

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NPDES INDIVIDUAL PERMIT APPLICATION
SUPPLEMENTARY INFORMATION FOR INDUSTRIAL FACILITIES

Instructions: This form should be used to submit the required supplementary information for an application for an NPDES individual permit for industrial facilities. The completed application should be submitted to ADEM in duplicate. If insufficient space is available to address any item, please continue on an attached sheet of paper. Please mark "N/A" in the appropriate box when an item is not applicable to the applicant. Please type or print legibly in blue or black ink. Mail the completed application to:

ADEM-Water Division
Industrial Section
P O Box 301463
Montgomery, AL 36130-1463

PURPOSE OF THIS APPLICATION

- | | |
|--|---|
| <input type="checkbox"/> Initial Permit Application for New Facility*
<input type="checkbox"/> Modification of Existing Permit
<input type="checkbox"/> Revocation & Reissuance of Existing Permit | <input type="checkbox"/> Initial Permit Application for Existing Facility*
<input checked="" type="checkbox"/> Reissuance of Existing Permit

<i>* An application for participation in the ADEM's Electronic Environmental (E2) Reporting must be submitted to allow permittee to electronically submit reports as required.</i> |
|--|---|

SECTION A – GENERAL INFORMATION

1. Facility Name: Magnolia Sanitary Landfill
2. NPDES Permit Number: AL 006934 5 (not applicable if initial permit application)
3. SID Permit Number (if applicable): IU
4. NPDES General Permit Number (if applicable): ALG
5. Facility Location (Front Gate): Latitude: 30.445286 Longitude: -87.772793
7. Responsible Official (as described on the last page of this application):
Name: Honorable Joe Davis, III Title: Chairman - Baldwin County Commission
Address: 312 Courthouse Square, Suite 12
City: Bay Minette State: Alabama Zip: 36507
Phone Number: 251-990-4620 Email Address: joe.davis@baldwincountyal.gov
8. Designated Discharge Monitoring Report (DMR) Contact:
Name: Terri Graham Title: Development and Enviromental Director
Phone Number: 251-972-6878 Email Address: tgraham@baldwincountyal.gov
9. Type of Business Entity:
☐ Corporation ☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Company ☐ Sole Proprietorship
☒ Other (Please Specify) Municipal
10. Complete this section if the Applicant's business entity is a Corporation
 - a) Location of Incorporation:
Address: _____
City: _____ County: _____ State: _____ Zip: _____
 - b) Parent Corporation of Applicant:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

c) Subsidiary Corporation(s) of Applicant:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

d) Corporate Officers:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

e) Agent designated by the corporation for purposes of service:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

11. If the Applicant's business entity is a Partnership, please list the general partners.

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

12. If the Applicant's business entity is a Proprietorship, please enter the proprietor's information.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

15. Identify all Administrative Complaints, Notices of Violation, Directives, Administrative Orders, or Litigation concerning water pollution, if any, against the Applicant, its parent corporation or subsidiary corporations within the State of Alabama within the past five years (attach additional sheets if necessary):

<u>Facility Name</u>	<u>Permit Number</u>	<u>Type of Action</u>	<u>Date of Action</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION B – BUSINESS ACTIVITY

If your facility conducts or will be conducting any of the processes listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check beside the category of business activity (check all that apply):

Industrial Categories

- | | |
|---|---|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Metal Molding and Casting |
| <input type="checkbox"/> Asbestos Manufacturing | <input type="checkbox"/> Metal Products |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Nonferrous Metals Forming |
| <input type="checkbox"/> Can Making | <input type="checkbox"/> Nonferrous Metals Manufacturing |
| <input type="checkbox"/> Canned and Preserved Fruit and Vegetables | <input type="checkbox"/> Oil and Gas Extraction |
| <input type="checkbox"/> Canned and Preserved Seafood | <input type="checkbox"/> Organic Chemicals Manufacturing |
| <input type="checkbox"/> Cement Manufacturing | <input type="checkbox"/> Paint and Ink Formulating |
| <input type="checkbox"/> Centralized Waste Treatment | <input type="checkbox"/> Paving and Roofing Manufacturing |
| <input type="checkbox"/> Carbon Black | <input type="checkbox"/> Pesticides Manufacturing |
| <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Phosphate Manufacturing |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Photographic |
| <input type="checkbox"/> Electric and Electronic Components Manufacturing | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Plastic & Synthetic Materials |
| <input type="checkbox"/> Explosives Manufacturing | <input type="checkbox"/> Plastics Processing Manufacturing |
| <input type="checkbox"/> Feedlots | <input type="checkbox"/> Porcelain Enamel |
| <input type="checkbox"/> Ferroalloy Manufacturing | <input type="checkbox"/> Pulp, Paper, and Fiberboard Manufacturing |
| <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Rubber |
| <input type="checkbox"/> Foundries (Metal Molding and Casting) | <input type="checkbox"/> Soap and Detergent Manufacturing |
| <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Steam and Electric |
| <input type="checkbox"/> Grain Mills | <input type="checkbox"/> Sugar Processing |
| <input type="checkbox"/> Gum and Wood Chemicals Manufacturing | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Timber Products |
| <input type="checkbox"/> Iron and Steel | <input type="checkbox"/> Transportation Equipment Cleaning |
| <input type="checkbox"/> Leather Tanning and Finishing | <input type="checkbox"/> Waste Combustion |
| <input type="checkbox"/> Metal Finishing | <input checked="" type="checkbox"/> Other (specify) <u>Refuse Systems</u> |
| <input type="checkbox"/> Meat Products | |

