

Council member RUSTON introduced:

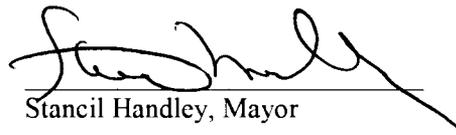
**RESOLUTION 03-16-06**  
Municipal Water Pollution Prevention Program

**BE IT RESOLVED** that the City of Columbiana, Alabama wishes to inform the Department of Environmental Management that the following actions were taken by the City Council at a regular meeting held on March 15, 2016.

1. Reviewed the MWPP Annual Report which is attached to this resolution.
2. Set forth the following actions and schedule necessary to maintain effluent requirements contained in the NPDES Permit, and to prevent the bypass and overflow of raw sewage within the collection system or at the treatment plant.
  - a. Using data collected in the flow study to identify problematic areas of the sewer system that will be repaired.
  - b. Using methods such as television inspections and smoke testing to begin repair and rehabilitation of the old lines.
  - c. Continued program of cleaning, root control and TV inspections to prevent buildups in the system and increase the capacity for handling the additional inflow during flooding.
  - d. Continued preventative maintenance of pump stations and acquire additional standby pumps for use in emergencies.
  - e. Working with our engineer to develop a 5 year and a 10 year plan for our sewer system repair and maintenance.

**NOW, THEREFORE, BE IT RESOLVED THAT** the City of Columbiana does adopt the above actions into its Municipal Water Pollution Prevention Program.

Adopted this the 15<sup>th</sup> day of March, 2016.

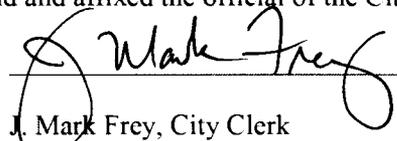
  
Stancil Handley, Mayor

**ATTEST**

  
J. Mark Frey, City Clerk

I, the undersigned qualified clerk of the City of Columbiana, Alabama, do hereby certify the above and foregoing is a true copy of a resolution lawfully passed and adopted by the City Council of the City named herein, at a regular meeting of such Council held on the day if, and such resolution is on file in the office of the City Clerk.

**IN WITNESS WHEREOF**, I have hereunto set my hand and affixed the official of the City on this 15th day of March, 2016.

  
J. Mark Frey, City Clerk



**MUNICIPAL WATER POLLUTION PREVENTION (MWPP)**

**ANNUAL REPORT**

SUBMITTED BY:

**TREATMENT FACILITY:** Columbiana WWTP NPDES #: AL0024589

**MUNICIPALITY:** Columbiana COUNTY: Shelby

**CONTACT PERSON:** Dr. Stancil Handley

Responsible Official

Mayor

Title

Telephone #: (205) 669-5800 Fax #: (205) 669-5518

Email Address: mayorhandley@cityofcolumbiana.com

**CHIEF OPERATOR:** Dale Lucas

Name

Telephone #: (205) 669-5814 Fax #: (205) 669-5518

Email Address: columbianaww@belsouth.net

Date: \_\_\_\_\_

**REVIEWED BY:** Dave B. Bechtel, P.E. - Utility Engineering Consultants, LLC

Consulting Engineer

Telephone #: (205) 951-3838 Fax #: (205) 951-3839

Date: \_\_\_\_\_

**MWPP Annual Report  
Information Source List**

The following information will be needed to complete the compliance maintenance report that covers the calendar year of 2015 (due **May 31**, 2016).

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

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

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

Facility Name: Columbiana WWTP      AL0024589

**Part 1: Influent Loading/Flows**

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

<u>Month</u>	<u>Column 1 Average Monthly Flowrate (MGD)</u>	<u>Column 2 Average Monthly BOD<sub>5</sub> (CBOD<sub>5</sub>) Concentration (mg/l)</u>	<u>Column 3 Average Loading BOD<sub>5</sub> (CBOD<sub>5</sub>) (lbs/day<sup>**</sup>)</u>
January	0.611	70	195
February	0.633	69	327
March	0.789	51	293
April	0.789	53	329
May	0.498	93	341
June	0.368	124	365
July	0.307	126	324
August	0.426	113	327
September	0.371	161	492
October	0.356	124	315
November	0.783	66	332
December	0.807	62	323
<b>Annual Avg.</b>	<b>0.561</b>	<b>92.67</b>	<b>330</b>

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

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

	<u>Average Design Flow</u>	<u>Average Design BOD<sub>5</sub> (CBOD<sub>5</sub>) Loading (lbs/day)</u>
Design Criteria	0.944	2,361.88
90% of the Design Criteria	0.849	2,125.69

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 BOD<sub>5</sub> (CBOD<sub>5</sub>)\* loading (lbs/day) (Column 3) to the WWTP exceed 90% of the design loading?  
\_\_\_\_\_ 0 \_\_\_\_\_ (Check the appropriate point total)

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

F. How many times did the monthly BOD<sub>5</sub> (CBOD<sub>5</sub>)\* loading (lbs/day) (Column 3) to the WWTP exceed the design loading?  
\_\_\_\_\_ 0 \_\_\_\_\_ (Check the appropriate point total)

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

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

C points = \_\_\_\_\_ 0 \_\_\_\_\_  
D points = \_\_\_\_\_ 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 BOD<sub>5</sub> loading for comparison with design loading for those permittees using influent CBOD<sub>5</sub>, divide annual average CBOD<sub>5</sub> loading in lbs/day from Part 1, A by 0.7.

