

**RESOLUTION NO. 2026-05-18B**  
**MUNICIPAL WATER POLLUTION PREVENTION.**

**WHEREAS** the City of Margaret City Council was presented with the Municipal Water Pollution Prevention Annual Report from the Margaret Waste Water Treatment Plant.

**NOW THEREFORE, BE IT RESOLVED THAT THE CITY OF MARGARET, AL** informs the Department of Environmental Management that the following actions were taken by the Margaret City Council:

1. Reviewed the MWPP Annual Report which is attached to this resolution.
2. Set forth the following actions and schedule necessary to maintain effluent requirements contained in the NPDES Permit, and to prevent the bypass and overflow of raw sewage within the collection system at the treatment plant:
  - (a) Actions will be taken by the City of Margaret Council as appropriate to meet or exceed the NPDES permit.

PASSED AND ADOPTED by the City of Margaret Council this the 19<sup>th</sup> day of May, 2026.

  
\_\_\_\_\_

Matt Tortorice, Mayor

Attest:

  
\_\_\_\_\_

Tabitha Hanner, City Clerk

# MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

## ANNUAL REPORT

SUBMITTED BY:

TREATMENT FACILITY: Margaret WWTP NPDES #: AL0078204

MUNICIPALITY: City of Margaret Al COUNTY: St. Clair

CONTACT PERSON: Matthew Tortorice

Responsible Official

Mayor

Title

Telephone #: 205-577-7309 Fax #: \_\_\_\_\_

Email Address: Mayor@CityOfMargaretAlabama.gov

CHIEF OPERATOR: Jerr. Terrell

Name

Telephone #: 205-703-5332 Fax #: \_\_\_\_\_

Email Address: terrellbob454@gmail.com

Date: 5-6-26

REVIEWED BY: HagerCo LLC - Keith L. Hager

Consulting Engineer

Telephone #: 205-229-1738 Fax #: N/A

Date: 05/07/26



**MWPP Annual Report  
Information Source List**

The following information will be needed to complete the compliance maintenance report that covers the calendar year of 2025 (due May 31, 2026).

- 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 a 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: Margaret WWTP

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)**</u>
January	.0871	149.3	102.44
February	.1339	167.4	180.7
March	.1309	157.5	168.47
April	.1390	166.9	201.97
May	.1656	134.7	189.19
June	.1570	112.1	135.80
July	.1400	102.9	111.10
August	.1195	165.4	163.50
September	.1204	123.3	117.90
October	.1268	127.5	136.20
November	.1233	160.9	169.00
December	.0980	173.3	138.40
<b>Annual Avg.</b>	.1285	145.05	151.22

\*\* 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	.250 MGD	834.0
90% of the Design Criteria	.225MGD	750.6

C. How many times did the monthly flow (Column 1) to the WWTP exceed 90% of design flow?  
\_\_\_\_\_ (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?  
\_\_\_\_\_ (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?

\_\_\_\_\_ (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?

\_\_\_\_\_ (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: Margaret W~~W~~TP

**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)
		Apr-Oct	5	30	1
	Nov-Mar	5	30	1	NA

(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	4.21	3.67	6.935	NA
	February	1.39	3.00	0.039	NA
	March	1.38	3.56	0.056	NA
2	April	1.16	9.00	0.170	0.700
	May	2.00	11.90	0.020	0.750
	June	1.20	4.70	0.120	0.850
3	July	1.70	3.70	0.050	0.870
	August	1.70	3.00	0.070	0.960
	September	1.40	2.90	0.070	0.660
4	October	1.60	3.00	0.020	0.150
	November	1.20	1.90	0.080	NA
	December	1.60	1.80	0.020	NA
	<b>Annual Avg.</b>	1.71	4.34	0.638	0.706

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)
	Jan-Dec	20.8	125	4.17	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	2.187	2.547	4.888	NA
	February	1.686	3.640	.039	NA
	March	1.478	3.771	.064	NA
2	April	1.390	10.460	.230	.930
	May	3.000	17.900	.030	1.030
	June	1.500	5.500	.160	.940
3	July	1.800	4.000	.060	1.080
	August	1.700	3.100	.070	1.060
	September	1.300	2.800	.070	.750
4	October	1.800	3.300	.030	.160
	November	1.300	2.100	.100	NA
	December	1.300	1.500	.010	NA
Annual Avg.		1.703	5.052	.479	.850

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: Margaret WWTP

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

A. What year was the wastewater treatment plant constructed or last reconstructed? 2005

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

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

Age 20 = (2025) - (2005)

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:

$\frac{2}{\text{(Factor)}} \times \frac{20}{\text{(Age)}} = \underline{40}$  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: Margaret WWTP

**Part 4: Bypassing and Overflows**

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

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

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

D. Add together Answers A and B and subtract Answer C from that total.  
A + B - C = \_\_\_\_\_ (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.) 0

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? NA

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: Margaret WWTP

**Part 5: Sludge Quantity and Storage**

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

(Check the appropriate point total.)