A facility with processes inclusive in these business areas may be covered by Environmental Protection (EPA) categorical standards. These facilities are termed "categorical users".

SECTION C – WASTEWATER DISCHARGE INFORMATION

1. Do you share an outfall with another facility? ☐ Yes ☒ No (If no, continue to C.2)

For each shared outfall, provide the following:

Applicant's Outfall No.	Name of Other Permittee/Facility	NPDES Permit No.	Where is sample collected by Applicant?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Planned:	Flow Metering	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

If so, please attach a schematic diagram of the sewer system indicating the present or future location of this equipment and describe the equipment below:

3. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?

☐ Yes ☒ No (If no, continue to C.4)

Briefly describe these changes and their anticipated effects on the wastewater volume and characteristics:

4. List the trade name and chemical composition of all biocides and corrosion inhibitors used:

Trade Name	Chemical Composition

For each biocide and/or corrosion inhibitor used, please include the following information:

- (1) 96-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach,
- (2) quantities to be used,
- (3) frequencies of use,
- (4) proposed discharge concentrations, and
- (5) EPA registration number, if applicable

SECTION D – WATER SUPPLY

Water Sources (check as many as are applicable):

<input type="checkbox"/> Private Well	<input type="checkbox"/> Surface Water
<input type="checkbox"/> Municipal Water Utility (Specify City):	<input checked="" type="checkbox"/> Other (Specify): <u>Fairhope Utilities</u>

IF MORE THAN ONE WELL OR SURFACE INTAKE, PROVIDE DATA FOR EACH ON AN ATTACHMENT

City: _____ MGD* Well: _____ MGD* Well Depth: _____ Ft. Latitude: _____ Longitude: _____

Surface Intake Volume: _____ MGD* Intake Elevation in Relation to Bottom: _____ Ft.

Intake Elevation: _____ Ft. Latitude: _____ Longitude: _____

Name of Surface Water Source: _____

* MGD – Million Gallons per Day

Cooling Water Intake Structure Information

Complete D.1 and D.2 if your water supply is provided by an outside source and not by an onsite water intake structure? (e.g., another industry, municipality, etc...)

1. Does the provider of your source water operate a surface water intake? ☐ Yes ☒ No
(If yes, continue, if no, go to Section E.)

a) Name of Provider: _____ b) Location of Provider: _____
c) Latitude: _____ Longitude: _____

2. Is the provider a public water system (defined as a system which provides water to the public for human consumption or which provides only treated water, not raw water)? ☒ Yes ☐ No (If yes, go to Section E, if no, continue.)

Only to be completed if you have a cooling water intake structure or the provider of your water supply uses an intake structure and does not treat the raw water.

3. Is any water withdrawn from the source water used for cooling? ☐ Yes ☒ No

4. Using the average monthly measurements over any 12-month period, approximately what percentage of water withdrawn is used exclusively for cooling purposes? _____%

5. Does the cooling water consist of treated effluent that would otherwise be discharged? ☐ Yes ☐ No
(If yes, go to Section E, if no, complete D.6 – D.17)

6. a. Is the cooling water used in a once-through cooling system? ☐ Yes ☐ No

- b. Is the cooling water used in a closed cycle cooling system? ☐ Yes ☐ No

7. When was the intake installed? _____
(Please provide dates for all major construction/installation of intake components including screens)

