

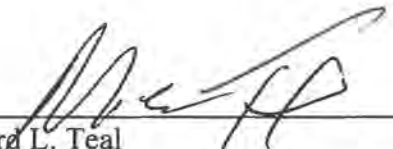
RESOLUTION NO. 2026-27

MUNICIPAL WATER POLLUTION PREVENTION (MWPP) PROGRAM

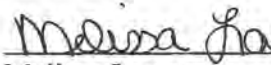
MUNICIPAL WATER POLLUTION PREVENTION (MWPP) PROGRAM RESOLVED that the City of Loxley informs the Department of Environmental Management that the following actions were taken by the City Council of the City of Loxley:

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 18TH DAY OF MAY 2026 BY THE CITY COUNCIL OF THE CITY OF LOXLEY, ALABAMA.

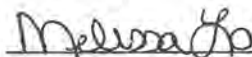

Richard L. Teal
Mayor

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 18th day of May, 2026, 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 #: 251-923-8418 Fax #: 251-964-5371
Email Address: rmiller@cityofloxley.com
Date: May 13, 2026

REVIEWED BY: Brock Jones, P.E. Kimley-Horn and Associates, Inc.
Consulting Engineer
Telephone #: 850-748-3276 Fax #: N/A
Date: May 13, 2026



**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 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	0.430	147.00	449.00
February	0.340	230.00	628.00
March	0.450	277.00	959.00
April	0.660	189.00	1086.00
May	0.800	198.00	1331.00
June	0.870	160.00	1208.00
July	0.400	214.00	714.00
August	0.330	243.00	653.00
September	0.270	260.00	593.00
October	0.360	206.00	539.00
November	0.300	202.00	522.00
December	0.430	161.00	562.00
Annual Avg.	0.470	207.25	770.323

** 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?
2 (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?
2 (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?
1 (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 = 5
E points = 0
F points = 0

TOTAL POINTS VALUE FOR PART 1 5
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)
		Jan - Dec	25.0	30.0	20.0

(2) DMR Concentration

Qtr	Month	BOD ₅ (CBOD ₅) (mg/l)	TSS (mg/l)	NH ₃ -N (mg/l)	TKN (mg/l)
1	January	1.20	4.60	0.156	0.00
	February	0.90	3.70	0.200	0.00
	March	2.30	2.70	2.540	0.00
2	April	3.00	3.90	0.300	0.723
	May	5.00	9.60	3.951	12.50
	June	4.20	7.30	2.900	2.03
3	July	3.10	8.20	0.200	0.80
	August	2.50	0.93	0.035	0.93
	September	2.00	1.70	0.036	0.41
4	October	2.30	2.30	0.108	0.63
	November	1.90	1.60	0.740	0.00
	December	2.20	4.20	0.210	0.00
Annual Avg.		2.55	4.23	0.948	1.50

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)
	Jan - Dec	156	187	125	REPORT

(2) DMR Loading

Qtr	Month	BOD ₅ (CBOD ₅) (lbs/day)	TSS (lbs/day)	NH ₃ -N (lbs/day)	TKN (lbs/day)
1	January	4.40	15.20	0.55	0.00
	February	2.40	10.10	0.40	0.00
	March	8.30	9.40	8.99	0.00
2	April	19.10	28.40	2.10	5.50
	May	33.10	66.10	30.10	114.0
	June	31.50	55.00	22.80	14.10
3	July	14.10	44.30	1.05	2.10
	August	7.10	2.80	0.09	2.40
	September	4.80	3.80	0.08	0.90
4	October	6.10	6.60	0.30	2.70
	November	4.90	4.00	1.77	0.00
	December	7.90	16.40	0.49	0.00
Annual Avg.		11.98	21.84	5.73	11.81

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: Town of Loxley

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

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

$$\frac{2.0}{\text{(Factor)}} \times \frac{20}{\text{(Age)}} = \underline{40} \quad \text{TOTAL POINT VALUE FOR PART 3}$$