Facility Name: Columbiana WWTP      AL0024589

**Part 2: Effluent Quality/Plant Performance**

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

(1) NPDES Permit Concentration

Permit Limit	Months	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (mg/l)	TSS (mg/l)	NH <sub>3</sub> -N (mg/l)	TKN (mg/l)
	Nov-Mar	7.0	30	1.0	
April-Oct	7.0	30	1.0	Report	

(2) DMR Concentration

Qtr	Month	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (mg/l)	TSS (mg/l)	NH <sub>3</sub> -N (mg/l)	TKN (mg/l)
1	January	1	3	*B	
	February	3	4	*B	
	March	3	6	0.02	
2	April	4.64	2.8	0.02	*B
	May	5.30	1.8	0.07	*B
	June	3.94	1.0	0.04	1.12
3	July	2.71	2.4	0.11	*B
	August	1.62	0.8	0.52	*B
	September	2.42	1.6	5.70	1.46
4	October	6.04	2.2	0.10	*B
	November	3.64	3.00	0.12	*B
	December	1.56	2.14	0.22	
<b>Annual Avg.</b>		3.24	2.56	0.69	1.29

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

(1) NPDES Permit Loading

Permit Limit	Months	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (lbs/day)	TSS (lbs/day)	NH <sub>3</sub> -N (lbs/day)	TKN (lbs/day)
	Nov-Mar	55.1	236	7.8	
April-Oct	55.1	236	7.8	Report	

(2) DMR Loading

Qtr	Month	BOD <sub>5</sub> (CBOD <sub>5</sub> ) (lbs/day)	TSS (lbs/day)	NH <sub>3</sub> -N (lbs/day)	TKN (lbs/day)
1	January	11	15	0	
	February	17	9	1	
	March	10	27	0	
2	April	30.85	18	0.10	0
	May	20.81	3.35	0.07	0
	June	12.63	2.56	0.24	10.92
3	July	6.99	6.21	0.18	0
	August	4.12	2.17	1.51	0
	September	7.29	5.59	11.99	3.65
4	October	15.37	5.51	0.30	0
	November	17.96	15.35	0.59	11.00
	December	10.05	11.95	1.30	
<b>Annual Avg.</b>		13.67	10.14	1.73	8.49

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

No = 0 points                       Yes = 121 points

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

No = 0 points                       Yes = 121 points

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

No = 0 points                       Yes = 121 points

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

No = 0 points                       Yes = 121 points

G. During the past year did the NH<sub>3</sub>-N or TKN concentration (mg/l) and/or loading (lbs/day) exceed the product of 1.4 times the monthly average permit limit during two months of any two consecutive quarters? (Check the appropriate point total.)

No = 0 points                       Yes = 121 points

H. During the past year did either the NH<sub>3</sub>-N or TKN concentration (mg/l) and/or loading (lbs/day), exceed the monthly average permit limit during four months of any two consecutive quarters? (Check the appropriate point total.)

No = 0 points                       Yes = 121 points

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

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

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

Facility Name: \_\_\_\_\_

**Part 3: Age of the Wastewater Treatment Facility**

A. What year was the wastewater treatment plant constructed or last reconstructed? 2013

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

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

$$\text{Age } \underline{2015} = (\underline{2013}) - (\underline{2})$$

Enter Age in Part C below.

B. Check the type of treatment facility employed.

	Factor
<input checked="" type="checkbox"/> Mechanical Treatment Plant	2.0
<input type="checkbox"/> Aerated Lagoon	1.5
<input type="checkbox"/> Stabilization Pond	1.0
<input type="checkbox"/> Other (Specify: _____)	1.0

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

$$\frac{2}{\text{(Factor)}} \times \frac{2}{\text{(Age)}} = \underline{4} \quad \text{TOTAL POINT VALUE FOR PART 3}$$

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

Facility Name: Columbiana WWTP AL0024589

**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? 10

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? 1

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

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

- 0 = 0 points     1 = 5 points     2 = 10 points     3 = 15 points  
 4 = 20 points     5 = 25 points     6 = 30 points     7 = 35 points  
 8 = 40 points     9 = 45 points     10 = 50 points     11 or more = 100 points

E. How many bypass or overflow events of untreated wastewater occurred in the last year at the WWTP due to equipment failure? (This includes clogged/broken lines or manholes.) 0

F. How many bypass or overflow events of untreated wastewater occurred in the last year due to equipment failure prior to the headworks of the WWTP? (This includes clogged/broken lines or manholes.) 1

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? 1

H. Add together Answers E and F and subtract Answer G from that total.

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

- 0 = 0 points     1 = 5 points     2 = 10 points     3 = 15 points  
 4 = 20 points     5 = 25 points     6 = 30 points     7 = 35 points  
 8 = 40 points     9 = 45 points     10 = 50 points     11 or more = 100 points

I. Add point values checked in D and H and enter the total in the blank below.

TOTAL POINT VALUE FOR PART 4 45

Enter this value on Part 11: Summary Sheet.

