkbox"/> Lift Station Power Failure |
| <input type="checkbox"/> Failed Collapsed Manhole | <input type="checkbox"/> Lift Station Equipment Failure |
| <input checked="" type="checkbox"/> Cause not listed above: | |

DESTINATION OF DISCHARGE:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Onto Ground | <input type="checkbox"/> Into Ground | <input type="checkbox"/> Onto Street |
| <input type="checkbox"/> Into Storm Drain | <input checked="" type="checkbox"/> Into Water | |

WAS THERE A VISIBLE DISCHARGE INTO A BODY OF WATER ☒ Yes ☐ No (If yes, document with photos)

DURATION OF OVERFLOW (Please fill out below):

From (Date and Time) 1:30PM To (Date and Time) 2:32PM

ACTION TAKEN BYPASS PUMP WAS SETUP STOPPING THE DISCHARGE. THE SEWER MAIN WAS REPAIRED.

WEATHER CONDITIONS (Check One):

- | | | | | |
|---|-------------------------------------|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> No Rain | <input type="checkbox"/> Light Rain | <input type="checkbox"/> Moderate Rain | <input type="checkbox"/> Heavy Rain | <input type="checkbox"/> Previous Rain |
|---|-------------------------------------|--|-------------------------------------|--|

COMPLETED BY DEREK MAY DATE 4/23/2024

ESTIMATED QUANTITY OF DISCHARGE:

- | | | |
|---|---|--|
| <input type="checkbox"/> Less than 100 gal. | <input type="checkbox"/> Less than 500 gal. | <input checked="" type="checkbox"/> Less than 1,000 gal. |
|---|---|--|

Other estimated flows (Less or more than above)

REPORTABLE UNPERMITTED DISCHARGE:

- | | |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Reportable | <input type="checkbox"/> Unreportable |
|--|---------------------------------------|

PERMIT NUMBER: AL 0050245 Auburn Northside WPCF

STATE NOTIFIED: ☒ Yes ☐ No

ADEM SSO HOTLINE NOTIFIED: ☐ Yes ☒ No ADEM SSO E2 WEB PORT NOTIFIED: ☒ Yes ☐ No

DATE/TIME NOTIFIED: 4/23/24 9:00AM DATE/TIME NOTIFIED: 4/23/24 9:00AM

PERSON THAT NOTIFIED STATE: DEREK MAY

PHONE NUMBER: 334-501-7363

SUPERVISOR DATE 4/23/2024 8:56:50 AM

Sewer Maintenance Division



Sanitary Sewer Overflow Report Form

DATE CALL RECEIVED 5/12/2024
COMPLAINT REPORTED BY Corey Walp
LOCATION OF DISCHARGE: Mall Parkway

TIME CALL RECEIVED 3:30PM

NATURE OF OVERFLOW:

- | | |
|---|---|
| <input type="checkbox"/> City Sewer Line Discharge | <input checked="" type="checkbox"/> Manhole Discharge |
| <input type="checkbox"/> City Sewer Line Blockage | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lift Station Alarm/Discharge | |

SOURCE OF OVERFLOW:

- | | |
|---|---|
| <input type="checkbox"/> Broken Sewer Line | <input type="checkbox"/> Lift Station Discharge |
| <input checked="" type="checkbox"/> Manhole Discharge | <input type="checkbox"/> Other |

CAUSE OF OVERFLOW:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Damaged Sewer Line | <input type="checkbox"/> Insufficient Capacity |
| <input type="checkbox"/> Failed/Collapsed Sewer Line | <input type="checkbox"/> Root Intrusion Into Sewer Line |
| <input checked="" type="checkbox"/> Sewer Blockage-Grease | <input type="checkbox"/> Sewer Blockage-Debris |
| <input type="checkbox"/> Manhole Damaged | <input type="checkbox"/> Lift Station Power Failure |
| <input type="checkbox"/> Failed Collapsed Manhole | <input type="checkbox"/> Lift Station Equipment Failure |
| <input checked="" type="checkbox"/> Cause not listed above: | |

DESTINATION OF DISCHARGE:

- | | | |
|--|--------------------------------------|---|
| <input checked="" type="checkbox"/> Onto Ground | <input type="checkbox"/> Into Ground | <input checked="" type="checkbox"/> Onto Street |
| <input checked="" type="checkbox"/> Into Storm Drain | <input type="checkbox"/> Into Water | |

WAS THERE A VISIBLE DISCHARGE INTO A BODY OF WATER ☐ Yes ☒ No (If yes, document with photos)

DURATION OF OVERFLOW (Please fill out below):

From (Date and Time) 3:30PM To (Date and Time) 5:02PM

ACTION TAKEN Used Hydro Jett to clear the Blockage

WEATHER CONDITIONS (Check One):

- | | | | | |
|---|-------------------------------------|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> No Rain | <input type="checkbox"/> Light Rain | <input type="checkbox"/> Moderate Rain | <input type="checkbox"/> Heavy Rain | <input type="checkbox"/> Previous Rain |
|---|-------------------------------------|--|-------------------------------------|--|

COMPLETED BY Justin Floyd DATE 5/13/2024

ESTIMATED QUANTITY OF DISCHARGE:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Less than 100 gal. | <input type="checkbox"/> Less than 500 gal. | <input type="checkbox"/> Less than 1,000 gal. |
|--|---|---|

Other estimated flows (Less or more than above) 5 GPM

REPORTABLE UNPERMITTED DISCHARGE:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Reportable | <input checked="" type="checkbox"/> Unreportable |
|-------------------------------------|--|

PERMIT NUMBER: AL 0050245 Auburn Northside WPCF

STATE NOTIFIED: ☐ Yes ☒ No

ADEM SSO HOTLINE NOTIFIED: ☐ Yes ☒ No ADEM SSO E2 WEB PORT NOTIFIED: ☐ Yes ☒ No

DATE/TIME NOTIFIED: N/A DATE/TIME NOTIFIED: N/A

PERSON THAT NOTIFIED STATE: N/A

PHONE NUMBER: 334-321-1589

SUPERVISOR THOMPSON, MIKEL S DATE 5/13/2024 2:30:28 PM

Sewer Maintenance Division



Sanitary Sewer Overflow Report Form

DATE CALL RECEIVED 5/30/2024

TIME CALL RECEIVED 2:20PM

COMPLAINT REPORTED BY Auburn Citizen

LOCATION OF DISCHARGE: Sewer manhole on the property of 1005 Dekalb Street

NATURE OF OVERFLOW:

- | | |
|---|---|
| <input type="checkbox"/> City Sewer Line Discharge | <input checked="" type="checkbox"/> Manhole Discharge |
| <input type="checkbox"/> City Sewer Line Blockage | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lift Station Alarm/Discharge | |

SOURCE OF OVERFLOW:

- | | |
|---|---|
| <input type="checkbox"/> Broken Sewer Line | <input type="checkbox"/> Lift Station Discharge |
| <input checked="" type="checkbox"/> Manhole Discharge | <input type="checkbox"/> Other |

CAUSE OF OVERFLOW:

