

RESOLUTION NO. 2025-11

MUNICIPAL WATER POLLUTION PREVENTION (MWPP) PROGRAM


MUNICIPAL WATER POLLUTION PREVENTION (MWPP) PROGRAM RESOLVED that the City of Loxley informs the Department of Environmental Management that the following actions were taken by the City Council of the City of Loxley:

1. Reviewed the MWPP Annual Report which is attached to this resolution.
2. Set forth the following actions and schedule necessary to maintain effluent requirements contained in the NPDES Permit, and to prevent the bypass and overflow of raw sewage within the collection system or at the treatment plant:
 - (a) Continue to identify and repair infiltration and inflow problems
 - (b) Maintain an adequate budget for operation and maintenance of the wastewater plant and collection system
 - (c) Continue to provide upgrades and plant improvements necessary to meet demands of growth in the area

ADOPTED AND APPROVED THIS 31ST DAY OF MARCH 2025 BY THE CITY COUNCIL OF THE CITY OF LOXLEY, ALABAMA.



Richard L. Teal
Mayor

ATTEST:


Melissa Lawrence
City Clerk/Treasurer

CERTIFICATION

I, the undersigned qualified and acting Clerk of the City of Loxley, Alabama, do hereby certify that the above and foregoing is a true copy of a resolution lawfully passed and adopted by the City of Loxley Council, at a regular meeting of such council, held on the 31th day of March, 2025, and that said resolution is on file in the office of the City of Loxley Clerk.


Melissa Lawrence
City Clerk/Treasurer



MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

ANNUAL REPORT

SUBMITTED BY:

TREATMENT FACILITY: City of Loxley WWTP NPDES #: AL0060283

MUNICIPALITY: City of Loxley COUNTY: Baldwin

CONTACT PERSON: Richard Teal
Responsible Official
Mayor
Title
Telephone #: 251-964-5162 Fax #: 251-964-5371
Email Address: mayor@cityofloxley.com

CHIEF OPERATOR: Robert Miller
Name
Telephone #: 251-964-7644 Fax #: 251-964-5371
Email Address: rmiller@cityofloxley.com
Date: 2/19/25

REVIEWED BY: Dustin Till, P.E.- Goodwyn Mills Cawood
Consulting Engineer
Telephone #: 334-271-3200 Fax #: _____
Date: 3/20/25



**M/WPP 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: City of Loxley WWTP

Part 1: Influent Loading/Flows

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

<u>Month</u>	<u>Column 1 Average Monthly Flowrate (MGD)</u>	<u>Column 2 Average Monthly BOD₅ (CBOD₅) Concentration (mg/l)</u>	<u>Column 3 Average Loading BOD₅ (CBOD₅) (lbs/day)**</u>
January	0.363	152	401
February	0.324	217	507
March	0.427	144	426
April	0.405	149	478
May	0.439	179	674
June	0.515	197	827
July	0.396	172	590
August	0.274	225	472
September	0.187	273	577
October	0.322	195	506
November	0.355	154	562
December	0.368	157	370
Annual Avg.	0.365	185	533

** 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 0.750</u>	<u>Average Design BOD₅ (CBOD₅) Loading (lbs/day)</u>
Design Criteria	0.750	1407
90% of the Design Criteria	0.675	1266

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: City of Loxley WWTP

Part 2: Effluent Quality/Plant Performance

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

(1) NPDES Permit Concentration

Permit Limit	Months	BOD ₅ (CBOD ₅) (mg/l)	TSS (mg/l)	NH ₃ -N (mg/l)	TKN (mg/l)
	12	25.0	30.0	20.0	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	2.4	0.9	0.120	
	February	2.1	6.1	0.098	
	March	2.5	11.2	0.045	
2	April	2.9	5.2	0.320	0.5
	May	1.7	1.3	0.097	4.36
	June	2.3	3.4	0.114	1.38
3	July	2.0	4.2	0.029	2.38
	August	1.1	1.1	0.107	4.7
	September	2.3	5.6	0.250	5.29
4	October	3.4	3.1	0.091	0.76
	November	1.4	1.7	0.265	
	December	0.7	1.2	0.155	
Annual Avg.		2.1	3.8	0.140	3.15

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)
	12	156	187	125	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	6.3	2.5	0.34	
	February	5.2	14.0	0.24	
	March	7.2	35.6	0.14	
2	April	13.5	17.6	1.03	1.4
	May	7.3	4.3	0.32	15.3
	June	8.9	17.6	0.47	1.6
3	July	6.3	14.7	0.10	6.6
	August	2.5	2.0	0.23	10.7
	September	5.0	12.4	0.54	10.6
4	October	9.0	7.3	0.22	1.50
	November	6.4	5.8	0.87	
	December	1.5	2.8	0.32	
Annual Avg.		6.6	11.4	0.40	6.81