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

Facility Name: Columbiana WWTP AL0024589

**Part 5: Sludge Quantity and Storage**

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

(Check the appropriate point total.)

- Greater than or equal to 4 months  = 0 points
- Less than 4 months, but greater than or equal to 3 months  = 10 points
- Less than 3 months, but greater than or equal to 2 months  = 20 points
- Less than 2 months, but greater than or equal to 1 month  = 30 points
- Less than one month  = 50 points

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

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**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  = 0 points
- 24 - 35 months  = 10 points
- 12 - 23 months  = 20 points
- 6 - 11 months  = 30 points
- Less than 6 months  = 50 points

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

Facility Name: Columbiana WWTP AL0024589

**Part 7: New Development**

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

Design Population: N/A Design Flow: \_\_\_\_\_ MGD Design BOD<sub>5</sub> (CBOD<sub>5</sub>): \_\_\_\_\_ lbs/day Equivalent (PE)

List industrial and/or residential 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.

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**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: Columbiana WWTP AL0024589

**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.**

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Residential Minimum	<u>16.26</u>	Plus rate	<u>5.42</u>	/1,000 gal.
Industrial Minimum	<u>16.26</u>	Plus rate	<u>5.42</u>	/1,000 gal.
Monthly residential rate based on 6,000 gallons usage \$	<u>32.52</u>			

B. What financial resources are available to pay for the wastewater improvements and/or reconstruction needs?  
\$ 500,000.00 in reserve fund.

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

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**Part 10: Subjective Evaluation**

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

Very Good

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

Sewer Lines - Fair

Lift Stations - Very Good

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

Flow Study, Video Sewers, Smoke Test.

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

20 Years With 18 Years Remaining.

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

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

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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.

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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.

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

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**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>4</u> points	40 points
Part 4 <u>45</u> points	200 points
Part 5 <u>0</u> points	50 points
Part 6 <u>0</u> points	50 points
Part 7 <u>0</u> points	121 points
Part 8 <u>0</u> points	121 points
Total <u>49</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.

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**Municipal Water Pollution Prevention Resolution Form**

MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

PROGRAM RESOLVED that the City of Columbiana

informs the Department of Environmental Management that the

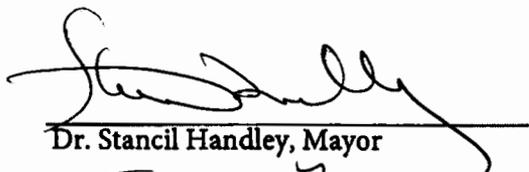
following actions were taken by City of Columbiana

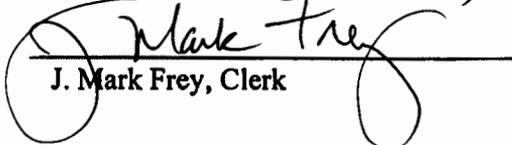
1. Reviewed the MWPP Annual Report which is attached to this resolution.
2. Set forth the following actions and schedule necessary to maintain effluent requirements contained in the NPDES Permit, and to prevent the bypass and overflow of raw sewage within the collection system or at the treatment plant:
  - (a)
  - (b)
  - (c)
  - (d)

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

City Council

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Dr. Stancil Handley, Mayor

  
J. Mark Frey, Clerk

# MWPP SEWAGE SLUDGE SURVEY

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

## Facility Background Information:

### 1. Facility Information

Permit Number: AL0024589

Name: City of Columbiana WWTP  
Street Address: 459 Highway 70, Columbiana, Alabama 35051  
County: Shelby

### 2. Facility Contact

Name: Huston Dale Lucas  
Title: Department Head of Environmental Services  
Telephone: (205) 699-5814  
Permittee Name: Columbiana WWTP  
Mailing Address: 107 Mildred Street  
Columbiana, Alabama 35051

## Facility Flow Information:

### 1. Facility Wastewater Treatment Capacity

Average Daily Flow: 0.496 MGD

Facility Design Capacity: 0.944 MGD

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

Average Domestic Septage: 5,000 gallons per month

Average Commercial Septage: None gallons per month

### 3. Method of Septage Processing

Mixed with Influent Wastewater for Treatment

Mixed with Sewage Sludge

Pumped to storage lagoon and then metered back to the plant.

### 4. Estimated Percentage Contributing Wastewater Flow

Residential: \_\_\_\_\_ %

Industrial: \_\_\_\_\_ %

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

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

Activated Sludge/Extended Aeration.