- | | |
|---|--|
| <input type="checkbox"/> Damaged Sewer Line | <input type="checkbox"/> Insufficient Capacity |
| <input type="checkbox"/> Failed/Collapsed Sewer Line | <input checked="" type="checkbox"/> Root Intrusion Into Sewer Line |
| <input checked="" type="checkbox"/> Sewer Blockage-Grease | <input checked="" type="checkbox"/> Sewer Blockage-Debris |
| <input type="checkbox"/> Manhole Damaged | <input type="checkbox"/> Lift Station Power Failure |
| <input type="checkbox"/> Failed Collapsed Manhole | <input type="checkbox"/> Lift Station Equipment Failure |
| <input checked="" type="checkbox"/> Cause not listed above: | |

DESTINATION OF DISCHARGE:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Onto Ground | <input checked="" type="checkbox"/> Into Ground | <input checked="" type="checkbox"/> Onto Street |
| <input checked="" type="checkbox"/> Into Storm Drain | <input checked="" type="checkbox"/> Into Water | |

WAS THERE A VISIBLE DISCHARGE INTO A BODY OF WATER ☒ Yes ☐ No (If yes, document with photos)

DURATION OF OVERFLOW (Please fill out below):

From (Date and Time) 2:20 PM To (Date and Time) 3:25 PM

ACTION TAKEN Sewer personnel used high pressure hydro jet truck to clear the blockage

WEATHER CONDITIONS (Check One):

- | | | | | |
|---|-------------------------------------|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> No Rain | <input type="checkbox"/> Light Rain | <input type="checkbox"/> Moderate Rain | <input type="checkbox"/> Heavy Rain | <input type="checkbox"/> Previous Rain |
|---|-------------------------------------|--|-------------------------------------|--|

COMPLETED BY Justin Floyd

DATE 5/31/2024

ESTIMATED QUANTITY OF DISCHARGE:

- | | | |
|---|---|--|
| <input type="checkbox"/> Less than 100 gal. | <input type="checkbox"/> Less than 500 gal. | <input checked="" type="checkbox"/> Less than 1,000 gal. |
|---|---|--|

Other estimated flows (Less or more than above) 650 Gallons

REPORTABLE UNPERMITTED DISCHARGE:

- | | |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Reportable | <input type="checkbox"/> Unreportable |
|--|---------------------------------------|

PERMIT NUMBER: AL 0050245 Auburn Northside WPCF

STATE NOTIFIED: ☒ Yes ☐ No

ADEM SSO HOTLINE NOTIFIED: ☐ Yes ☒ No

ADEM SSO E2 WEB PORT NOTIFIED: ☒ Yes ☐ No

DATE/TIME NOTIFIED: 12:00 PM

DATE/TIME NOTIFIED: 12:00 PM

PERSON THAT NOTIFIED STATE: Justin Floyd

PHONE NUMBER: 334-321-1589

SUPERVISOR THOMPSON, MIKEL S

DATE 5/31/2024 1:21:37 PM

Sewer Maintenance Division



Sanitary Sewer Overflow Report Form

DATE CALL RECEIVED 7/15/2024

TIME CALL RECEIVED 3:02 PM

COMPLAINT REPORTED BY Justin Floyd

LOCATION OF DISCHARGE: N DONAHUE DR/W FARMVILLE RD

NATURE OF OVERFLOW:

- | | |
|---|--|
| <input type="checkbox"/> City Sewer Line Discharge | <input type="checkbox"/> Manhole Discharge |
| <input type="checkbox"/> City Sewer Line Blockage | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Lift Station Alarm/Discharge | |

SOURCE OF OVERFLOW:

- | | |
|--|---|
| <input type="checkbox"/> Broken Sewer Line | <input type="checkbox"/> Lift Station Discharge |
| <input type="checkbox"/> Manhole Discharge | <input checked="" type="checkbox"/> Other |

CAUSE OF OVERFLOW:

- | | |
|---|---|
| <input type="checkbox"/> Damaged Sewer Line | <input type="checkbox"/> Insufficient Capacity |
| <input type="checkbox"/> Failed/Collapsed Sewer Line | <input type="checkbox"/> Root Intrusion Into Sewer Line |
| <input type="checkbox"/> Sewer Blockage-Grease | <input type="checkbox"/> Sewer Blockage-Debris |
| <input type="checkbox"/> Manhole Damaged | <input type="checkbox"/> Lift Station Power Failure |
| <input type="checkbox"/> Failed Collapsed Manhole | <input type="checkbox"/> Lift Station Equipment Failure |
| <input checked="" type="checkbox"/> Cause not listed above: ARV valve connection to force main. | |

DESTINATION OF DISCHARGE:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Onto Ground | <input checked="" type="checkbox"/> Into Ground | <input checked="" type="checkbox"/> Onto Street |
| <input checked="" type="checkbox"/> Into Storm Drain | <input type="checkbox"/> Into Water | |

WAS THERE A VISIBLE DISCHARGE INTO A BODY OF WATER ☐ Yes ☒ No (If yes, document with photos)

DURATION OF OVERFLOW (Please fill out below):

From (Date and Time) 3:02 PM To (Date and Time) 4:30 PM

ACTION TAKEN Sewer personnel made a repair on the connection of the ARV to the force main.

WEATHER CONDITIONS (Check One):

- | | | | | |
|---|-------------------------------------|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> No Rain | <input type="checkbox"/> Light Rain | <input type="checkbox"/> Moderate Rain | <input type="checkbox"/> Heavy Rain | <input type="checkbox"/> Previous Rain |
|---|-------------------------------------|--|-------------------------------------|--|

COMPLETED BY Justin Floyd

DATE 7/19/2024

ESTIMATED QUANTITY OF DISCHARGE:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Less than 100 gal. | <input type="checkbox"/> Less than 500 gal. | <input type="checkbox"/> Less than 1,000 gal. |
|--|---|---|

Other estimated flows (Less or more than above) 20 gallons

REPORTABLE UNPERMITTED DISCHARGE:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Reportable | <input checked="" type="checkbox"/> Unreportable |
|-------------------------------------|--|

PERMIT NUMBER: AL 0050245 Auburn Northside WPCF

STATE NOTIFIED: ☐ Yes ☒ No

ADEM SSO HOTLINE NOTIFIED: ☐ Yes ☒ No ADEM SSO E2 WEB PORT NOTIFIED: ☐ Yes ☒ No

DATE/TIME NOTIFIED: N/A

DATE/TIME NOTIFIED: N/A

PERSON THAT NOTIFIED STATE: N/A

PHONE NUMBER: 3343211589

SUPERVISOR THOMPSON, MIKEL S

DATE 7/19/2024 8:32:35 AM

Sewer Maintenance Division



Sanitary Sewer Overflow Report Form

DATE CALL RECEIVED 9/16/2024

TIME CALL RECEIVED 11:00 AM

COMPLAINT REPORTED BY Justin Floyd

LOCATION OF DISCHARGE: Wooded Area Behind 663 Banbury ST

NATURE OF OVERFLOW:

- | | |
|---|---|
| <input type="checkbox"/> City Sewer Line Discharge | <input checked="" type="checkbox"/> Manhole Discharge |
| <input type="checkbox"/> City Sewer Line Blockage | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lift Station Alarm/Discharge | |