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: City of Loxley 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)

$$\text{Age } \underline{19} = (\underline{2024}) - (\underline{2005})$$

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: _____)	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:

$$\frac{2.0}{\text{(Factor)}} \times \frac{19}{\text{(Age)}} = \underline{38} \quad \text{TOTAL POINT VALUE FOR PART 3}$$

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: City of Loxley 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? 1
- 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 = 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.) 1
- F. How many bypass or overflow events of untreated wastewater occurred in the last year due to equipment failure prior to the headworks of the WWTP? (This includes clogged/broken lines or manholes.) 4
- G. How many of the bypass or overflow events listed in Parts E and F have been corrected such that future bypass or overflow events at the same location due to the same equipment failure are not anticipated? 5
- 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: City of Loxley 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?) 36

(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: City of Loxley WWTP

Part 7: New Development

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

Design Population: 350 Design Flow: 0.035 MGD Design BOD₅ (CBOD₅): 171 lbs/day Equivalent (PE)

List industrial and/or residential developments.

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.

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: City of Loxley WWTP

Part 9: Financial Status

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

Yes _____

Residential Minimum \$36.24 Plus rate N/A /1,000 gal.

Industrial Minimum \$37.63 Plus rate N/A /1,000 gal.

Monthly residential rate based on 6,000 gallons usage \$ \$36.24

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

Revenue from customers, USDA loan/grant, CDBG grants , loans and bonds available if needed

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

Part 10: Subjective Evaluation

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

The WWTP is in good operating condition, well maintained, and the plant is meeting all NPDES requirements.

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

The collection system is in good working condition and well maintained, continuous rehab to the system is ongoing.

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

Currently, a CDBG funded project to rehab manholes and 4,600 LF of clay gravity sewer main has begun and should be completed in the next couple weeks. Improvements to lift stations are ongoing.

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

15 years on equipment and 20 years on structures.

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

N/A

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

No

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, the City of Loxley utilizes the O&M manuals for maintenance on all equipment and also adheres to a routine and preventative maintenance schedule.

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.

Expense reports enclosed for repairs and equipment replacement.

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

Facility Name: City of Loxley 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>38</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>0</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.

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: AL006083

Name: City of Loxley

Street Address: 5150 S. Magnolia St.

County: Baldwin

2. Facility Contact

Name: Robert Miller

Title: Operations Manager

Telephone: 251-923-8418

Permittee Name: City of Loxley

Mailing Address: P.O. Box 9
Loxley, AL 36551

Facility Flow Information:

1. Facility Wastewater Treatment Capacity

Average Daily Flow: 0.365 MGD

Facility Design Capacity: 0.750 MGD

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

Average Domestic Septage: 0 gallons per month

Average Commercial Septage: 0 gallons per month

3. Method of Septage Processing

Mixed with Influent Wastewater for Treatment

Mixed with Sewage Sludge

N/A

4. Estimated Percentage Contributing Wastewater Flow

Residential: 80 %

Industrial: 10 %

Other: 10 % Describe: Commercial

5. List type of wastewater treatment process(es) utilized at this facility:
Mechanical aeration w/secondary clarification, tertiary treatment, CL2 disinfection, and re-aeration.

6. Estimated sewage sludge wasting rate at this facility: _____ lb/day dry weight
or 1000 gallons per day

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

8. Estimated percent solids of combined sewage sludge prior to treatment: N/A %

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

Waste activated sludge pumped to (2) two aerated
 sludge storage lagoons

Sludge Quantity
 (untreated pounds per day)
 N/A

10. Estimate the total volume of sludge generated:

N/A
 (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 type="checkbox"/> Unlined Lagoon or Stabilization Pond	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
g. <input type="checkbox"/> Other (Please Describe)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

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

Pollutant Concentrations:

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

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

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

Treatment Provided for Sewage Sludge at the Facility:

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

Class A

Alternative A1 – Time and Temperature

Alternative A2 – Alkaline Treatment

Alternative A3 – Analysis and Operation

Alternative A4 – Analysis Only

Alternative A5 – Process to Further Reduce Pathogens (PFRP)

Heat Drying Thermophilic Aerobic Digestion Heat Treatment

Pasteurization Gamma Ray Irradiation Beta Ray Irradiation Composting

Alternative A6 – PFRP Equivalent _____

Class B

Alternative B1 – Fecal Coliform Count

Alternative B2 – Process to Significantly Reduce Pathogens (PSRP)

Aerobic Digestion

Air Drying

Anaerobic Digestion

Composting

Lime Stabilization

Alternative B3 – PSRP Equivalent _____

Neither or Unknown

Vector Attraction Control:

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

Groundwater Monitoring:

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

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

Land Application of Sewage Sludge:

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

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

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?