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

or 1,000 gallons per day

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

or 0 gallons per day

8. Estimated percent solids of combined sewage sludge prior to treatment: 2.5 %

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

Aerobic Digestion \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sludge Quantity  
(untreated pounds per day)

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

10. Estimate the total volume of sludge generated:

(dry U.S. tons per year)

**Sludge Disposal Methods**

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

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

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

2. If "f" was selected above and sludge is stored for two (2) or more years, enter the distance between the surface disposal site and the property line: \_\_\_\_\_ 30 \_\_\_\_\_ feet

**Pollutant Concentrations:**

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

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

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

**Treatment Provided for Sewage Sludge at the Facility:**

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

Class A

Alternative A1 – Time and Temperature

Alternative A2 – Alkaline Treatment

Alternative A3 – Analysis and Operation

Alternative A4 – Analysis Only

Alternative A5 – Process to Further Reduce Pathogens (PFRP)

Heat Drying     Thermophilic Aerobic Digestion     Heat Treatment

Pasteurization     Gamma Ray Irradiation     Beta Ray Irradiation     Composting

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

Class B

Alternative B1 – Fecal Coliform Count

Alternative B2 – Process to Significantly Reduce Pathogens (PSRP)

Aerobic Digestion     Air Drying     Anaerobic Digestion

Composting     Lime Stabilization

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

Neither or Unknown

**Vector Attraction Control:**

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

**Groundwater Monitoring:**

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

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

**Land Application of Sewage Sludge:**

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

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

N/A

N/A

N/A

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

N/A

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

No complaints.

**SANITARY SEWER OVERFLOW EVENT REPORTING FORM**

NOTE: This form is to be used to document written notification of a sanitary sewer overflow event or sewage release within five days of becoming aware of the event.

Permittee Name: City of Columbiana Permit Number: AL0024589  
Facility Name: Columbiana WWTP County: Shelby  
Date/Time SSO Began: 1-3-15 3:00 AM Date/Time SSO Stopped: 1-4-15 1:00 PM  
Estimated Volume Discharged: 300 gallons  
Estimated Volume is:  <1,000gal ( ) >1,000gal ( ) >10,000gal ( ) >100,000gal ( ) >1,000,000gal

Was Department verbally notified within 24 hours?  Yes ( ) No Date/Time of Notification: 1-4-15  
Person that verbally notified Department: Jacob Welch Phone Number: 205-669-5814

Indicate source of discharge event:  manhole ( ) lift station ( ) broken line  
( ) cleanout ( ) treatment plant ( ) other (describe): \_\_\_\_\_

Location of discharge (street address, etc.): Walter Street - Columbiana AL 35051

Known or suspected cause of the discharge: heavy rain 5"

Ultimate destination of discharge: ( ) ground absorbed  creek or river (provide name): Town Creek  
( ) storm drain ( ) drainage ditch ( ) other (describe): \_\_\_\_\_

Monitoring of the receiving water is: ( ) complete ( ) ongoing

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary): fixing sewer lines meeting with the Mayor and Engineer on January 6, 2015 regarding T and I problems

Indicate efforts to notify public (check all that apply):  
( ) press release ( ) other (describe): \_\_\_\_\_  
( ) placement of signs  notice not required, because: \_\_\_\_\_

Indicate other officials notified (check all that apply):  
( ) county health department ( ) other (describe): \_\_\_\_\_  
 notice not required, because: \_\_\_\_\_

Were any public water supply intake locations effected?  No ( ) Yes If yes, who was notified: \_\_\_\_\_



Jacob Welch operator  
Name/Title of Facility Representative

\_\_\_\_\_  
Signature of Responsible Official  
(*f* > 10,000 gal)

1-4-15  
Date

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

**ONE COPY OF A USGS QUAD SHEET OR OTHER GEOGRAPHICALLY REFERENCED MAP MUST BE ATTACHED SHOWING THE EXACT LOCATION OF ALL DISCHARGES GREATER THAN 10,000 GALLONS.**

### SANITARY SEWER OVERFLOW EVENT REPORTING FORM

NOTE: This form is to be used to document written notification of a sanitary sewer overflow event or sewage release within five days of becoming aware of the event.

Permittee Name: City of Columbia Permit Number: AL0024589  
Facility Name: Columbia WWTP County: Shelby  
Date/Time SSO Began: 1-3-15 3:00 AM Date/Time SSO Stopped: 1-4-15 2:00 pm  
Estimated Volume Discharged: 3500 gallons  
Estimated Volume is: ( ) <1,000gal (X) >1,000gal ( ) >10,000gal ( ) >100,000gal ( ) >1,000,000gal

Was Department verbally notified within 24 hours? ( ) Yes ( ) No Date/Time of Notification: 1-4-15  
Person that verbally notified Department: Jacob Welch Phone Number: 205-669-5819

Indicate source of discharge event: (X) manhole ( ) lift station ( ) broken line  
( ) cleanout ( ) treatment plant ( ) other (describe): \_\_\_\_\_

Location of discharge (street address, etc.): 205 West College Street Columbia AL 35051

Known or suspected cause of the discharge: heavy rain s"

Ultimate destination of discharge: ( ) ground absorbed (X) creek or river (provide name): Town Creek  
( ) storm drain ( ) drainage ditch ( ) other (describe): \_\_\_\_\_

Monitoring of the receiving water is: ( ) complete ( ) ongoing

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary): fixing sewer lines. meeting with the Mayor and Engineer on January 6, 2015 about I+I problems

Indicate efforts to notify public (check all that apply):  
( ) press release ( ) other (describe): \_\_\_\_\_  
( ) placement of signs (X) notice not required, because: \_\_\_\_\_

Indicate other officials notified (check all that apply):  
( ) county health department ( ) other (describe): \_\_\_\_\_  
(X) notice not required, because: \_\_\_\_\_

Were any public water supply intake locations effected? (X) No ( ) Yes If yes, who was notified? \_\_\_\_\_

Jacob Welch operator \_\_\_\_\_ 1-4-15  
Name/Title of Facility Representative Signature of Responsible Official Date  
(if > 10,000 gal)

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

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### SANITARY SEWER OVERFLOW EVENT REPORTING FORM

NOTE: This form is to be used to document written notification of a sanitary sewer overflow event or sewage release within five days of becoming aware of the event.