SOURCE OF OVERFLOW:

- | | |
|--|---|
| <input type="checkbox"/> Broken Sewer Line | <input type="checkbox"/> Lift Station Discharge |
| <input type="checkbox"/> Manhole Discharge | <input checked="" type="checkbox"/> Other |

CAUSE OF OVERFLOW:

- | | |
|---|---|
| <input type="checkbox"/> Damaged Sewer Line | <input type="checkbox"/> Insufficient Capacity |
| <input type="checkbox"/> Failed/Collapsed Sewer Line | <input type="checkbox"/> Root Intrusion Into Sewer Line |
| <input type="checkbox"/> Sewer Blockage-Grease | <input checked="" type="checkbox"/> Sewer Blockage-Debris |
| <input type="checkbox"/> Manhole Damaged | <input type="checkbox"/> Lift Station Power Failure |
| <input type="checkbox"/> Failed Collapsed Manhole | <input type="checkbox"/> Lift Station Equipment Failure |
| <input checked="" type="checkbox"/> Cause not listed above: | |

DESTINATION OF DISCHARGE:

- | | | |
|---|---|--------------------------------------|
| <input checked="" type="checkbox"/> Onto Ground | <input checked="" type="checkbox"/> Into Ground | <input type="checkbox"/> Onto Street |
| <input type="checkbox"/> Into Storm Drain | <input type="checkbox"/> Into Water | |

WAS THERE A VISIBLE DISCHARGE INTO A BODY OF WATER ☐ Yes ☒ No (If yes, document with photos)

DURATION OF OVERFLOW (Please fill out below):

From (Date and Time) 11:00 AM To (Date and Time) 3:00 PM

ACTION TAKEN

WEATHER CONDITIONS (Check One):

- | | | | | |
|---|-------------------------------------|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> No Rain | <input type="checkbox"/> Light Rain | <input type="checkbox"/> Moderate Rain | <input type="checkbox"/> Heavy Rain | <input type="checkbox"/> Previous Rain |
|---|-------------------------------------|--|-------------------------------------|--|

COMPLETED BY Justin Floyd

DATE 9/17/2024

ESTIMATED QUANTITY OF DISCHARGE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than 100 gal. | <input type="checkbox"/> Less than 500 gal. | <input type="checkbox"/> Less than 1,000 gal. |
|---|---|---|

Other estimated flows (Less or more than above) 2,000

REPORTABLE UNPERMITTED DISCHARGE:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Reportable | <input checked="" type="checkbox"/> Unreportable |
|-------------------------------------|--|

PERMIT NUMBER: AL 0050245 Auburn Northside WPCF

STATE NOTIFIED: ☐ Yes ☒ No

ADEM SSO HOTLINE NOTIFIED: ☐ Yes ☒ No

ADEM SSO E2 WEB PORT NOTIFIED: ☐ Yes ☒ No

DATE/TIME NOTIFIED: N/A

DATE/TIME NOTIFIED: N/A

PERSON THAT NOTIFIED STATE: N/A

PHONE NUMBER: 334-321-1589

SUPERVISOR THOMPSON, MIKEL S

DATE 9/20/2024 2:06:30 PM

Sewer Maintenance Division



Sanitary Sewer Overflow Report Form

DATE CALL RECEIVED 12/2/2024
COMPLAINT REPORTED BY Dextin Baker
LOCATION OF DISCHARGE: 638 Shelton Way

TIME CALL RECEIVED 6:40 AM

NATURE OF OVERFLOW:

- | | |
|---|---|
| <input type="checkbox"/> City Sewer Line Discharge | <input checked="" type="checkbox"/> Manhole Discharge |
| <input type="checkbox"/> City Sewer Line Blockage | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lift Station Alarm/Discharge | |

SOURCE OF OVERFLOW:

- | | |
|---|---|
| <input type="checkbox"/> Broken Sewer Line | <input type="checkbox"/> Lift Station Discharge |
| <input checked="" type="checkbox"/> Manhole Discharge | <input type="checkbox"/> Other |

CAUSE OF OVERFLOW:

- | | |
|---|---|
| <input type="checkbox"/> Damaged Sewer Line | <input type="checkbox"/> Insufficient Capacity |
| <input type="checkbox"/> Failed/Collapsed Sewer Line | <input type="checkbox"/> Root Intrusion Into Sewer Line |
| <input checked="" type="checkbox"/> Sewer Blockage-Grease | <input type="checkbox"/> Sewer Blockage-Debris |
| <input type="checkbox"/> Manhole Damaged | <input type="checkbox"/> Lift Station Power Failure |
| <input type="checkbox"/> Failed Collapsed Manhole | <input type="checkbox"/> Lift Station Equipment Failure |
| <input checked="" type="checkbox"/> Cause not listed above: | |

DESTINATION OF DISCHARGE:

- | | | |
|--|---|--------------------------------------|
| <input checked="" type="checkbox"/> Onto Ground | <input checked="" type="checkbox"/> Into Ground | <input type="checkbox"/> Onto Street |
| <input checked="" type="checkbox"/> Into Storm Drain | <input type="checkbox"/> Into Water | |

WAS THERE A VISIBLE DISCHARGE INTO A BODY OF WATER ☐ Yes ☒ No (If yes, document with photos)

DURATION OF OVERFLOW (Please fill out below):

From (Date and Time) 6:40 AM To (Date and Time) 7:10 AM

ACTION TAKEN Sewer personnel used hydro jet truck to clear the blockage

WEATHER CONDITIONS (Check One):

- | | | | | |
|---|-------------------------------------|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> No Rain | <input type="checkbox"/> Light Rain | <input type="checkbox"/> Moderate Rain | <input type="checkbox"/> Heavy Rain | <input type="checkbox"/> Previous Rain |
|---|-------------------------------------|--|-------------------------------------|--|

COMPLETED BY Justin Floyd DATE 12/2/2024

ESTIMATED QUANTITY OF DISCHARGE:

- | | | |
|---|--|---|
| <input type="checkbox"/> Less than 100 gal. | <input checked="" type="checkbox"/> Less than 500 gal. | <input type="checkbox"/> Less than 1,000 gal. |
|---|--|---|

Other estimated flows (Less or more than above) 150 gallons

REPORTABLE UNPERMITTED DISCHARGE:

- | | |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Reportable | <input type="checkbox"/> Unreportable |
|--|---------------------------------------|

PERMIT NUMBER: AL 0050245 Auburn Northside WPCF

STATE NOTIFIED: ☒ Yes ☐ No

ADEM SSO HOTLINE NOTIFIED: ☐ Yes ☒ No ADEM SSO E2 WEB PORT NOTIFIED: ☒ Yes ☐ No

DATE/TIME NOTIFIED: N/A DATE/TIME NOTIFIED: 12/02/2024 at 2:11 AM

PERSON THAT NOTIFIED STATE: Justin Floyd

PHONE NUMBER: 334-524-9760

SUPERVISOR DATE 12/2/2024 2:24:58 PM

Facility Information

Facility Name: CITY OF AUBURN - HC MORGAN WPCFNPDES ID: ALL050237

Program Information

Please select all of the following that apply to your obligation to submit a Sewage Sludge (Biosolids) Annual Report in compliance with 40 CFR part 503. The facility is:

- a POTW with a design flow rate equal to or greater than one million gallons per day
- a POTW that serves 10,000 people or more

In the reporting period, did you manage your sewage sludge or biosolids using any of the following management practices: land application, surface disposal, or incineration?