N/A

PLANT AND COLLECTION SYSTEM PERSONNEL INVENTORY

FACILITY NAME: City of Loxley PLANT GRADE: II
 PERMIT NUMBER: AL0060283
 PLANT SUPERINTENDENT: Robert Miller TEL. # 251-923-8418
 SYSTEM MANAGER: Robert Davis TEL. # 251-747-1662
 PLANT OPERATORS:

	NAME	GRADE OR TRAINEE STATUS	OPERATOR NO.	EXP. DATE
1.	Robert Miller	IV	C007953	10/31/2025
2.	Robert Davis	IV	C001851	4/30/2027
3.	Travis Shambo	Trainee		
4.	Casey Cornelius	Trainee		
5.	Robert Cogar	Trainee		
6.	Jaylon Womack	Trainee		
7.				
8.				
9.				
10.				

COLLECTION SYSTEM OPERATORS:

1.	Robert Miller	IV	C007953	10/31/2025
2.	Travis Shambo	Trainee		
3.	Casey Cornelius	Trainee		
4.	Robert Cogar	Trainee		

	MAN HRS./WK	NUMBER
MANAGEMENT/SUPERVISOR	Robert Miller	7953
OPERATOR(S):		
GRADE I-C		
GRADE I		
GRADE II		
GRADE III		
GRADE IV	Robert Davis	1851
DESIGNATED TRAINEE(S)		
LABORATORY	Anthony Darling	
MAINTENANCE	Travis Shambo	
OTHER PLANT WORKERS		

AVERAGE NUMBER OF EMPLOYEES PER SHIFT:

1ST	3	START TIME	0630
2ND			
3RD			

OPERATOR SHIFTS NORMALLY WORKED EACH DAY:

	SUN	MON	TUES	WED	THURS	FRI	SAT
1ST	2	9	9	9	9	4	2
2ND							
3RD							

ADEM USE ONLY

- DOES PLANT OPERATOR STAFFING COMPLY WITH DIVISION 10 OF ADEM ADMINISTRATIVE CODE?
- DOES COLLECTION SYSTEM OPERATOR STAFFING COMPLY WITH DIVISION 10 OF ADEM ADMINISTRATIVE CODE?

YES	NO

9:43 AM
03/05/25
Accrual Basis

City of Loxley - Utility Fund
Transactions by Account
As of December 31, 2024

Type	Date	Num	Name	Memo	Class	Cr	Split	Debit	Credit	Balance
3900-2 - Retained Earnings								20,350.00		20,350.00
Closing Entry	09/30/2024									
Total 3900-2 Retained Earnings								20,350.00	0.00	20,350.00
Operating Expenses/Sewer										
8160-2 - Contract Labor/Sewer										
Bill	10/02/2024	2168	AGW Electric LLC	Electrical install for Maint. Bldg @ WWTP	WWTP		2000-2 - Accou...	1,997.70		1,997.70
Bill	10/31/2024	2852	Pipe Services of South Alabama LLC	Sewer line cleaning & video per ADEM Regulations	WWTP		2000-2 - Accou...	18,593.10		20,590.80
Bill	11/21/2024	15446	Automation Control Service LLC	Repairs after power outage	WWTP		2000-2 - Accou...	2,782.50		23,373.30
Bill	11/27/2024	1424	Duke Instrument Service Co. LLC	ORP probe and analyzer install	WWTP		2000-2 - Accou...	989.99		24,363.29
Total 8160-2 Contract Labor/Sewer								24,363.29	0.00	24,363.29
Total Operating Expenses/Sewer								24,363.29	0.00	24,363.29
TOTAL								44,713.29	0.00	44,713.29

City of Loxley - Utility Fund
Transactions by Account
As of December 31, 2024

Type	Date	Num	Name	Memo	Class	Cir	Split	Debit	Credit	Balance
3900-2 - Retained Earnings										
Closing Entry	09/30/2024							1,859.71	0.00	1,859.71
Total 3900-2 - Retained Earnings								1,859.71	0.00	1,859.71
Operating Expenses/Sewer										
8278-2 - SCADA - Sewer										
Bill	10/15/2024	24364	Simerly	Monthly Telemetry services for lift station SCADA	WWTP		2000-2 - Accou...	147.21		147.21
Bill	10/22/2024	15388	Automation Control Service LLC	SCADA repairs @ Windchase LS	WWTP		2000-2 - Accou...	486.00		613.21
Bill	11/15/2024	25472	Simerly	Monthly Telemetry services for lift station SCADA	WWTP		2000-2 - Accou...	151.87		765.08
Bill	11/21/2024	15443	Automation Control Service LLC	Move L.S. SCADA to WWTP server	WWTP		2000-2 - Accou...	787.50		1,552.58
Bill	11/21/2024	15444	Automation Control Service LLC	Replace HDM control w/ VTS	WWTP		2000-2 - Accou...	2,250.00		3,802.58
Bill	12/19/2024	28897	Simerly	Monthly Telemetry services for lift station SCADA	WWTP		2000-2 - Accou...	146.78		3,949.36
Total 8278-2 - SCADA - Sewer								3,949.36	0.00	3,949.36
Total Operating Expenses/Sewer								3,949.36	0.00	3,949.36
TOTAL								5,809.07	0.00	5,809.07