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

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

**Part 6: Sludge Disposal Practices and Sites**

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

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

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

Facility Name: Margaret V. WTP

**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 sewerage system could significantly increase? Estimate additional loadings below.

Design Population: \_\_\_\_\_ 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: Margaret WTP

**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>\$11.60</u>	Plus rate	<u>\$9.94</u>	/1,000 gal.
Industrial Minimum	<u>\$11.60</u>	Plus rate	<u>\$13.20</u>	/1,000 gal.
Monthly residential rate based on 6,000 gallons usage	<u>\$70.82</u>			

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

Sewer user fees, Impact fees, Grants, Loans

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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.

Good

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

Good

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

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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 year design life, 16-18 years usefull life remaining.

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

None

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

Yes

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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? \_\_\_\_\_

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

Yes, perventive maintenance activities are documented in plant log book.

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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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Facility Name: Margaret WWTP

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>40</u> points	40 points
Part 4 <u>0</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>40</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.

Yes part 3 the age of the treatment plant is 20 years old.

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# PLANT AND COLLECTION SYSTEM PERSONNEL INVENTORY

FACILITY NAME: Margaret WWTP  
 PERMIT NUMBER: AL007824

PLANT GRADE: II

PLANT SUPERINTENDENT: \_\_\_\_\_ TEL. # \_\_\_\_\_

SYSTEM MANAGER: \_\_\_\_\_ TEL. # \_\_\_\_\_

PLANT OPERATORS: \_\_\_\_\_

	NAME	GRADE OR TRAINEE STATUS	OPERATOR NO.	EXP. DATE
1.	Jerry Terrell	III	COO4534	11-30-27
2.	Shane Waters	II	COO7333	2-28-28
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**COLLECTION SYSTEM OPERATORS**

1.			
2.			
3.			
4.			

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

**AVERAGE NUMBER OF EMPLOYEES PER SHIFT:**

1ST	3
2ND	
3RD	

START TIME	7:00am

**OPERATOR SHIFTS NORMALLY WORKED EACH DAY:**

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

**ADEM USE ONLY**

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

YES	NO

# 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: AL0078204

Name: Margaret WWTP

Street Address: 3271 Saine Road Odenville AL 35112

County: St Clair

### 2. Facility Contact

Name: Matthew Tartorice

Title: Mayor

Telephone: 205-577-7307

Permittee Name: City of Margaret Alabama

Mailing Address: PO Box 207

Margaret, AL 35112

## Facility Flow Information:

### 1. Facility Wastewater Treatment Capacity

Average Daily Flow: .1285 MGD

Facility Design Capacity: .25 MGD

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

Average Domestic Septage: 0 gallons per month

Average Commercial Septage: 0 gallons per month

### 3. Method of Septage Processing

Mixed with Influent Wastewater for Treatment

Mixed with Sewage Sludge

NA

### 4. Estimated Percentage Contributing Wastewater Flow

Residential: 100 %

Industrial: 0 %

Other: 0 %

Describe: \_\_\_\_\_

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

Biological activated sludge, tertiary disk filtration, ultraviolet light disinfection

6. Estimated sewage sludge wasting rate at this facility: 79.4 lb/day dry weight  
or \_\_\_\_\_ gallons per day

7. Estimated untreated sludge received from off site: None lb/day dry weight  
or \_\_\_\_\_ gallons per day

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

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

Aerated sludge digestion

Sludge Quantity  
(untreated pounds per day)  
79.4

Sludge thickening, Sludge dewaterin via gravitey filtration

10. Estimate the total volume of sludge generated:

14.5  
(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 Garder	<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 Garder	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
c. <input type="checkbox"/> Incineration	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
d. <input checked="" type="checkbox"/> Subtitle D Landfill (Disposal Only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14.5	<input type="checkbox"/>	<input type="checkbox"/>
e. <input type="checkbox"/> Lined Treatment Lagoon or Stabilization Pond	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
f. <input type="checkbox"/> Unlined Lagoon or Stabi zation Pond	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
g. <input type="checkbox"/> Other (Please Describe)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

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

**Pollutant Concentrations:**

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

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

2. Enter the estimated or determined percent solids of the sewage sludge when sampled for the above analysis: 10 %

**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?

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

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

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