ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT WATER DIVISION - INDUSTRIAL AND MUNICIPAL SECTIONS NONCOMPLIANCE NOTIFICATION FORM

Trussville WWTP 325 City Hall Drive, Trussville, Al 35173, Jefferson County

Jefferson County Commission

PERMITTEE NAME:

PERMIT NO: AL0022934

| FACILITY LOCATION: | Trussville WWTP 325 City Hall Drive, Trussville, Al 35173, Jellerson County | | |
|---|--|---|--|
| DMR REPORTING PERIOD: | December 2017 | | |
| | DISCHARGE: (Include outfall num | | |
| effluent samples were collected to determ disinfection. Previous testing of the UV in | overed the UV disinfection system off and had to re- ine if the discharge met the E. Coli discharge limitati fluent indicates the effluent was likely below the E. C | on. Approximately 1.15 million Coll daily maximum discharge li | mitation without disinfection. |
| 2. DESCRIPTION OF | NON-COMPLIANCE: (Attach addi | tional pages if neces | sary): |
| LIS | T EFFLUENT VIOLATIONS (I | f applicable) | |
| Outfall Number (s) | NONCOMPLIANCE PARAMETER(S) | Result Reported (Include units) | Permit Limit (Include units) |
| | | | |
| LIST MONI | ORING / REPORTING VIOLA | TIONS (If applical | ole) |
| Outfall Number (s) | NONCOMPLIANCE PARAMETER(S) | Monitoring / Reporting Violation (Provide description) | |
| 0011 | E. Coli | Unintentional bypass of disinfection process | |
| | | | |
| | | | |
| The UV system malfunctioned when a low per channel). The effluent flow did not dre 8-hour shift prior to the malfunction and w 4. PERIOD OF NONC anticipated time the | compliance (Attach additional parameter condition was falsely detected. The system op to a low water condition, but the system shut itsel as not present at the time. The system did not alarm COMPLIANCE: (Include exact date a noncompliance is expected to colorember 9th at 1:23 p.m. until it was restarted on Sur | is controlled by a float in each of off and did not restart. The Sa through the call-out program to (s) and time(s) or, if rottinue): | o alert the staff. |
| NONCOMPLYING pages if necessary The wiring terminations for the floats were additional proportion, the low water all | STEPS TAKEN AND/OR BEING DISCHARGE AND TO PREVENT): If found to be loose and are the most probable cause arm shut-off function has been disabled. The low we alarm and call-out program as an additional measure. | ITS RECURRENCE of the malfunction. The set so ater alarm has been verified in | (attach additional rews have been tightened. As he call-out alert program. Low |
| supervision in accordance of evaluate the information sult or those persons directly resof my knowledge and belief, submitting false information Ladonna Coa | w that this document and all attace with a system designed to assure somitted. Based on my inquiry of the sponsible for gathering the informature, accurate, and complete. I am including the possibility of fine and lower possibility of fine and po | that qualified person e person or persons it ion, the information a aware that there are disconment for be pervisor | anel properly gather ar who manage the syster submitted is, to the be significant penalties for |

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Ladonna Coalbury 12-13-17 SIGNATURE OF RESPONSIBLE OFFICIAL / DATE SIGNED