Permittee Name: City of Columbia Permit Number: AL 0024589  
Facility Name: Columbia WWTP County: Shelby  
Date/Time SSO Began: 1-2-15 01:00 AM Date/Time SSO Stopped: 1-2-15 @ 8:00 PM  
Estimated Volume Discharged: 8,000 gallons  
Estimated Volume is: ( ) <1,000gal (X) >1,000gal ( ) >10,000gal ( ) >100,000gal ( ) >1,000,000gal

Was Department verbally notified within 24 hours? (X) Yes ( ) No Date/Time of Notification: 1-3-15 10:45 AM  
Person that verbally notified Department: Jacob Welch Phone Number: 205-669-5814

Indicate source of discharge event: (X) manhole ( ) lift station ( ) broken line  
( ) cleanout ( ) treatment plant ( ) other (describe): \_\_\_\_\_

Location of discharge (street address, etc.): 225 West College St Columbia AL 35051

Known or suspected cause of the discharge: heavy rain (2.5" of rain)

Ultimate destination of discharge: ( ) ground absorbed (X) creek or river (provide name): Town Creek  
( ) storm drain ( ) drainage ditch ( ) other (describe): \_\_\_\_\_

Monitoring of the receiving water is: ( ) complete ( ) ongoing

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary): Waiting on IOT meeting with the Mayor and Engineer on January 6, 2015

Indicate efforts to notify public (check all that apply):  
( ) press release ( ) other (describe): \_\_\_\_\_  
( ) placement of signs (X) notice not required, because: \_\_\_\_\_

Indicate other officials notified (check all that apply):  
( ) county health department ( ) other (describe): \_\_\_\_\_  
( ) notice not required, because: \_\_\_\_\_

Were any public water supply intake locations effected? (X) No ( ) Yes If yes, who was notified? \_\_\_\_\_

Jacob Welch Operator Name/Title of Facility Representative  
\_\_\_\_\_  
Signature of Responsible Official (if > 10,000 gal)  
1-2-15 Date

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

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### SANITARY SEWER OVERFLOW EVENT REPORTING FORM

NOTE: This form is to be used to document written notification of a sanitary sewer overflow event or sewage release within five days of becoming aware of the event.

Permittee Name: City of Columbiana Permit Number: AL0029589  
Facility Name: Columbiana WWTP County: Shelby  
Date/Time SSO Began: 1-3-15 3:00 AM Date/Time SSO Stopped: 1-4-15 11:00pm  
Estimated Volume Discharged: 10,000 gallons  
Estimated Volume is: ( ) <1,000gal ( ) >1,000gal  >10,000gal ( ) >100,000gal ( ) >1,000,000gal

Was Department verbally notified within 24 hours?  Yes ( ) No Date/Time of Notification: 1-4-15 12:45  
Person that verbally notified Department: Jacob Welch Phone Number: 205-669-5814

Indicate source of discharge event:  manhole ( ) lift station ( ) broken line  
( ) cleanout ( ) treatment plant ( ) other (describe): \_\_\_\_\_

Location of discharge (street address, etc.): 225 West College St Columbiana AL 35051

Known or suspected cause of the discharge: heavy rain (5" of rain)

Ultimate destination of discharge: ( ) ground absorbed  creek or river (provide name): town creek.  
( ) storm drain ( ) drainage ditch ( ) other (describe): \_\_\_\_\_

Monitoring of the receiving water is: ( ) complete ( ) ongoing

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary): Fixing sewer lines. Meeting with the Mayor and Engineer on January 6, 2015 for I&I

Indicate efforts to notify public (check all that apply):  
( ) press release ( ) other (describe): \_\_\_\_\_  
( ) placement of signs  notice not required, because: \_\_\_\_\_