City of Loxley - Utility Fund
Transactions by Account
As of December 31, 2024

Type	Date	Num	Name	Memo	Class	Clr	Split	Debit	Credit	Balance
3900-2 - Retained Earnings								41,133.16		41,133.16
Closing Entry	09/30/2024								0.00	
Total 3900-2 - Retained Earnings								41,133.16	0.00	41,133.16
Operating Expenses/Sewer										
8196-2 - Repair & Maintenance/Sewer										
Bill	10/09/2024	1557425	Ferguson Waterworks #1204		WWTP		2000-2 - Acco...	90.00		90.00
Bill	10/10/2024	SI-3122	Sheppard Services, LLC	Manhole tape	WWTP		2000-2 - Acco...	420.23		510.23
Bill	10/21/2024	20241561	Aqua Products Inc	Electric motor for WWTP filter	WWTP		2000-2 - Acco...	1,611.25		2,121.48
Bill	10/24/2024	1559858	Ferguson Waterworks #1204	Repair for sampler	WWTP		2000-2 - Acco...	35.00		2,156.48
Bill	11/01/2024	20241640	Aqua Products Inc	WWTP pressure gauge Holly St. LIS by-pass	Utility		2000-2 - Acco...	427.80		2,584.28
Bill	11/04/2024	244467	Insite Instrumentation Group, Inc.	Spare @ WWTP	WWTP		2000-2 - Acco...	4,117.00		6,701.28
Bill	11/11/2024	5277	Harris Electric	Replacement of ORP probe & analyzer @ WWTP	WWTP		2000-2 - Acco...	2,287.26		8,988.54
Bill	12/05/2024	20241813	Aqua Products Inc	Replacement breaker for WWTP generator	WWTP		2000-2 - Acco...	751.40		9,739.94
Bill	12/12/2024	9344532701	Gainger	WWTP SO2 regulator repairs	WWTP		2000-2 - Acco...	242.25		9,982.19
Bill	12/16/2024	SI-3229	Sheppard Services, LLC	Replacement vent fan in WWTP lab	WWTP		2000-2 - Acco...	304.00		10,286.19
Bill	12/19/2024	D3-241220	Cummins Sales and Service	Replacement motor for filter @ WWTP	WWTP		2000-2 - Acco...	798.17		11,084.36
Bill	12/30/2024	9357016642	Gainger	Backflow for filter @ WWTP	WWTP		2000-2 - Acco...	50.90		11,135.26
Total 8196-2 - Repair & Maintenance/Sewer								11,135.26	0.00	11,135.26
Total Operating Expenses/Sewer								11,135.26	0.00	11,135.26
TOTAL								52,268.42	0.00	52,268.42

9:41 AM
03/06/25
Accrual Basis

City of Loxley - Utility Fund
Transactions by Account
As of December 31, 2024

Type	Date	Num	Name	Memo	Class	Cir	Split	Debit	Credit	Balance
3900-2 - Retained Earnings										
Closing Entry	09/30/2024							18,864.37		18,864.37
Total 3900-2 - Retained Earnings								18,864.37	0.00	18,864.37
Operating Expenses/Sewer										
8275-2 - Lift Station Repairs										
Bill	1/12/2024	15445	Automation Control Service LLC	Windchase L.S. float repairs	WWTP		2000-2 - Accou...	637.50		637.50
Total 8275-2 - Lift Station Repairs								637.50	0.00	637.50
Total Operating Expenses/Sewer								637.50	0.00	637.50
TOTAL								19,501.87	0.00	19,501.87

RESOLUTION NO. 2024-33

ANNUAL INCREASE IN CITY SERVICE FEES

WHEREAS, the City of Loxley (the City) provides water, sewer, and garbage services for its residents, and

WHEREAS, Ordinance No. 2021-42 provides for an automatic annual increase to the rates charged for said services,

NOW, THEREFORE BE IT RESOLVED, by the City of Loxley that is hereby adopts the following policy:

Effective October 1, 2024, there will be a rate increase for fees charged by the City pursuant to Ordinance No. 2021-42. The new fees will be as follows:

SECTION 2. Monthly Rates.