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? 0
- C. How many of the bypass or overflow events listed in Parts A and B have been corrected such that future bypass or overflow events at the same location due to heavy rain are not anticipated? 0
- D. Add together Answers A and B and subtract Answer C from that total.
A + B - C = 0 (Check the appropriate point total.)
- 0 = 0 points 1 = 5 points 2 = 10 points 3 = 15 points
 4 = 20 points 5 = 25 points 6 = 30 points 7 = 35 points
 8 = 40 points 9 = 45 points 10 = 50 points 11 or more = 100 points
- E. How many bypass or overflow events of untreated wastewater occurred in the last year at the WWTP due to equipment failure? (This includes clogged/broken lines or manholes.) 4
- 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.) 2
- 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? 6
- 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 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: N/A Design Flow: N/A MGD Design BOD₅ (CBOD₅): N/A lbs/day
Equivalent (PE)

List industrial and/or residential developments.

N/A

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, grants, loans and bonds available if needed

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

Not available at time of submission.

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, with continuous rehab to the system.

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

General sewer main replacement and rehabilitation projects.

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

Equipment - 15 years

Structures - 20 years

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?

Not currently

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 utilizes O&M manuals for maintenance on all equipment and has 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.

WWTP:	Lift Stations:
Mixer repair (\$7,000)	Windchase LS re-pipe (\$10,000)
Traveling Bridge (\$1,200)	Burriss LS roof repair (\$2,500)
Filter motor(s) (\$1,400)	Valemour new pumps + repair (\$5,500)
Screen motor (\$1,100)	Blackwood pump repair (\$1,000)
Sampler repairs (\$5,000)	New floats at four (4) LS (\$1,000)
Grease conveyor (\$500)	

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

N/A

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>5</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>45</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.

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: AL0060283

Name: City of Loxley WWTP

Street Address: 5150 S. Magnolia Street

County: Baldwin

2. Facility Contact

Name: Robert Miller

Title: Utilities Manager

Telephone: 251-923-8418

Permittee Name: City of Loxley

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

Facility Flow Information:

1. Facility Wastewater Treatment Capacity

Average Daily Flow: 0.43 MGD

Facility Design Capacity: 0.75 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 with secondary clarification, tertiary treatment, Cl2 disinfection, and re-aeration.

6. Estimated sewage sludge wasting rate at this facility: _____ lb/day dry weight
or 860 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:

	Sludge Quantity (untreated pounds per day)
Waste activated sludge pumped to two (2) aerated sludge storage lagoons.	N/A

10. Estimate the total volume of sludge generated:

157
(dry U.S. tons per year)

Sludge Disposal Methods

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

	Current Practices		Quantity (dry U.S. tons/year)	Proposed Practices	
	Approved by ADEM			Approved by ADEM	
	Yes	No		Yes	No
a. <input type="checkbox"/> Land Application, Bulk Shipped	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Agriculture	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Forest	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Contact	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lawn/Home Garden	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
b. <input type="checkbox"/> Land Application, Bagged/Other Container	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Agriculture	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Forest	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Contact	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lawn/Home Garden	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
c. <input type="checkbox"/> Incineration	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
d. <input type="checkbox"/> Subtitle D Landfill (Disposal Only)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
e. <input type="checkbox"/> Lined Treatment Lagoon or Stabilization Pond	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
f. <input checked="" type="checkbox"/> Unlined Lagoon or Stabilization Pond	<input checked="" type="checkbox"/>	<input type="checkbox"/>	157	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. <input type="checkbox"/> Other (Please Describe)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Sludge is held in an unlined lagoon at the WWTP and is hauled off every 20 years. The lagoon was last emptied in 2020.					