☒ YES ☐ NO

If your facility is a POTW, please provide the estimated total amount of sewage sludge produced at your facility for the reporting period (in dry metric tons). If your facility is not a POTW, please provide the estimated total amount of biosolids produced at your facility for the reporting period (in dry metric tons).

1450Reporting Period Start Date: 01/01/2024Reporting Period End Date: 12/31/2024

Treatment Processes

Processes to Significantly Reduce Pathogens (PSRP):

Aerobic Digestion

Processes to Further Reduce Pathogens (PFRP):

Physical Treatment Options:

Thickening (e.g., Gravity and/or Flotation Thickening, Centrifugation, Belt Filter Press, Vacuum Filter, Screw Press)Sludge Lagoon

Other Processes to Manage Sewage Sludge:

Analytical Methods

Did you or your facility collect sewage sludge or biosolids samples for laboratory analysis? ☒ YES ☐ NO

Analytical Methods

- EPA Method 6010 - Arsenic (ICP-OES)
- EPA Method 6010 - Cadmium (ICP-OES)
- EPA Method 6010 - Chromium (ICP-OES)
- EPA Method 6010 - Copper (ICP-OES)
- EPA Method 6010 - Lead (ICP-OES)
- EPA Method 7471 - Mercury (CVAA)
- EPA Method 6010 - Molybdenum (ICP-OES)
- EPA Method 6010 - Nickel (ICP-OES)
- EPA Method 6010 - Selenium (ICP-OES)
- EPA Method 6010 - Zinc (ICP-OES)
- EPA Method 351.2 - Total Kjeldahl Nitrogen
- EPA Method 350.1 - Ammonia Nitrogen
- Standard Method 2710 - SOUR
- Standard Method 2540 - Total Solids
- Standard Method 9221 - Fecal coliform

Sludge Management - Land Application

ID: 001

Amount: 1450

Handler, Preparer, or Applier Type: On-Site Owner or Operator

Management Practice Detail: Agricultural Land Application

Bulk or Bag/Container: Bulk

Pathogen Class: Class B

Sewage Sludge or Biosolids Pathogen Reduction Options:

- Class B-Alternative 2 PSRP 1: Aerobic Digestion

Sewage Sludge or Biosolids Vector Attraction Reduction Options:

- Option 4 - Specific Oxygen Uptake Rate

Did the facility land apply bulk sewage sludge when one or more pollutants in the sewage sludge exceeded 90 percent or more of any of the cumulative pollutant loading rates in Table 2 of 40 CFR 503.13?

☐ YES ☒ NO ☐ UNKNOWN

Monitoring Data

INSTRUCTIONS: Pollutants, pathogen densities, and vector attraction reduction must be monitored when sewage sludge or biosolids are applied to the land. Please use the following section to report monitoring data for the land application conducted by you or your facility in the reporting period for this SSUID. These monitoring data should be representative of the sewage sludge or biosolids that was applied to land during the compliance monitoring period for this SSUID (40 CFR 503.8(a) (http://www.ecfr.gov/cgi-bin/text-idx?node=pt40.32.503&rgn=div5#se40.32.503_18)). All pollutant monitoring data should be reported in milligrams per kilogram (mg/kg), dry weight basis. EPA will be using these data to demonstrate compliance with EPA's land application requirements (40 CFR 503, Subpart B).

Compliance Monitoring Periods

INSTRUCTIONS: Please use the table below to identify the start date and end date for each compliance monitoring period. You can adjust the start and end dates as needed. Please note that the compliance monitoring periods cannot overlap and that each compliance monitoring period must have a start date that is equal to or less than the end date. The number of compliance monitoring periods is based on the number of metric tons (dry weight basis) of sewage sludge or biosolids land applied in the reporting period (summed across all land application SSUIDs). For example, you will need to provide monitoring data for 12 compliance monitoring periods for each land application SSUID when you land apply 15,000 or more metric tons (dry weight basis) of sewage sludge or biosolids (summed across all land application SSUIDs) in the reporting period (see 40 CFR 503.16 (http://www.ecfr.gov/cgi-bin/text-idx?node=pt40.32.503&rgn=div5#se40.32.503_116)).

Compliance Monitoring Event No. 1	Compliance Monitoring Period Start Date:	Compliance Monitoring Period End Date:
	01/01/2024	03/31/2024

Do you have analytical results to report for this monitoring period? ☒ YES ☐ NO

Are you reporting maximum pollutant concentrations that are equivalent to the monthly average pollutant concentrations for this compliance monitoring event? [For example, this will be the case if you only collected and analyzed one sample of sewage sludge or biosolids for this compliance monitoring period.]

☐ YES ☒ NO

Maximum Concentration Data for All Sewage Sludge or Biosolids Applied to Land

This section summarizes the maximum pollutant concentrations in the biosolids or sewage sludge that was applied to land during the compliance monitoring period for this SSUID. In accordance with 40 CFR 503.13(a) (http://www.ecfr.gov/cgi-bin/text-idx?node=pt40.32.503&rgn=div5#se40.32.503_113), EPA's regulations prohibit land application of bulk sewage sludge or sewage sludge sold or gave away sewage sludge in a bag or other container when one or more sewage sludge pollutant concentrations in the sewage sludge exceed a land application ceiling pollutant limit (Table 1 of 40 CFR 503.13 (http://www.ecfr.gov/cgi-bin/text-idx?node=pt40.32.503&rgn=div5#se40.32.503_113)). EPA will compare the pollutant concentrations in this section against the ceiling concentration limits in Table 1 of 40 CFR 503.13 (http://www.ecfr.gov/cgi-bin/text-idx?node=pt40.32.503&rgn=div5#se40.32.503_113) to identify noncompliance events. All pollutant monitoring data should be reported in milligrams per kilogram (mg/kg), dry weight basis.

Please only select a "No Data Indicator Code" if you are reporting no data for the sampling period or particular parameter.

Sewage Sludge or Biosolids Parameter	Value Qualifier	Parameter Concentration (mg/kg, dry-weight basis or Pass/Fail)	If No Data, Select One Of The Following
Arsenic	<	3.81	
Cadmium	=	1.77	
Copper	=	278	
Lead	=	10.3	

Sewage Sludge or Biosolids Parameter	Value Qualifier	Parameter Concentration (mg/kg, dry-weight basis or Pass/Fail)	If No Data, Select One Of The Following
Mercury	<	0.708	
Molybdenum	=	9.55	
Nickel	=	13.3	
Selenium	=	5.38	
Zinc	=	745	

Pathogen And Vector Attraction Reduction

Note: Pathogenic organisms are disease-causing organisms. These include, but are not limited to, certain bacteria, protozoa, viruses, and viable helminth ova [see 40 CFR 503.31(f) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31\(f\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31(f)))]. The following units should be used for pathogen data (see 40 CFR 503.32 (<https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.32>)):

- Density of fecal coliform in the sewage sludge shall be reported as Most Probable Number per gram of total solids (dry weight basis).
 - When using the Class B - Alternative 1 management option, the density of fecal coliform in the sewage sludge shall be reported as Most Probable Number or Colony Forming Units per gram of total solids (dry weight basis) expressed as the geometric mean of the results of seven individual samples of sewage sludge.
- Density of Salmonella sp. bacteria in the sewage sludge shall be reported as Most Probable Number per four grams of total solids (dry weight basis).
- Density of enteric viruses shall be reported as plaque-forming unit per four grams of total solids (dry weight basis).
- Density of Helminth Ova. shall be reported as viable helminth ovum per four grams of total solids (dry weight basis).