(a) Water Rates

First 2,000 gallons or less	\$ 29.83 Minimum Monthly
First 2,000 gallons or less where head of household is 65 or older	\$ 23.62 Minimum Monthly
Next 8,000 gallons	\$ 6.22 per 1,000 gallons
Over 10,000 gallons	\$ 4.67 per 1,000 gallons

(b) Sewer Rates

Residential	\$ 36.24 per month
Residential where head of household is 65 or older	\$ 26.48 per month
Commercial or Industrial	80% of monthly water bill Minimum \$ 37.63 per month

(c) Water Connection Fees and Assessments: Residential, Commercial, Industrial

Water Meter Size	Recommended Number of Units	Impact Fee	Connection Fee	Total
5/8 x 3/4"	1	\$ 1,436.16	\$ 865.98	2,302.14
1"	2 to 8	\$ 3,588.36	\$ 1,281.12	\$ 4,869.48
1 1/2"	9 to 26	\$ 7,176.72	\$ 1,753.38 + COST	\$ 8,930.10 + COST
2"	27 to 42	\$ 11,482.14	\$ 1,855.38 + COST	\$ 13,337.52 + COST
3"	43 to 84	\$ 22,964.28	\$ 3,626.10 + COST	\$ 26,590.38 + COST
4"	84 to 132	\$ 35,882.58	\$ 5,062.26 + COST	\$ 40,944.84 + COST
6"	133 to 265	\$107,647.74	\$ 6,938.04 + COST	\$ 114,585.78 + COST

Note: 3", 4", and 6" meters require valve vault with bypass. Charges will be made based on cost.

Note: If applicable, all Permit Fees, Engineering Fees and all Roadway crossing charges will be based on cost.

*Fire Main Connection charges will be based on cost.

*Line extension charges will be based on cost.

(d) **Sewer Connection Fees and Assessments: Residential, Commercial, Industrial**

The Capacity Component of the Connection Fee (Capacity Fee) is calculated based on an Equivalent Residential Connection (ERC) dwelling units and based on water meter size for all other users.

(i) **Multiple Dwelling Units**

Dwelling Units	ERC	Charge Per Unit
Single Family	1	\$ 1,436.16
Mobile Home Parks and Multi-Family	2/3*	\$ 957.78
Hotels/Motels/Guest House (per room)/RV Park (per lot)	1/2*	\$ 718.08

*To qualify for the reduction in capacity fee, a master meter must be utilized. Individually metered developments will be charged the full capacity fee.

(ii) **Single Dwelling Units**

Water Meter Size	Equivalent Residential Connection	Impact Fee	Connection Fee	Total
5/8 x 3/4"	1	\$ 1,436.16	\$ 865.98	\$ 2,302.14
1"	2 to 8	3,588.36	\$ 1,281.12	\$ 4,869.48
1 1/2"	9 to 26	\$ 7,176.72	\$ 1,753.38 + COST	\$ 8,930.10 + COST
2"	27 to 42	\$ 11,482.14	\$ 1,855.38 + COST	\$ 13,337.52 + COST
3"	43 to 84	\$ 22,964.28	\$ 3,626.10 + COST	\$ 26,590.38 + COST
4"	84 to 132	\$ 35,882.58	\$ 5,062.26 + COST	\$ 40,944.84 + COST
6"	133 to 265	\$ 107,647.74	\$ 6,938.04 + COST	\$ 114,585.78 + COST

Note: If applicable, all Permit Fees, Engineering Fees and all Roadway crossing charges will be based on cost.

*Line extension charges will be based on cost.

(c) **Other Water Fees and Rates: Residential, Commercial, Industrial**

Water meter deposit per unit for owner occupied	\$65.00
Water meter deposit per unit for renter occupied	\$130.00
Hydrant meter deposit per hydrant	\$155.00 (Billed in bulk)
Service Charge	\$35.00
Vandalism/Theft of Property	\$100.00 per incident
Damaged line, meter, transponder, meter box or lid	COST + \$50/hour labor
Relocation of services	\$500.00 each service

- (f) Residential water and sewer rates assessed per sections 2(a) and (b) above are based on one residence per parcel. Each additional residence shall require a separate water connection and a separate sewer connection if said services are to be provided to the residence by the City. A residence is a single unit providing resident living facilities for one or more persons.

SECTION 3. Garbage Rates.

(a) Residential Charges

\$ 22.17 per month for each single-family dwelling unit, limited to one garbage can, not to exceed 96 gallons as approved by the City.

\$ 18.66 per month for each single-family dwelling where the head of the household is 65 years of age or older, limited to one garbage can, not to exceed 96 gallons as approved by the City.

One additional can may be added to any single-family dwelling unit for an additional \$5.52 per month provided that the customer commits to pay the additional \$5.52 per month whether or not the extra can is actually used within a given month.