8. What is the maximum intake volume? _____
(maximum pumping capacity in gallons per day)

9. What is the average intake volume? _____
(average intake pump rate in gallons per day average in any 30-day period)

10. What is the actual intake flow (AIF) as defined in 40 CFR §125.92(a)? _____MGD

11. How is the intake operated? (e.g., continuously, intermittently, batch) _____

12. What is the mesh size of the screen on your intake? _____

13. What is the intake screen flow-through area? _____

14. What is the through-screen design intake flow velocity? _____ft/sec

15. What is the through-screen actual velocity (in ft/sec)? _____ft/sec

16. What is the mechanism for cleaning the screen? (e.g., does it rotate for cleaning) _____

17. Do you have any additional fish detraction technology on your intake? ☐ Yes ☐ No

18. Have there been any studies to determine the impact of the intake on aquatic organisms? ☐ Yes ☐ No (If yes, please provide.)

19. Attach a site map showing the location of the water intake in relation to the facility, shoreline, water depth, etc.

SECTION E – WASTE STORAGE AND DISPOSAL INFORMATION

Provide a description of the location of all sites involved in the storage of solids or liquids that could be accidentally discharged to a water of the state, either directly or indirectly via such avenues as storm water drainage, municipal wastewater systems, etc., which are located at the facility for which the NPDES application is being made. Where possible, the location should be noted on a map and included with this application:

Description of Waste	Description of Storage Location

SECTION F – COASTAL ZONE INFORMATION

Is the discharge(s) located within the 10-foot elevation contour and within the limits of Mobile or Baldwin County? ☐ Yes ☒ No

If yes, complete items F.1 – F.12:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does the project require new construction?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will the project be a source of new air emissions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the project involve dredging and/or filling of a wetland area or water way? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, has the Corps of Engineers (COE) permit been received? | <input type="checkbox"/> | <input type="checkbox"/> |
| COE Project No. _____ | | |
| 4. Does the project involve wetlands and/or submersed grassbeds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are oyster reefs located near the project site?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include a map showing project and discharge location with respect to oyster reefs | | |
| 6. Does the project involve the site development, construction and operation of an energy facility as defined in ADEM Admin. Code r. 335-8-1-.02(bb)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the project involve mitigation of shoreline or coastal area erosion?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the project involve construction on beaches or dune areas?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Will the project interfere with public access to coastal waters?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the project lie within the 100-year floodplain?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the project involve the registration, sale, use, or application of pesticides?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the project propose or require construction of a new well or to alter an existing groundwater well to pump more than 50 gallons per day (GPD)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, has the applicable permit for groundwater recovery or for groundwater well installation been obtained? | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION G – ANTI-DEGRADATION EVALUATION

In accordance with 40 CFR §131.12 and the ADEM Admin. Code r. 335-6-10-.04 for anti-degradation, the following information must be provided, if applicable. It is the applicant's responsibility to demonstrate the social and economic importance of the proposed activity. If further information is required to make this demonstration, attach additional sheets to the application.

1. Is this a new or increased discharge that began after April 3, 1991? ☐ Yes ☒ No
If yes, complete G.2 below. If no, go to Section H.
2. Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced in G.1? ☐ Yes ☐ No

If yes, do not complete this section. If no, and the discharge is to a Tier II waterbody as defined in ADEM Admin. Code r. 335-6-10-.12(4), complete G.2.A – G.2.F below and ADEM Forms 311 and 313 (attached). ADEM Form 313 must be provided for each alternative considered technically viable.

Information required for new or increased discharges to high quality waters:

A. What environmental or public health problem will the discharger be correcting?

B. How much will the discharger be increasing employment (at its existing facility or as the result of locating a new facility)?

C. How much reduction in employment will the discharger be avoiding?

D. How much additional state or local taxes will the discharger be paying?

E. What public service to the community will the discharger be providing?

F. What economic or social benefit will the discharger be providing to the community?

SECTION H – EPA Application Forms

All Applicants must submit EPA permit application forms. More than one application form may be required from a facility depending on the number and types of discharges or outfalls found. The EPA application forms are found on the Department's website at <http://www.adem.alabama.gov/programs/water/waterforms.cnt>. The EPA application forms must be submitted in duplicate as follows:

1. All applicants must submit Form 1.
2. Applicants for existing industrial facilities (including manufacturing facilities, commercial facilities, mining activities, and silvicultural activities) which discharge process wastewater must submit Form 2C.
3. Applicants for new industrial facilities which propose to discharge process wastewater must submit Form 2D.
4. Applicants for new and existing industrial facilities which discharge only non-process wastewater (i.e., non-contact cooling water and/or sanitary wastewater) must submit Form 2E.
5. Applicants for new and existing facilities whose discharge is composed entirely of storm water associated with industrial activity must submit Form 2F, unless exempted by § 122.26(c)(1)(ii). If the discharge is composed of storm water and non-storm water, the applicant must also submit Forms 2C, 2D, and/or 2E, as appropriate (in addition to Form 2F).