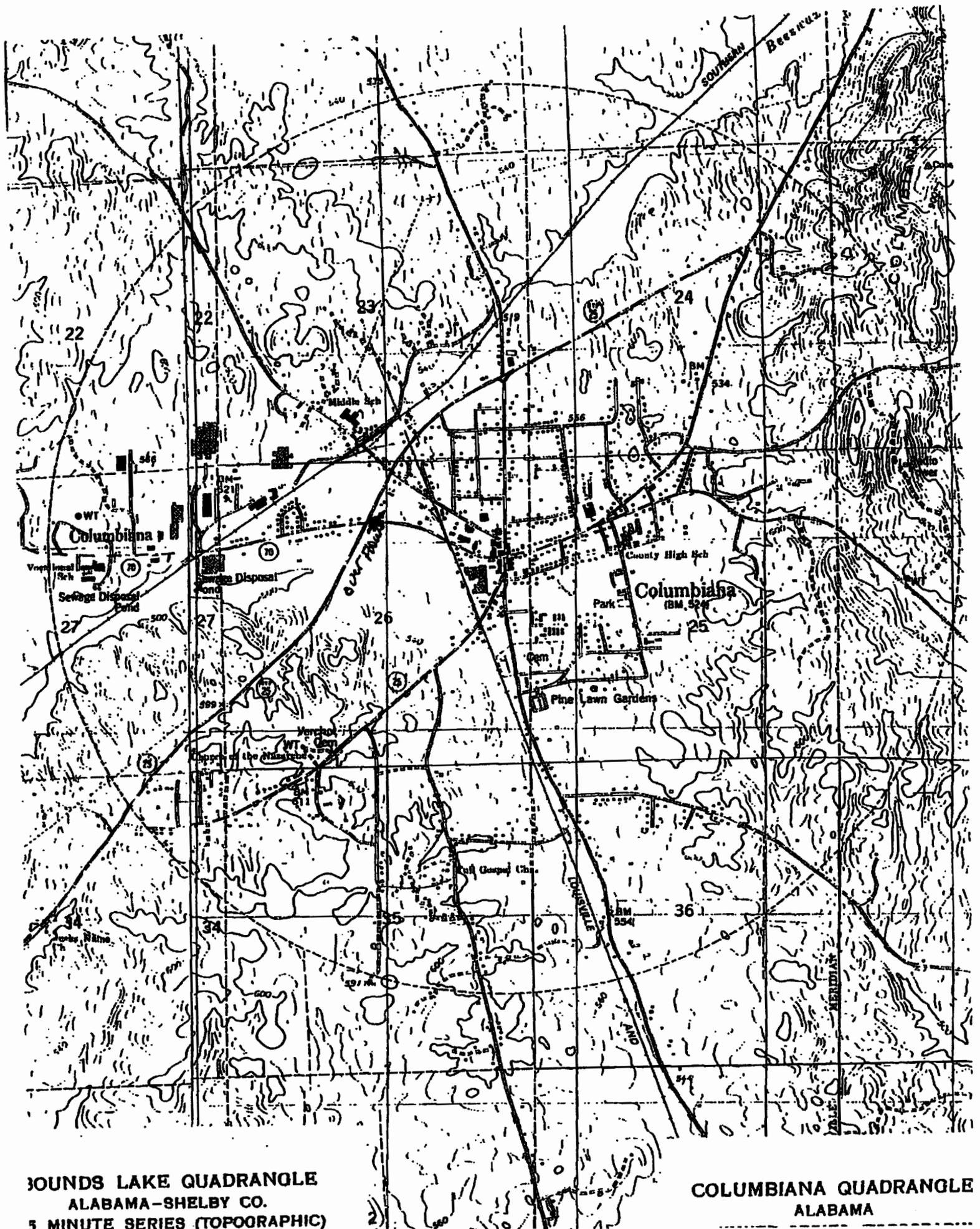
Indicate other officials notified (check all that apply):  
( ) county health department ( ) other (describe): \_\_\_\_\_  
 notice not required, because: \_\_\_\_\_

Were any public water supply intake locations effected?  No ( ) Yes If yes, who was notified? \_\_\_\_\_

Jacob Welch Operator \_\_\_\_\_ 1-4-15  
Name/Title of Facility Representative Signature of Responsible Official Date  
(if > 10,000 gal)

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

**ONE COPY OF A USGS QUAD SHEET OR OTHER GEOGRAPHICALLY REFERENCED MAP MUST BE ATTACHED SHOWING THE EXACT LOCATION OF ALL DISCHARGES GREATER THAN 10,000 GALLONS.**



**SOUNDS LAKE QUADRANGLE**  
**ALABAMA-SHELBY CO.**  
**5 MINUTE SERIES (TOPOGRAPHIC)**

**COLUMBIANA QUADRANGLE**  
**ALABAMA**

**SANITARY SEWER OVERFLOW EVENT REPORTING FORM**

NOTE: This form is to be used to document written notification of a sanitary sewer overflow event or sewage release within five days of becoming aware of the event.

Permittee Name: City Columbiana WWTP Permit Number: AL0024589  
 Facility Name: Columbiana WWTP County: Shelby  
 Date/Time SSO Began: 2-23-15 3:00am Date/Time SSO Stopped: 2-23-15 11:15am  
 Estimated Volume Discharged: 2000 gallons  
 Estimated Volume is: ( ) <1,000gal (X) >1,000gal ( ) >10,000gal ( ) >100,000gal ( ) >1,000,000gal

Was Department verbally notified within 24 hours? (X) Yes ( ) No Date/Time of Notification: 2-23-15 1:08pm  
 Person that verbally notified Department: Dale Lewis Phone Number: 205-669-153-5814

Indicate source of discharge event: (X) manhole ( ) lift station ( ) broken line  
 ( ) cleanout ( ) treatment plant ( ) other (describe): \_\_\_\_\_

Location of discharge (street address, etc.): 225 East College St. Columbiana AL 35051

Known or suspected cause of the discharge: Rain 2.0"

Ultimate destination of discharge: ( ) ground absorbed (X) creek or river (provide name): Town Creek  
 ( ) storm drain ( ) drainage ditch ( ) other (describe): \_\_\_\_\_

Monitoring of the receiving water is: ( ) complete ( ) ongoing

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary): Working with The Engineer on RCP-1's Line's We are currently performing a flow study.