(b) Businesses Establishment Monthly Charges -- Cans

\$ 27.96 per month for each business establishment for two (2) garbage cans not to exceed 96 gallons as approved by the City. Additional garbage cans, not to exceed two (2) additional cans, may be added for an additional \$ 11.04 per month per can provided that the business establishment commits to pay the additional \$ 11.04 per month per additional can whether or not the extra can is actually used within a given month. All business establishments requiring more than four (4) garbage cans shall retain the services of a private garbage service for all its garbage needs.

SECTION 8.

Except as provided herein, all provisions of all Ordinances and Resolutions of the City of Loxley with respect to such rates and the billing and collections thereof shall remain in full force and effect.

BE IT FURTHER RESOLVED, that the Clerk of the City of Loxley is hereby authorized to implement and carry out the policy on behalf of the City.

APPROVED AND ADOPTED, this the 30th day of September, 2024.

Richard Teal
Mayor

ATTEST:

Melissa Lawrence
City Clerk/Treasurer

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQ1-MMEJ-VM8NC, version 1)

Digitally signed by:
AEPACS
Date: 2024.02.23 13:32:29 -06:00
Reason: Submission Data
Location: State of Alabama

2/23/24

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID SSO-00211133

Submission ID HQ1-MMEJ-VM8NC

Form Input

General Instructions

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

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

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

Special Note:

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

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

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

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

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

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

Processing

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

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

Indicate which of the following describes the status of this SSO notification/report:
Submit both the Initial 24-hour notification and 5-day report concurrently

Prior to submitting this notification/report through AEPACS, did you make the first notification of this SSO to the Department by a method other than AEPACS (e.g. SSO Hotline, Fax, Email)?
No

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

Permittee Information

Permit Number
AL0060283

Permittee
Town Of Loxley

Facility/Site Information

Facility Name
Town of Loxley WWTP

Facility County
Baldwin

Assigned SSO ID

Assigned SSO ID
SSO-00211133

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
02/23/2024	09:15 am

Is the SSO on-going?
No

Date/Time SSO Event Stopped:

Date	Time
02/23/2024	01:00 pm

Did the SSO occur during wet weather?
No

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the ENTIRE sewer system?
No

Note:

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

Report Estimated Volume Discharged as Value

Estimated Volume Discharged (in gallons)
200

Indicate source of discharge event
Broken Line

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

Note

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

Latitude/Longitude of discharge
30.65502047052689,-87.76045960731219

Note

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

Street Address
101 CR49

City
Loxley

State
AL

ZIP Code
36551

Location Description
the corner of hiway 59 and flying K road

Known or suspected cause of the discharge
broken 2.5 inch sewer line

Destination of discharge
Ground Absorbed

Did the discharge reach a designated swimming water?
No

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

Was the affected area cleaned?
Yes

Was the affected area disinfected?
Yes

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

SSO Event - Corrective Action

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

broken line replaced with new pipe

Please attach supporting information, if applicable:

NONE PROVIDED

Comment

NONE PROVIDED

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

Placement of Signs

Date signs were placed:

02/23/2024

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

02/23/2024

Other States notified:

NONE PROVIDED

Were any public water supply intake locations affected?

No

Additional Attachments

Additional Attachments

NONE PROVIDED

Comment

NONE PROVIDED

General Comments

General Comments (Optional)

NONE PROVIDED

Agreements and Signature(s)

SUBMISSION AGREEMENTS

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

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

Signed
By michael hogeland on 02/23/2024 at 1:26 PM

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQ2-Z2YT-Y7HZW, version 1)

Digitally signed by:
AEPACS
Date: 2024.04.17 15:02:31 -05:00
Reason: Submission Data
Location: State of Alabama

4/17/24

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID SSO-00211572

Submission ID HQ2-Z2YT-Y7HZW

Form Input

General Instructions

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

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

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

Special Note:

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

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

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

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

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

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

Processing

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

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

Indicate which of the following describes the status of this SSO notification/report:
Submit both the Initial 24-hour notification and 5-day report concurrently

Prior to submitting this notification/report through AEPACS, did you make the first notification of this SSO to the Department by a method other than AEPACS (e.g. SSO Hotline, Fax, Email)?
No

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

Permittee Information

Permit Number
AL0060283

Permittee
Town Of Loxley

Facility/Site Information

Facility Name
Town of Loxley WWTP

Facility County
Baldwin

Assigned SSO ID

Assigned SSO ID
SSO-00211572

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
04/17/2024	08:30 am

Is the SSO on-going?
No

Date/Time SSO Event Stopped:

Date	Time
04/17/2024	02:00 pm

Did the SSO occur during wet weather?
No

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the ENTIRE sewer system?
No

Note:

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

Report Estimated Volume Discharged as
Range

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

Indicate source of discharge event
Broken Line

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

Note

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

[Map Help link](#)

Latitude/Longitude of discharge
30.61120,-87.74279

Note

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

Street Address
26401 Railroad Ave

City
Loxley

State
AL

ZIP Code
36551

Location Description
the corner of Railroad Ave and Black Divine

Known or suspected cause of the discharge
crack in sewer line

Destination of discharge
Ground Absorbed

Did the discharge reach a designated swimming water?
No

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

Was the affected area cleaned?
Yes

Was the affected area disinfected?
Yes

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

SSO Event - Corrective Action

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

put a rap on a two inch sewer line that was cracked

Please attach supporting information, if applicable:

NONE PROVIDED

Comment

NONE PROVIDED

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

Placement of Signs

Date signs were placed:

04/17/2024

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

04/17/2024

Other States notified:

NONE PROVIDED

Were any public water supply intake locations affected?