SECTION I – ENGINEERING REPORT/BMP PLAN REQUIREMENTS

See ADEM 335-6-6-.08(i) & (j)

SECTION J- RECEIVING WATERS

Outfall No.	Receiving Water(s)	303(d) Segment?		Included in TMDL?*	
001	UT to Barner Branch	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If a TMDL Compliance Schedule is requested, the following should be attached as supporting documentation:

- (1) Justification for the requested Compliance Schedule (e.g. time for design and installation of control equipment, etc.);
- (2) Monitoring results for the pollutant(s) of concern which have not previously been submitted to the Department (sample collection dates, analytical results (mass and concentration), methods utilized, MDL/ML, etc. should be submitted as available);
- (3) Requested interim limitations, if applicable;
- (4) Date of final compliance with the TMDL limitations; and,
- (5) Any other additional information available to support requested compliance schedule.

SECTION K – APPLICATION CERTIFICATION

The information contained in this form must be certified by a responsible official as defined in ADEM Administrative Code r. 335-6-6-.09 "signatories to permit applications and reports" (see below).

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

Signature of Responsible Official: _____ Date Signed: _____

Name: Honorable Joe Davis, III Title: Chairman, Baldwin County Commission

If the Responsible Official signing this application is not identified in Section A.7, provide the following information:


Mailing Address: 312 Courthouse Square, Suite 12

City: Bay Minette State: Alabama Zip: 36507

Phone Number: 251-990-4620 Email Address: joe.davis@baldwincountyal.gov

335-6-6-.09 SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS.

- (1) The application for an NPDES permit shall be signed by a responsible official, as indicated below:
 - (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;
 - (b) In the case of a partnership, by a general partner;
 - (c) In the case of a sole proprietorship, by the proprietor; or
 - (d) In the case of a municipal, state, federal, or other public entity, by either a principal executive officer, or ranking elected official.

EPA Identification Number		NPDES Permit Number AL0069345		Facility Name Magnolia Sanitary Landfill		Form Approved 03/05/19 OMB No. 2040-0004		
Form 1 NPDES			U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater GENERAL INFORMATION					
SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(f) and (f)(1))								
Activities Requiring an NPDES Permit	1.1	Applicants Not Required to Submit Form 1						
	1.1.1	Is the facility a new or existing publicly owned treatment works ? If yes, STOP. Do NOT complete Form 1. Complete Form 2A. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			1.1.2	Is the facility a new or existing treatment works treating domestic sewage ? If yes, STOP. Do NOT complete Form 1. Complete Form 2S. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	1.2	Applicants Required to Submit Form 1						
	1.2.1	Is the facility a concentrated animal feeding operation or a concentrated aquatic animal production facility ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2B. <input checked="" type="checkbox"/> No			1.2.2	Is the facility an existing manufacturing, commercial, mining, or silvicultural facility that is currently discharging process wastewater ? <input checked="" type="checkbox"/> Yes → Complete Form 1 and Form 2C. <input type="checkbox"/> No		
	1.2.3	Is the facility a new manufacturing, commercial, mining, or silvicultural facility that has not yet commenced to discharge ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2D. <input checked="" type="checkbox"/> No			1.2.4	Is the facility a new or existing manufacturing, commercial, mining, or silvicultural facility that discharges only nonprocess wastewater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2E. <input checked="" type="checkbox"/> No		
	1.2.5	Is the facility a new or existing facility whose discharge is composed entirely of stormwater associated with industrial activity or whose discharge is composed of both stormwater and non-stormwater ? <input checked="" type="checkbox"/> Yes → Complete Form 1 and Form 2F unless exempted by 40 CFR 122.26(b)(14)(x) or (b)(15). <input type="checkbox"/> No						
SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(f)(2))								
Name, Mailing Address, and Location	2.1	Facility Name						
		Magnolia Sanitary Landfill						
	2.2	EPA Identification Number						
	2.3	Facility Contact						
	Name (first and last) Terri Graham		Title Development and Environmental Director		Phone number (251) 972-6878			
Email address tgraham@baldwincountyal.gov								
2.4	Facility Mailing Address							
Street or P.O. box 15140 County Road 49								
City or town Summerdale		State Alabama		ZIP code 36580				