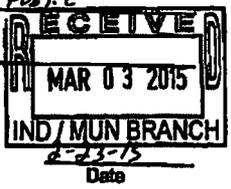
Indicate efforts to notify public (check all that apply):  
 ( ) press release ( ) other (describe): \_\_\_\_\_  
 ( ) placement of signs (X) notice not required, because: no Danger To Public

Indicate other officials notified (check all that apply):  
 ( ) county health department ( ) other (describe): \_\_\_\_\_  
 (X) notice not required, because: no Danger To Public

Were any public water supply intake locations effected? (X) No ( ) Yes If yes, who was notified? \_\_\_\_\_

Dale Lewis Operator  
 Name/Title of Facility Representative

\_\_\_\_\_  
 Signature of Responsible Official  
(if > 10,000 gal)



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

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**SANITARY SEWER OVERFLOW EVENT REPORTING FORM**

NOTE: This form is to be used to document written notification of a sanitary sewer overflow event or sewage release within five days of becoming aware of the event.

Permittee Name: City of Columbiana Permit Number: AL 0024589  
Facility Name: Columbiana WWTTP County: Shelby  
Date/Time SSO Began: 2-23-15 7:00 am Date/Time SSO Stopped: 2-23-15 8:00 am  
Estimated Volume Discharged: 100 gallons  
Estimated Volume Is:  <1,000gal  >1,000gal  >10,000gal  >100,000gal  >1,000,000gal

Was Department verbally notified within 24 hours?  Yes  No Date/Time of Notification: 2-23-15  
Person that verbally notified Department: Dick Wears Phone Number: 205-669-5814

Indicate source of discharge event:  manhole  lift station  broken line  
 cleanout  treatment plant  other (describe): \_\_\_\_\_

Location of discharge (street address, etc.): 125 Walton St. Columbiana AL 35051

Known or suspected cause of the discharge: 2.5 Rain

Ultimate destination of discharge:  ground absorbed  creek or river (provide name): \_\_\_\_\_  
 storm drain  drainage ditch  other (describe): \_\_\_\_\_

Monitoring of the receiving water is:  complete  ongoing

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary): Performing A Flow Study on the Collection System.

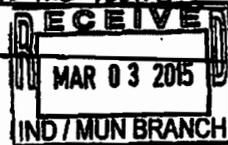
Indicate efforts to notify public (check all that apply):  
 press release  other (describe): \_\_\_\_\_  
 placement of signs  notice not required, because: No Danger To the Public

Indicate other officials notified (check all that apply):  
 county health department  other (describe): \_\_\_\_\_  
 notice not required, because: No Danger To the Public

Were any public water supply intake locations effected?  No  Yes If yes, who was notified? \_\_\_\_\_

Dick Wears  
Name/Title of Facility Representative

\_\_\_\_\_  
Signature of Responsible Official  
(If > 10,000 gal)



\_\_\_\_\_  
Date

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

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**SANITARY SEWER OVERFLOW EVENT REPORTING FORM**

NOTE: This form is to be used to document written notification of a sanitary sewer overflow event or sewage release within five days of becoming aware of the event.

Permittee Name: CITY OF COLUMBIANA Permit Number: AL 0024589  
Facility Name: Columbiana WWTP County: Shelby  
Date/Time SSO Began: 2-23-15 @ 3:00am Date/Time SSO Stopped: 2-23-15 @ 9:00am  
Estimated Volume Discharged: 100-175 gallons  
Estimated Volume is:  <1,000gal  >1,000gal  >10,000gal  >100,000gal  >1,000,000gal

Was Department verbally notified within 24 hours?  Yes  No Date/Time of Notification: 2-23-15 @ 1:12pm  
Person that verbally notified Department: Dick Lucas Phone Number: 905-669-5814

Indicate source of discharge event:  manhole  lift station  broken line  
 cleanout  treatment plant  other (describe): \_\_\_\_\_

Location of discharge (street address, etc.): 205 East College St.

Known or suspected cause of the discharge: 2.5 Rain

Ultimate destination of discharge:  ground absorbed  creek or river (provide name): \_\_\_\_\_  
 storm drain  drainage ditch  other (describe): \_\_\_\_\_

Monitoring of the receiving water is:  complete  ongoing

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

Indicate efforts to notify public (check all that apply):  
 press release  other (describe): \_\_\_\_\_  
 placement of signs  notice not required, because: NO Danger to the public

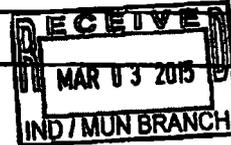
Indicate other officials notified (check all that apply):  
 county health department  other (describe): NO Danger To the Public  
 notice not required, because: \_\_\_\_\_

Were any public water supply intake locations affected?  No  Yes If yes, who was notified?