No

Additional Attachments

Additional Attachments

NONE PROVIDED

Comment

NONE PROVIDED

General Comments

General Comments (Optional)

NONE PROVIDED

Agreements and Signature(s)

SUBMISSION AGREEMENTS

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

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

Signed
By michael hogeland on 04/17/2024 at 2:58 PM

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQ4-3YE9-P9E8C, version 1)

Digitally signed by:
AEPACS
Date: 2024.06.03 13:31:13 -05:00
Reason: Submission Data
Location: State of Alabama

6/3/24

Details

Submission Alias: NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID: SSO-00211807

Submission ID: HQ4-3YE9-P9E8C

Form Input

General Instructions

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

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

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

Special Note:

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

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

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

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

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

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

Processing

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

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

Indicate which of the following describes the status of this SSO notification/report:
Submit both the initial 24-hour notification and 5-day report concurrently

Prior to submitting this notification/report through AEPACS, did you make the first notification of this SSO to the Department by a method other than AEPACS (e.g. SSO Hotline, Fax, Email)?
No

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

Permittee Information

Permit Number
AL0060283

Permittee
Town Of Loxley

Facility/Site Information

Facility Name
Town of Loxley WWTP

Facility County
Baldwin

Assigned SSO ID

Assigned SSO ID
SSO-00211807

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
06/02/2024	01:45 pm

Is the SSO on-going?
No

Date/Time SSO Event Stopped:

Date	Time
06/02/2024	02:30 pm

Did the SSO occur during wet weather?
Yes

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the ENTIRE sewer system?
No

Note:

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

Report Estimated Volume Discharged as Range

Estimated Volume Discharged (Range)
1,000 < gallons <= 10,000

Indicate source of discharge event
Manhole

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

Note

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

[Map Help link](#)

Latitude/Longitude of discharge
30.62574136637014,-87.75058068793896

Note

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

Street Address
3134 North Holley St.

City
Loxley

State
AL

ZIP Code
36551

Location Description
Manhole to the south of 3134 North Holley St.

Known or suspected cause of the discharge
Pump #1 & #2 failed due to excessive I&I from a 4" rain event in a short period of time.

Destination of discharge
Creek or River

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

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

Did the discharge reach a designated swimming water?
Unknown

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

Was the affected area cleaned?
Yes

Was the affected area disinfected?
Yes

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

SSO Event - Corrective Action

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

Both pumps tripped during a heavy rain event. The pumps and float system are being evaluated to find out what caused the pump failure and then repaired.

Please attach supporting information, if applicable:

NONE PROVIDED

Comment

NONE PROVIDED

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

Other (Please Describe)

Placement of Signs

Please describe the Other methods used to notify the public:

Placed on company website.

Other Method of Public Notice Date:

06/03/2024

Date signs were placed:

06/03/2024

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

06/03/2024

Other States notified:

NONE PROVIDED

Were any public water supply intake locations affected?

No

Additional Attachments

Additional Attachments

NONE PROVIDED

Comment

NONE PROVIDED

General Comments

General Comments (Optional)

Both pumps tripped during a heavy rain event and are being evaluated to see what caused the issue. Standby personnel responded immediately after the "high-level" alarm and customer complaint initiated an investigation of the overflow.

Agreements and Signature(s)

SUBMISSION AGREEMENTS

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

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

Signed
By michael hogeland on 06/03/2024 at 1:24 PM

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQ4-666E-1C0WZ, version 1)

Digitally signed by:
AEPACS
Date: 2024.06.06 09:25:16 -05:00
Reason: Submission Data
Location: State of Alabama

6/5/24

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID SSO-00212008

Submission ID HQ4-666E-1C0WZ

Form Input

General Instructions

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

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

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

Special Note:

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

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

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

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

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

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

Processing

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

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

Indicate which of the following describes the status of this SSO notification/report:
Submit both the Initial 24-hour notification and 5-day report concurrently

Prior to submitting this notification/report through AEPACS, did you make the first notification of this SSO to the Department by a method other than AEPACS (e.g. SSO Hotline, Fax, Email)?
No