Report the vector attraction reduction data for the biosolids or sewage sludge that was placed on an active sewage sludge unit during the compliance monitoring period for this SSUID.

Sewage Sludge or Biosolids Parameter	Vector Attraction Reduction Selected Options	Value Qualifier	Value	If No Data, Select One Of The Following
Specific Oxygen Uptake Rate (SOUR)	Option 4 - Specific Oxygen Uptake Rate	E (Estimated)	1.23	

Note: Vector attraction is the characteristic of sewage sludge that attracts rodents, flies, mosquitos, or other organisms capable of transporting infectious agents [see 40 CFR 503.31(k) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31\(k\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31(k)))]. The following units should be used for vector attraction reduction data (see 40 CFR 503.33) (<https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.33>):

- Solids, total volatile, shall be reported as percent removal. See calculation procedures in "Environmental Regulations and Technology - Control of Pathogens and Vector Attraction in Sewage Sludge" (<https://www.epa.gov/biosolids/control-pathogens-and-vector-attraction-sewage-sludge>), EPA-625/R-92/013, 1992, U.S. Environmental Protection Agency, Cincinnati, Ohio 45268) [see 40 CFR 503.33(b)(1) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.33#p-503.33\(b\)\(1\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.33#p-503.33(b)(1)))]. Volatile solids is the amount of the total solids in sewage sludge lost when the sewage sludge is combusted at 550 degrees Celsius in the presence of excess air [see 40 CFR 503.31(l) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31\(l\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31(l)))].
- Specific Oxygen Uptake Rate (SOUR) shall be reported as milligrams of oxygen per hour per gram of total solids (dry weight basis) at a temperature of 20 degrees Celsius. SOUR is the mass of oxygen consumed per unit time per unit mass of total solids (dry weight basis) in the sewage sludge [see 40 CFR 503.31(h) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31\(h\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31(h)))].

Monthly Average Pollutant Concentration Data for All Sewage Sludge or Biosolids Applied to Land

This section summarizes the monthly average pollutant concentrations in the biosolids or sewage sludge that was applied to land during the compliance monitoring period for this SSUID. All pollutant monitoring data should be reported in milligrams per kilogram (mg/kg), dry weight basis.

Sewage Sludge or Biosolids Parameter	Value Qualifier	Parameter Concentration (mg/kg, dry-weight basis or Pass/Fail)	If No Data, Select One Of The Following
Arsenic	E (Estimated)	3.63	
Cadmium	E (Estimated)	1.157	
Copper	E (Estimated)	264	
Lead	E (Estimated)	8.795	
Mercury	E (Estimated)	0.681	
Nickel	E (Estimated)	12.2	
Selenium	E (Estimated)	4.57	

Sewage Sludge or Biosolids Parameter	Value Qualifier	Parameter Concentration (mg/kg, dry-weight basis or Pass/Fail)	If No Data, Select One Of The Following
Zinc	E (Estimated)	740	

Report the average concentration (mg/kg, dry weight basis) of Total Nitrogen (TKN plus Nitrate-Nitrite, as N) in the sewage sludge or biosolids that was applied to land during the compliance monitoring period for this SSUID.

Sewage Sludge or Biosolids Parameter	Value Qualifier	Parameter Concentration (mg/kg, dry-weight basis)	If No Data, Select One Of The Following
Total Nitrogen (TKN plus Nitrate-Nitrite)	E (Estimated)	78050.25	

Compliance Monitoring Event No. 2

Compliance Monitoring Period Start Date:
04/01/2024

Compliance Monitoring Period End Date:
06/30/2024

Do you have analytical results to report for this monitoring period? ☒ YES ☐ NO

Are you reporting maximum pollutant concentrations that are equivalent to the monthly average pollutant concentrations for this compliance monitoring event? [For example, this will be the case if you only collected and analyzed one sample of sewage sludge or biosolids for this compliance monitoring period.]

☒ YES ☐ NO

Maximum Concentration Data for All Sewage Sludge or Biosolids Applied to Land

This section summarizes the maximum pollutant concentrations in the biosolids or sewage sludge that was applied to land during the compliance monitoring period for this SSUID. In accordance with 40 CFR 503.13(a) (http://www.ecfr.gov/cgi-bin/text-idx?node=pt40.32.503&rgn=div5#se40.32.503_113), EPA's regulations prohibit land application of bulk sewage sludge or sewage sludge sold or gave away sewage sludge in a bag or other container when one or more sewage sludge pollutant concentrations in the sewage sludge exceed a land application ceiling pollutant limit (Table 1 of 40 CFR 503.13 (http://www.ecfr.gov/cgi-bin/text-idx?node=pt40.32.503&rgn=div5#se40.32.503_113)). EPA will compare the pollutant concentrations in this section against the ceiling concentration limits in Table 1 of 40 CFR 503.13 (http://www.ecfr.gov/cgi-bin/text-idx?node=pt40.32.503&rgn=div5#se40.32.503_113) to identify noncompliance events. All pollutant monitoring data should be reported in milligrams per kilogram (mg/kg), dry weight basis.

Please only select a "No Data Indicator Code" if you are reporting no data for the sampling period or particular parameter.

Sewage Sludge or Biosolids Parameter	Value Qualifier	Parameter Concentration (mg/kg, dry-weight basis or Pass/Fail)	If No Data, Select One Of The Following
Arsenic	<	2.74	
Cadmium	=	2.51	
Copper	=	265	
Lead	=	13.1	
Mercury	<	0.63	
Molybdenum	=	8.61	
Nickel	=	14.1	
Selenium	=	5.33	
Zinc	=	824	

Pathogen And Vector Attraction Reduction

Note: Pathogenic organisms are disease-causing organisms. These include, but are not limited to, certain bacteria, protozoa, viruses, and viable helminth ova [see 40 CFR 503.31(f) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31\(f\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31(f)))]. The following units should be used for pathogen data (see 40 CFR 503.32 (<https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.32>)):

- Density of fecal coliform in the sewage sludge shall be reported as Most Probable Number per gram of total solids (dry weight basis).
 - When using the Class B - Alternative 1 management option, the density of fecal coliform in the sewage sludge shall be reported as Most Probable Number or Colony Forming Units per gram of total solids (dry weight basis) expressed as the geometric mean of the results of seven individual samples of sewage sludge.
- Density of Salmonella sp. bacteria in the sewage sludge shall be reported as Most Probable Number per four grams of total solids (dry weight basis).
- Density of enteric viruses shall be reported as plaque-forming unit per four grams of total solids (dry weight basis).
- Density of Helminth Ova. shall be reported as viable helminth ovum per four grams of total solids (dry weight basis).