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: _____ N/A _____ %

Treatment Provided for Sewage Sludge at the Facility:

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

Class A

Alternative A1 – Time and Temperature

Alternative A2 – Alkaline Treatment

Alternative A3 – Analysis and Operation

Alternative A4 – Analysis Only

Alternative A5 – Process to Further Reduce Pathogens (PFRP)

Heat Drying Thermophilic Aerobic Digestion Heat Treatment

Pasteurization Gamma Ray Irradiation Beta Ray Irradiation Composting

Alternative A6 – PFRP Equivalent _____

Class B

Alternative B1 – Fecal Coliform Count

Alternative B2 – Process to Significantly Reduce Pathogens (PSRP)

Aerobic Digestion

Air Drying

Anaerobic Digestion

Composting

Lime Stabilization

Alternative B3 – PSRP Equivalent _____

Neither or Unknown

Vector Attraction Control:

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

Groundwater Monitoring:

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

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

Land Application of Sewage Sludge:

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

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

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 Miller TEL. # 251-923-8418
 PLANT OPERATORS:

	NAME	GRADE OR TRAINEE STATUS	OPERATOR NO.	EXP. DATE
1.	Robert Miller	IV	C007593	10/31/2028
2.	Alison Stoker	II-Trainee	C012259	
3.	Garrett Law	II-Trainee	C012258	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

COLLECTION SYSTEM OPERATORS:

1.	Robert Miller	IV	C007593	
2.				
3.				
4.				

	MAN HRS./WK	NUMBER
MANAGEMENT/SUPERVISOR	Robert Miller	7953
OPERATOR(S):		
GRADE I-C		
GRADE I		
GRADE II	80	
GRADE III		
GRADE IV	40	
DESIGNATED TRAINEE(S)		
LABORATORY	20	
MAINTENANCE	40	
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

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

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQ9-JGAJ-8J32R, version 1)

Digitally signed by:
AEPACS
Date: 2025.01.11 15:11:02 -06:00
Reason: Submission Data
Location: State of Alabama

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID SSO-00212182

Submission ID HQ9-JGAJ-8J32R

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-00212182

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
01/11/2025	11:04 am

Is the SSO on-going?

No

Date/Time SSO Event Stopped:

Date	Time
01/11/2025	01:50 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

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

30.621935272469997,-87.75197244668209

Note

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

Street Address

Intersection of E Relham Dr and Cyprus St

City

Loxley

State

AL

ZIP Code

36551

Location Description

Manhole near Intersection of E Relham Dr and Cyprus St

Known or suspected cause of the discharge

Valve Failure

Destination of discharge

Ground Absorbed

Other (Please Describe)

Please describe the Other destination(s) of the discharge:

Vacuum Truck

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.

Ongoing preventative maintenance on the air-release valves

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:

01/11/2025

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

01/11/2025

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 Robert Miller on 01/11/2025 at 3:04 PM

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQB-72BQ-87ZDK, version 1)

Digitally signed by:
AEPACS
Date: 2025.03.19 14:34:53 -05:00
Reason: Submission Data
Location: State of Alabama

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID SSO-00212574

Submission ID HQB-72BQ-87ZDK

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-00212574

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
03/19/2025	06:17 am

Is the SSO on-going?

No

Date/Time SSO Event Stopped:

Date	Time
03/19/2025	06:20 am

Did the SSO occur during wet weather?

No

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

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)
72000

Indicate source of discharge event
Treatment Plant

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
30.611538497985503,-87.75967884599648

Note

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

Street Address
5150 S Magnolia St

City
Loxley

State
AL

ZIP Code
36551

Location Description
Loxley WWTP Headworks

Known or suspected cause of the discharge
Headworks Screen Failure

Destination of discharge
Ground Absorbed
Creek or River

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

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.

Troubleshoot and made mechanical repairs to headworks screen, added 3 additional alarms for operator notification to prevent future occurrences

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:

03/19/2025

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

03/19/2025

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 Robert Miller on 03/19/2025 at 2:29 PM

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQB-WA03-YAR37, version 1)

Digitally signed by:
AEPACS
Date: 2025.04.15 14:14:59 -05:00
Reason: Submission Data
Location: State of Alabama

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID SSO-00212901

Submission ID HQB-WA03-YAR37

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-00212901

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
04/14/2025	02:30 pm

Is the SSO on-going?
No

Date/Time SSO Event Stopped:

Date	Time
04/14/2025	02:35 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)
2000

Indicate source of discharge event
Treatment Plant

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
30.611559615090076,-87.75968358662227

Note

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

Street Address
5150 S Magnolia St

City
Loxley

State
AL

ZIP Code
36551

Location Description
Loxley WWTP

Known or suspected cause of the discharge
Power Fault / Screen fail

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.