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

Permittee Information

Permit Number
AL0060283

Permittee
Town Of Loxley

Facility/Site Information

Facility Name
Town of Loxley WWTP

Facility County
Baldwin

Assigned SSO ID

Assigned SSO ID
SSO-00212008

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
06/05/2024	11:00 am

is the SSO on-going?
No

Date/Time SSO Event Stopped:

Date	Time
06/05/2024	03:00 pm

Did the SSO occur during wet weather?
No

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the ENTIRE sewer system?
No

Note:

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

Report Estimated Volume Discharged as Value

Estimated Volume Discharged (in gallons)
150

Indicate source of discharge event
Broken Line

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

Note

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

Latitude/Longitude of discharge
30.65685837489831,-87.75944436143364

Note

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

Street Address
15408 industrial park drive

City
Loxley

State
AL

ZIP Code
36551

Location Description
south side of industrial park drive, in the lazyboy warehouse driveway

Known or suspected cause of the discharge
crack in sewer lateral

Destination of discharge
Ground Absorbed

Did the discharge reach a designated swimming water?
No

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

Was the affected area cleaned?
Yes

Was the affected area disinfected?
Yes

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

SSO Event - Corrective Action

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

repaired crack in 2 inch sewer line

Please attach supporting information, if applicable:

NONE PROVIDED

Comment

NONE PROVIDED

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

Placement of Signs

Date signs were placed:

06/05/2024

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

06/06/2024

Other States notified:

NONE PROVIDED

Were any public water supply intake locations affected?

No

Additional Attachments

Additional Attachments

NONE PROVIDED

Comment

NONE PROVIDED

General Comments

General Comments (Optional)

NONE PROVIDED

Agreements and Signature(s)

SUBMISSION AGREEMENTS

- I am the owner of the account used to perform the electronic submission and signature.
- I have the authority to submit the data on behalf of the facility I am representing.
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I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.

Signed
By michael hogeland on 06/06/2024 at 9:18 AM

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQ5-WBBH-6ZVCZ, version 1)

Digitally signed by:
AEPACS
Date: 2024.08.14 07:46:55 -05:00
Reason: Submission Data
Location: State of Alabama

8/13/24

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID SSO-00212021

Submission ID HQ5-WBBH-6ZVCZ

Form Input

General Instructions

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

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

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

Special Note:

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

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

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

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

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

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

Processing

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

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

Indicate which of the following describes the status of this SSO notification/report:
Submit both the Initial 24-hour notification and 5-day report concurrently

Prior to submitting this notification/report through AEPACS, did you make the first notification of this SSO to the Department by a method other than AEPACS (e.g. SSO Hotline, Fax, Email)?
No

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

Permittee Information

Permit Number
AL0060283

Permittee
Town Of Loxley

Facility/Site Information

Facility Name
Town of Loxley WWTP

Facility County
Baldwin

Assigned SSO ID

Assigned SSO ID
SSO-00212021

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
08/13/2024	12:52 pm

Is the SSO on-going?
No

Date/Time SSO Event Stopped:

Date	Time
08/13/2024	04:00 pm

Did the SSO occur during wet weather?
No

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the ENTIRE sewer system?
No

Note:

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

Report Estimated Volume Discharged as Value

Estimated Volume Discharged (in gallons)
90

Indicate source of discharge event
Broken Line

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

Note

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

Latitude/Longitude of discharge
30.648253958693903,-87.76074874650975

Note

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

Street Address
13051 N Hickory street

City
Loxley

State
AL

ZIP Code
36551

Location Description
North Hickory Street, between burger king and hardies

Known or suspected cause of the discharge
The 2 inch line had a galvanized 3 part fitting installed inline, Due to the corrosive nature of raw sewage the fitting had a quarter size hole in the center of it.

Destination of discharge
Other (Please Describe)

Please describe the Other destination(s) of the discharge:
cleaned up with vac truck and dumped at the waste water plant

Did the discharge reach a designated swimming water?
No

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

Was the affected area cleaned?
Yes

Was the affected area disinfected?
Yes

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

SSO Event - Corrective Action

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health.
galvanized fitting replaced with PVC. We no longer use galvanized fittings on sewer lines

Please attach supporting information, if applicable:

NONE PROVIDED
Comment
NONE PROVIDED

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

Placement of Signs

Date signs were placed:

08/13/2024

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

08/14/2024

Other States notified:

NONE PROVIDED

Were any public water supply intake locations affected?

No

Additional Attachments

Additional Attachments

NONE PROVIDED
Comment
NONE PROVIDED

General Comments

General Comments (Optional)

NONE PROVIDED

Agreements and Signature(s)

SUBMISSION AGREEMENTS

- I am the owner of the account used to perform the electronic submission and signature.
- I have the authority to submit the data on behalf of the facility I am representing.
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I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.

Signed
By michael hogeland on 08/14/2024 at 7:40 AM