Report the vector attraction reduction data for the biosolids or sewage sludge that was placed on an active sewage sludge unit during the compliance monitoring period for this SSUID.

Sewage Sludge or Biosolids Parameter	Vector Attraction Reduction Selected Options	Value Qualifier	Value	If No Data, Select One Of The Following
Specific Oxygen Uptake Rate (SOUR)	Option 4 - Specific Oxygen Uptake Rate	E (Estimated)	0.45	

Note: Vector attraction is the characteristic of sewage sludge that attracts rodents, flies, mosquitos, or other organisms capable of transporting infectious agents [see 40 CFR 503.31(k) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31\(k\)\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31(k)))]. The following units should be used for vector attraction reduction data (see 40 CFR 503.33) (<https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.33>):

- Solids, total volatile, shall be reported as percent removal. See calculation procedures in "Environmental Regulations and Technology - Control of Pathogens and Vector Attraction in Sewage Sludge" (<https://www.epa.gov/biosolids/control-pathogens-and-vector-attraction-sewage-sludge>), EPA-625/R-92/013, 1992, U.S. Environmental Protection Agency, Cincinnati, Ohio 45268) [see 40 CFR 503.33(b)(1) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.33#p-503.33\(b\)\(1\)\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.33#p-503.33(b)(1)))]. Volatile solids is the amount of the total solids in sewage sludge lost when the sewage sludge is combusted at 550 degrees Celsius in the presence of excess air [see 40 CFR 503.31(l) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31\(l\)\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31(l)))].
- Specific Oxygen Update Rate (SOUR) shall be reported as milligrams of oxygen per hour per gram of total solids (dry weight basis) at a temperature of 20 degrees Celsius. SOUR is the mass of oxygen consumed per unit time per unit mass of total solids (dry weight basis) in the sewage sludge [see 40 CFR 503.31(h) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31\(h\)\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31(h)))].

Monthly Average Pollutant Concentration Data for All Sewage Sludge or Biosolids Applied to Land

This section summarizes the monthly average pollutant concentrations in the biosolids or sewage sludge that was applied to land during the compliance monitoring period for this SSUID. All pollutant monitoring data should be reported in milligrams per kilogram (mg/kg), dry weight basis.

Sewage Sludge or Biosolids Parameter	Value Qualifier	Parameter Concentration (mg/kg, dry-weight basis or Pass/Fail)	If No Data, Select One Of The Following
Arsenic	<	2.74	
Cadmium	=	2.51	
Copper	=	265	
Lead	=	13.1	
Mercury	<	0.63	
Nickel	=	14.1	
Selenium	=	5.33	
Zinc	=	824	

Report the average concentration (mg/kg, dry weight basis) of Total Nitrogen (TKN plus Nitrate-Nitrite, as N) in the sewage sludge or biosolids that was applied to land during the compliance monitoring period for this SSUID.

Sewage Sludge or Biosolids Parameter	Value Qualifier	Parameter Concentration (mg/kg, dry-weight basis)	If No Data, Select One Of The Following
Total Nitrogen (TKN plus Nitrate-Nitrite)	=	56170	

Compliance Monitoring Event No. 3

Compliance Monitoring Period Start Date:
07/01/2024

Compliance Monitoring Period End Date:
09/30/2024

Do you have analytical results to report for this monitoring period? ☒ YES ☐ NO

Are you reporting maximum pollutant concentrations that are equivalent to the monthly average pollutant concentrations for this compliance monitoring event? [For example, this will be the case if you only collected and analyzed one sample of sewage sludge or biosolids for this compliance monitoring period.]

☐ YES ☒ NO

Maximum Concentration Data for All Sewage Sludge or Biosolids Applied to Land

This section summarizes the maximum pollutant concentrations in the biosolids or sewage sludge that was applied to land during the compliance monitoring period for this SSUID. In accordance with 40 CFR 503.13(a) (http://www.ecfr.gov/cgi-bin/text-idx?node=pt40.32.503&rgn=div5#se40.32.503_113), EPA's regulations prohibit land application of bulk sewage sludge or sewage sludge sold or gave away sewage sludge in a bag or other container when one or more sewage sludge pollutant concentrations in the sewage sludge exceed a land application ceiling pollutant limit (Table 1 of 40 CFR 503.13 (http://www.ecfr.gov/cgi-bin/text-idx?node=pt40.32.503&rgn=div5#se40.32.503_113)). EPA will compare the pollutant concentrations in this section against the ceiling concentration limits in Table 1 of 40 CFR 503.13 (http://www.ecfr.gov/cgi-bin/text-idx?node=pt40.32.503&rgn=div5#se40.32.503_113) to identify noncompliance events. All pollutant monitoring data should be reported in milligrams per kilogram (mg/kg), dry weight basis.

Please only select a "No Data Indicator Code" if you are reporting no data for the sampling period or particular parameter.

Sewage Sludge or Biosolids Parameter	Value Qualifier	Parameter Concentration (mg/kg, dry-weight basis or Pass/Fail)	If No Data, Select One Of The Following
Arsenic	=	3.9	
Cadmium	=	2.37	
Copper	=	307	
Lead	=	12.2	
Mercury	<	0.6	
Molybdenum	=	8.43	
Nickel	=	14.6	
Selenium	=	6.52	
Zinc	=	992	

Pathogen And Vector Attraction Reduction

Note: Pathogenic organisms are disease-causing organisms. These include, but are not limited to, certain bacteria, protozoa, viruses, and viable helminth ova [see 40 CFR 503.31(f) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31\(f\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31(f)))]. The following units should be used for pathogen data (see 40 CFR 503.32 (<https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.32>)):

- Density of fecal coliform in the sewage sludge shall be reported as Most Probable Number per gram of total solids (dry weight basis).
 - When using the Class B - Alternative 1 management option, the density of fecal coliform in the sewage sludge shall be reported as Most Probable Number or Colony Forming Units per gram of total solids (dry weight basis) expressed as the geometric mean of the results of seven individual samples of sewage sludge.
- Density of Salmonella sp. bacteria in the sewage sludge shall be reported as Most Probable Number per four grams of total solids (dry weight basis).
- Density of enteric viruses shall be reported as plaque-forming unit per four grams of total solids (dry weight basis).
- Density of Helminth Ova. shall be reported as viable helminth ovum per four grams of total solids (dry weight basis).

Report the vector attraction reduction data for the biosolids or sewage sludge that was placed on an active sewage sludge unit during the compliance monitoring period for this SSUID.