Accessing potential internal bypass

Please attach supporting information, if applicable:

NONE PROVIDED

Comment

NONE PROVIDED

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

Notice not required

Please explain why notice to the public was not required and, if cited as the reason why no notice was given, also give the reason why the SSO event was not a notifiable SSO:

Not publicly accessible, contained inside the WWTP facility, ground absorbed

Indicate Other Officials Notified (check all that apply):

Notice Not Required

Please explain why notice to the other officials was not required and, if cited as the reason why no notice was given, also give the reason why the SSO event was not a notifiable SSO:

Not publicly accessible, contained inside the WWTP facility, ground absorbed

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 Robert Miller on 04/15/2025 at 2:11 PM
By

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQD-RT74-XYDT0, version 1)

Digitally signed by:
AEPACS
Date: 2025.07.01 14:14:08 -05:00
Reason: Submission Data
Location: State of Alabama

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID SSO-00213126

Submission ID HQD-RT74-XYDT0

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-00213126

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
06/30/2025	02:30 pm

Is the SSO on-going?

No

Date/Time SSO Event Stopped:

Date	Time
06/30/2025	02:35 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 gal

Indicate source of discharge event

Manhole
Lift Station

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

30.625567222678857,-87.75055152262931

Note

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

Street Address

NONE PROVIDED

City

Loxley

State

AL

ZIP Code

36551

Location Description

Manhole outside of Lift station

Known or suspected cause of the discharge

Bypass pump start failure

Destination of discharge

Drainage Ditch

Note:

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

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

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.

Ongoing smoke testing to reduce I&I entering the system causing high levels

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:

06/30/2025

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

07/01/2025

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 Robert Miller on 07/01/2025 at 2:07 PM
By

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQG-NED8-N8907, version 1)

Digitally signed by:
AEPACS
Date: 2025.10.27 11:46:59 -05:00
Reason: Submission Data
Location: State of Alabama

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID SSO-00213520

Submission ID HQG-NED8-N8907

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-00213520

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
10/27/2025	01:00 am

Is the SSO on-going?

No

Date/Time SSO Event Stopped:

Date	Time
10/27/2025	07:45 am

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 Value

Estimated Volume Discharged (In gallons)
175000

Indicate source of discharge event
Treatment Plant

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
30.611483315890673,-87.75984454540237

Note

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

Street Address
NONE PROVIDED

City
NONE PROVIDED

State
AL

ZIP Code
36551

Location Description
Wastewater Treatment Plant Headworks

Known or suspected cause of the discharge
Contractor working on site left the cone off of a manhole in the storm ditch, and overwhelmed the WWTP influent station

Destination of discharge
Ground Absorbed
Storm Drain
Creek or River

Note:

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

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

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.

Verifying that contractor will make every effort to not leave any project open.

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:

10/27/2025

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

10/27/2025

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 Robert Miller on 10/27/2025 at 11:41 AM

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQH-CX3R-K6YY8, version 1)

Digitally signed by:
AEPACS
Date: 2025.11.26 06:51:11 -06:00
Reason: Submission Data
Location: State of Alabama

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID SSO-00213789

Submission ID HQH-CX3R-K6YY8

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-00213789

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
11/26/2025	12:15 am

Is the SSO on-going?
No

Date/Time SSO Event Stopped:

Date	Time
11/26/2025	12:55 am

Did the SSO occur during wet weather?
No

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the ENTIRE sewer system?
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)
2500

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
30.612510206983966,-87.75931471343758

Note

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

Street Address
5150 S Magnolia St

City
Loxley

State
AL

ZIP Code
36551

Location Description
Manhole at WWTP North Entrance

Known or suspected cause of the discharge
Flow diversion complication

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.

Additional monitoring when changing flows from bypass connections

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:

11/26/2025

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

11/26/2025

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 Robert Miller on 11/26/2025 at 6:44 AM
By