Dick Lucas  
Name/Title of Facility Representative

\_\_\_\_\_  
Signature of Responsible Official  
(*> 10,000 gal*)

\_\_\_\_\_  
Date



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

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### SANITARY SEWER OVERFLOW EVENT REPORTING FORM

NOTE: This form is to be used to document written notification of a sanitary sewer overflow event or sewage release within five days of becoming aware of the event.

Permittee Name: City of Columbiana Permit Number: AL0624589  
Facility Name: Columbiana WWTW County: Shelby  
Date/Time SSO Began: 1:46 PM 6/5/15 Date/Time SSO Stopped: 2:10 PM 6/5/15  
Estimated Volume Discharged: 150 - 200 gallons  
Estimated Volume Is:  <1,000gal  >1,000gal  >10,000gal  >100,000gal  >1,000,000gal  
Was Department verbally notified within 24 hours?  Yes  No Date/Time of Notification: I think I called it in AT 4:00 PM 6/5/15  
Person that verbally notified Department: Dale Lewis Phone Number: 205-669-5814

Indicate source of discharge event:  manhole  lift station  broken line  
 cleanout  treatment plant  other (describe): \_\_\_\_\_

Location of discharge (street address, etc.): 506 Hwy 70 Columbiana AL 38051

Known or suspected cause of the discharge: Pumps closed do to debris from shelby county Jail

Ultimate destination of discharge:  ground absorbed  creek or river (provide name): \_\_\_\_\_  
 storm drain  drainage ditch  other (describe): \_\_\_\_\_

Monitoring of the receiving water is:  complete  ongoing

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary): Working with Shelby County to Install A Screening System for the Jail.

Indicate efforts to notify public (check all that apply):  
 press release  other (describe): \_\_\_\_\_  
 placement of signs  notice not required, because: No DANGER

Indicate other officials notified (check all that apply):  
 county health department  other (describe): \_\_\_\_\_  
 notice not required, because: No DANGER

Were any public water supply intake locations affected?  No  Yes If yes, who was notified? \_\_\_\_\_

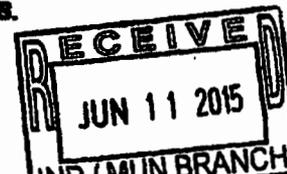
Dale Lewis  
Name/Title of Facility Representative

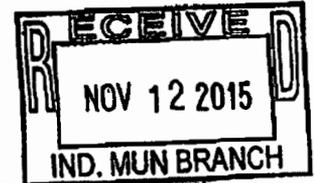
\_\_\_\_\_  
Signature of Responsible Official  
(if > 10,000 gal)

6/5/15  
Date

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

ONE COPY OF A USGS QUAD SHEET OR OTHER GEOGRAPHICALLY REFERENCED MAP MUST BE ATTACHED SHOWING THE EXACT LOCATION OF ALL DISCHARGES GREATER THAN 10,000 GALLONS.





### SANITARY SEWER OVERFLOW EVENT REPORTING FORM

NOTE: This form is to be used to document written notification of a sanitary sewer overflow event or sewage release within five days of becoming aware of the event.

Permittee Name: City of Columbiana Permit Number: AL0024589  
 Facility Name: Columbiana WWTP County: Shelby  
 Date/Time SSO Began: 11-6-15 @ 11:00 P.M. Date/Time SSO Stopped: 11-8-15 2:00 P.M.  
 Estimated Volume Discharged: 15,000 gallons (Mandatory)  
 Estimated Volume is: ( ) <1,000gal ( ) >1,000gal  >10,000gal ( ) >100,000gal ( ) >1,000,000gal

Was Department verbally notified within 24 hours?  Yes ( ) No Date/Time of Notification: 11-7-15 @ 8:00 A.M.  
 Person that verbally notified Department: Chris Lee Phone Number: (205) 669-5814  
 Did you contact the SSO hotline?  Yes ( ) No

Indicate source of discharge event:  manhole ( ) lift station ( ) broken line  
 ( ) cleanout ( ) treatment plant ( ) other (describe): \_\_\_\_\_

Location of discharge (street address, etc.): 225 West College St. 225 West College St.

Known or suspected cause of the discharge: Heavy Rain 4.5 Inches

Ultimate destination of discharge: ( ) ground absorbed  creek or river (provide name): Town Creek/Waxachachet  
 storm drain ( ) drainage ditch ( ) other (describe): \_\_\_\_\_

Monitoring of the receiving water is: ( ) complete ( ) ongoing

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary): Currently Working on I and I with Flow study

Indicate efforts to notify public (check all that apply):  
 ( ) press release ( ) other (describe): \_\_\_\_\_  
 ( ) placement of signs  notice not required, because: No danger to Public

Indicate other officials notified (check all that apply):  
 ( ) county health department ( ) other (describe): \_\_\_\_\_  
 notice not required, because: No danger to Public

Were any public water supply intake locations effected?  No ( ) Yes If yes, who was notified? \_\_\_\_\_

Chris Lee Operator Trainee Name/Title of Facility Representative  
[Signature] Signature of Responsible Official (If > 10,000 gal)  
11-9-15 Date

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