Sewage Sludge or Biosolids Parameter	Vector Attraction Reduction Selected Options	Value Qualifier	Value	If No Data, Select One Of The Following
Specific Oxygen Uptake Rate (SOUR)	Option 4 - Specific Oxygen Uptake Rate	E (Estimated)	0.47	

Note: Vector attraction is the characteristic of sewage sludge that attracts rodents, flies, mosquitos, or other organisms capable of transporting infectious agents [see 40 CFR 503.31(k) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31\(k\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31(k)))]. The following units should be used for vector attraction reduction data (see 40 CFR 503.33) (<https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.33>):

- Solids, total volatile, shall be reported as percent removal. See calculation procedures in "Environmental Regulations and Technology - Control of Pathogens and Vector Attraction in Sewage Sludge" (<https://www.epa.gov/biosolids/control-pathogens-and-vector-attraction-sewage-sludge>), EPA-625/R-92/013, 1992, U.S. Environmental Protection Agency, Cincinnati, Ohio 45268) [see 40 CFR 503.33(b)(1) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.33#p-503.33\(b\)\(1\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.33#p-503.33(b)(1)))]. Volatile solids is the amount of the total solids in sewage sludge lost when the sewage sludge is combusted at 550 degrees Celsius in the presence of excess air [see 40 CFR 503.31(l) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31\(l\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31(l)))].
- Specific Oxygen Update Rate (SOUR) shall be reported as milligrams of oxygen per hour per gram of total solids (dry weight basis) at a temperature of 20 degrees Celsius. SOUR is the mass of oxygen consumed per unit time per unit mass of total solids (dry weight basis) in the sewage sludge [see 40 CFR 503.31(h) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31\(h\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31(h)))].

Monthly Average Pollutant Concentration Data for All Sewage Sludge or Biosolids Applied to Land

This section summarizes the monthly average pollutant concentrations in the biosolids or sewage sludge that was applied to land during the compliance monitoring period for this SSUID. All pollutant monitoring data should be reported in milligrams per kilogram (mg/kg), dry weight basis.

Sewage Sludge or Biosolids Parameter	Value Qualifier	Parameter Concentration (mg/kg, dry-weight basis or Pass/Fail)	If No Data, Select One Of The Following
Arsenic	E (Estimated)	2.945	
Cadmium	E (Estimated)	2.02	
Copper	E (Estimated)	284	
Lead	E (Estimated)	11.35	
Mercury	E (Estimated)	0.547	
Nickel	E (Estimated)	14.2	
Selenium	E (Estimated)	5.86	
Zinc	E (Estimated)	902	

Report the average concentration (mg/kg, dry weight basis) of Total Nitrogen (TKN plus Nitrate-Nitrite, as N) in the sewage sludge or biosolids that was applied to land during the compliance monitoring period for this SSUID.

Sewage Sludge or Biosolids Parameter	Value Qualifier	Parameter Concentration (mg/kg, dry-weight basis)	If No Data, Select One Of The Following
Total Nitrogen (TKN plus Nitrate-Nitrite)	E (Estimated)	55798.5	

Compliance Monitoring Event No. 4**Compliance Monitoring Period Start Date:**10/01/2024**Compliance Monitoring Period End Date:**12/31/2024**Do you have analytical results to report for this monitoring period?** ☒ YES ☐ NO

Are you reporting maximum pollutant concentrations that are equivalent to the monthly average pollutant concentrations for this compliance monitoring event? [For example, this will be the case if you only collected and analyzed one sample of sewage sludge or biosolids for this compliance monitoring period.]

☒ YES ☐ NO**Maximum Concentration Data for All Sewage Sludge or Biosolids Applied to Land**

This section summarizes the maximum pollutant concentrations in the biosolids or sewage sludge that was applied to land during the compliance monitoring period for this SSUID. In accordance with 40 CFR 503.13(a) (http://www.ecfr.gov/cgi-bin/text-idx?node=pt40.32.503&rgn=div5#se40.32.503_113), EPA's regulations prohibit land application of bulk sewage sludge or sewage sludge sold or gave away sewage sludge in a bag or other container when one or more sewage sludge pollutant concentrations in the sewage sludge exceed a land application ceiling pollutant limit (Table 1 of 40 CFR 503.13 (http://www.ecfr.gov/cgi-bin/text-idx?node=pt40.32.503&rgn=div5#se40.32.503_113)). EPA will compare the pollutant concentrations in this section against the ceiling concentration limits in Table 1 of 40 CFR 503.13 (http://www.ecfr.gov/cgi-bin/text-idx?node=pt40.32.503&rgn=div5#se40.32.503_113) to identify noncompliance events. All pollutant monitoring data should be reported in milligrams per kilogram (mg/kg), dry weight basis.

Please only select a "No Data Indicator Code" if you are reporting no data for the sampling period or particular parameter.

Sewage Sludge or Biosolids Parameter	Value Qualifier	Parameter Concentration (mg/kg, dry-weight basis or Pass/Fail)	If No Data, Select One Of The Following
Arsenic	<	2.31	
Cadmium	=	1.84	
Copper	=	303	
Lead	=	10.1	
Mercury	<	0.702	
Molybdenum	=	8.93	
Nickel	=	13.5	
Selenium	=	10.1	
Zinc	=	951	

Pathogen And Vector Attraction Reduction

Note: Pathogenic organisms are disease-causing organisms. These include, but are not limited to, certain bacteria, protozoa, viruses, and viable helminth ova [see 40 CFR 503.31(f) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31\(f\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31(f)))]. The following units should be used for pathogen data (see 40 CFR 503.32 (<https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.32>)):

- Density of fecal coliform in the sewage sludge shall be reported as Most Probable Number per gram of total solids (dry weight basis).
 - When using the Class B - Alternative 1 management option, the density of fecal coliform in the sewage sludge shall be reported as Most Probable Number or Colony Forming Units per gram of total solids (dry weight basis) expressed as the geometric mean of the results of seven individual samples of sewage sludge.
- Density of Salmonella sp. bacteria in the sewage sludge shall be reported as Most Probable Number per four grams of total solids (dry weight basis).
- Density of enteric viruses shall be reported as plaque-forming unit per four grams of total solids (dry weight basis).
- Density of Helminth Ova. shall be reported as viable helminth ovum per four grams of total solids (dry weight basis).

Report the vector attraction reduction data for the biosolids or sewage sludge that was placed on an active sewage sludge unit during the compliance monitoring period for this SSUID.

Sewage Sludge or Biosolids Parameter	Vector Attraction Reduction Selected Options	Value Qualifier	Value	If No Data, Select One Of The Following
Specific Oxygen Uptake Rate (SOUR)	Option 4 - Specific Oxygen Uptake Rate	E (Estimated)	0.91	

Note: Vector attraction is the characteristic of sewage sludge that attracts rodents, flies, mosquitos, or other organisms capable of transporting infectious agents [see 40 CFR 503.31(k) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31\(k\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31(k)))]. The following units should be used for vector attraction reduction data (see 40 CFR 503.33) (<https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.33>):

- Solids, total volatile, shall be reported as percent removal. See calculation procedures in "Environmental Regulations and Technology - Control of Pathogens and Vector Attraction in Sewage Sludge" (<https://www.epa.gov/biosolids/control-pathogens-and-vector-attraction-sewage-sludge>), EPA-625/R-92/013, 1992, U.S. Environmental Protection Agency, Cincinnati, Ohio 45268) [see 40 CFR 503.33(b)(1) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.33#p-503.33\(b\)\(1\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.33#p-503.33(b)(1)))]. Volatile solids is the amount of the total solids in sewage sludge lost when the sewage sludge is combusted at 550 degrees Celsius in the presence of excess air [see 40 CFR 503.31(l) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31\(l\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31(l)))].
- Specific Oxygen Update Rate (SOUR) shall be reported as milligrams of oxygen per hour per gram of total solids (dry weight basis) at a temperature of 20 degrees Celsius. SOUR is the mass of oxygen consumed per unit time per unit mass of total solids (dry weight basis) in the sewage sludge [see 40 CFR 503.31(h) ([https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31\(h\)](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-O/part-503/subpart-D/section-503.31#p-503.31(h)))].

Monthly Average Pollutant Concentration Data for All Sewage Sludge or Biosolids Applied to Land

This section summarizes the monthly average pollutant concentrations in the biosolids or sewage sludge that was applied to land during the compliance monitoring period for this SSUID. All pollutant monitoring data should be reported in milligrams per kilogram (mg/kg), dry weight basis.

Sewage Sludge or Biosolids Parameter	Value Qualifier	Parameter Concentration (mg/kg, dry-weight basis or Pass/Fail)	If No Data, Select One Of The Following
Arsenic	<	2.31	
Cadmium	=	1.84	
Copper	=	303	
Lead	=	10.1	
Mercury	<	0.702	
Nickel	=	13.5	
Selenium	=	10.1	
Zinc	=	951	

Report the average concentration (mg/kg, dry weight basis) of Total Nitrogen (TKN plus Nitrate-Nitrite, as N) in the sewage sludge or biosolids that was applied to land during the compliance monitoring period for this SSUID.

Sewage Sludge or Biosolids Parameter	Value Qualifier	Parameter Concentration (mg/kg, dry-weight basis)	If No Data, Select One Of The Following
Total Nitrogen (TKN plus Nitrate-Nitrite)	=	61974.7	

Sludge Management - Surface Disposal

Sludge Management - Incineration

Sludge Management - Other Management Practice

Additional Information

Please enter any additional information that you would like to provide in the comment box below.

Additional Attachments

Name	Created Date	Size
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Certification Information

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Signing an electronic document on behalf of another person is subject to criminal, civil, administrative, or other lawful action.

Certified By: David M. Jones (DJON0007)

Certified On: 01/08/2025 8:33 AM ET

City of Auburn
Fee Schedule for Water, Sewer and Solid Waste
Effective January 1, 2025

After Hours Turn On	\$75 per incident		
Delinquent Account Fee	\$50 per incident		
Service Charge New & Transfer	\$15 per incident		
Lock Charge	\$100 per incident		
1" Water Tap Fee	\$2,500.00 per incident		
Water Meter Set Fee	Meter Size	Water (\$)	
	3/4"	320.00	
	1"	420.00	
Deposits Residential^	Meter Size	Water (\$)	Sewer (\$)
	3/4"	35.00	30.00
	1"	75.00	85.00
	1 1/2"	135.00	165.00
Deposits Commercial^^	Meter Size	Water (\$)	Sewer (\$)
	3/4"	37.50	50.00
	1"	75.00	100.00
	1 1/2"	135.00	180.00
	2"	225.00	300.00
	3"	450.00	600.00
	4"	750.00	1,000.00
	6" or larger	1,365.00	1,595.00
Minimum Monthly Charges	Meter Size	Water (\$)	Sewer (\$)
	3/4"	15.75	14.81
	1"	26.20	24.76
	1 1/2"	52.37	49.49
	2"	78.54	74.23
	3"	170.19	160.83
	4"	340.39	321.64
	6"	680.76	643.30
	8"	1,361.55	643.30
Monthly Charge Solid Waste^^^	Curbside	\$23.50	
	Back Yard	\$33.50	
Monthly Charge -Water & Sewer (Based on Water Usage)	Water Usage	Water (\$)	Sewer (\$)
	1-3,000 Gallons	15.75	14.81
	Over 3,000 Gallons	4.17 per 1,000 Gallons	4.94 per 1,000 Gallons
Master Meter Minimum Monthly Charge*	Desc.	Water (\$)	Sewer (\$)
	Per Unit (2,000 Gallons)	10.50	9.88
	# of Units x 1,000 Gallons	5.25	4.94
	Over allotted usage	4.17	4.94
Access Fees	Meter Size	Water (\$)	Sewer (\$)
	3/4"	1,800.00	1,800.00
	1"	3,600.00	4,500.00
	1 1/2"	7,200.00	9,000.00
	2"	14,400.00	14,400.00
	3"	28,800.00	28,800.00
	4"	54,000.00	45,000.00
	6"	90,000.00	90,000.00
	8"	180,000.00	144,000.00
	10"	270,000.00	144,000.00

^Solid Waste Deposit \$30.00

^^ The minimum deposits (\$225 Water and \$225 Sewer) for Restaurants, Boarding Houses, Car Washes, Laundries, Auto Detail Shops, Service Stations, Motels, Apartment Complexes, Trailer Parks and similar users.

^^^ In some areas, curb pick up is required

* Master metered (sewer) residential is charged the greater of the minimum charge per unit or the charge for actual usage.

PLANT AND COLLECTION SYSTEM PERSONNEL INVENTORY

FACILITY NAME: Northside WPCF

PLANT GRADE: III

PERMIT NUMBER: AL0050245

PLANT SUPERINTENDENT: David Jones

TEL. # (334)826-7340

SYSTEM MANAGER: Mikel Thompson

TEL. # (334) 501-3060

PLANT OPERATORS:

	NAME	GRADE OR TRAINEE STATUS	OPERATOR NO.	EXP. DATE
1.	David Jones	IV	C006274	05/31/27
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

COLLECTION SYSTEM OPERATORS:

1.	Mikel Thompson	II	C005950	03/31/28
2.	Tommy May	1C	C007680	12/31/25
3.	Mike Weaver	1C	C009358	06/30/25
4.	Barry Anderson	1C	C009010	10/31/27
5.	Brandon McGinty	1C	C009902	04/30/27
6.	Dustin McGinty	1C	C009935	04/30/27
7.	Justin Floyd	1C	C009426	3/31/2026

8

9

10

	MAN HRS./WK	NUMBER
MANAGEMENT/SUPERVISOR	10/20**	3
OPERATOR(S):		
GRADE I-C	40	6
GRADE I		
GRADE II		1
GRADE III		
GRADE IV	84***	1
DESIGNATED TRAINEE(S)	0	0
LABORATORY	0	0
MAINTENANCE	*	
OTHER PLANT WORKERS		

AVERAGE NUMBER OF EMPLOYEES PER SHIFT:

1ST	1	Plant	Start Time	0600
	7	Collection	Start Time	0600

* Maintenance duty is carried out by H.C. Morgan plant staff. Lab is located at H.C. Morgan plant

OPERATOR SHIFTS NORMALLY WORKED EACH DAY:

** Collection system supervisor hours split between NS and HCM (20 hrs/ea)

	SUN	MON	TUES	WED	THURS	FRI	SAT	
1ST	N/A	N/A	N/A	N/A	N/A	N/A	N/A	*** The Northside WPCF is no longer manned 24/7 due to ceasing discharge in 2013.
2ND	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
3RD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

* Collection system operators work

ADEM USE ONLY

YES

NO

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

X

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

X