EPA Identification Number		NPDES Permit Number AL0069345		Facility Name Magnolia Sanitary Landfill		Form Approved 03/05/19 OMB No. 2040-0004	
Name, Mailing Address, and Location Continued	2.5	Facility Location					
		Street, route number, or other specific identifier 15140 County Road 49					
		County name Baldwin		County code (if known)			
		City or town Summerdale		State Alabama		ZIP code 36580	
SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))							
SIC and NAICS Codes	3.1	SIC Code(s)		Description (optional)			
		49530302		Refuse Systems - Sanitary Landfill Operation			
	3.2	NAICS Code(s)		Description (optional)			
		562219		Landfill			
SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(f)(4))							
Operator Information	4.1	Name of Operator					
		Baldwin County Commission					
	4.2	Is the name you listed in Item 4.1 also the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	4.3	Operator Status					
		<input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input checked="" type="checkbox"/> Other public (specify) <u>County Commis</u> <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____					
Operator Information Continued	4.4	Phone Number of Operator					
		(251) 988-8125					
	4.5	Operator Address					
		Street or P.O. Box 312 Courthouse Square, Suite 12					
		City or town Bay Minette		State Alabama		ZIP code 36507	
	Email address of operator bunderwood@baldwincountyal.gov						
SECTION 5. INDIAN LAND (40 CFR 122.21(f)(5))							
Indian Land	5.1	Is the facility located on Indian Land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

EPA Identification Number	NPDES Permit Number AL0069345	Facility Name Magnolia Sanitary Landfill	Form Approved 03/05/19 OMB No. 2040-0004
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SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(f)(6))

Existing Environmental Permits	6.1	Existing Environmental Permits (check all that apply and print or type the corresponding permit number for each)			
	<input checked="" type="checkbox"/>	NPDES (discharges to surface water) AL0069345	<input type="checkbox"/>	RCRA (hazardous wastes)	
	<input checked="" type="checkbox"/>	PSD (air emissions) 501-0033	<input type="checkbox"/>	Nonattainment program (CAA)	
	<input type="checkbox"/>	Ocean dumping (MPRSA)	<input type="checkbox"/>	Dredge or fill (CWA Section 404)	
		<input checked="" type="checkbox"/>	UIC (underground injection of fluids) ALSI9902554	<input type="checkbox"/>	NESHAPs (CAA)
		<input checked="" type="checkbox"/>	Other (specify) Solid Waste 02-03		

SECTION 7. MAP (40 CFR 122.21(f)(7))

Map	7.1	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.)
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CAFO—Not Applicable (See requirements in Form 2B.)

SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8))

Nature of Business	8.1	Describe the nature of your business.
		Facility operations primarily consist of municipal solid waste and construction/demolition waste landfilling. Leachate generated and collected in the MSW portion of the facility is treated through a three-stage aeration pond, two-stage constructed wetlands, and a holding pond prior to discharge into the stormwater control system. Leachate treatment and discharge are regulated under UIC Permit ALSI9902554.

SECTION 9. COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(f)(9))

Cooling Water Intake Structures	9.1	Does your facility use cooling water?
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 10.1.
	9.2	Identify the source of cooling water. (Note that facilities that use a cooling water intake structure as described at 40 CFR 125, Subparts I and J may have additional application requirements at 40 CFR 122.21(r). Consult with your NPDES permitting authority to determine what specific information needs to be submitted and when.)

SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(f)(10))

Variance Requests	10.1	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)		
	<input type="checkbox"/>	Fundamentally different factors (CWA Section 301(n))	<input type="checkbox"/>	Water quality related effluent limitations (CWA Section 302(b)(2))
	<input type="checkbox"/>	Non-conventional pollutants (CWA Section 301(c) and (g))	<input type="checkbox"/>	Thermal discharges (CWA Section 316(a))
	<input checked="" type="checkbox"/>	Not applicable		

EPA Identification Number	NPDES Permit Number AL0069345	Facility Name Magnolia Sanitary Landfill	Form Approved 03/05/19 OMB No. 2040-0004
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SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	11.1	In Column 1 below, mark the sections of Form 1 that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		Column 1	Column 2
	<input checked="" type="checkbox"/>	Section 1: Activities Requiring an NPDES Permit	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 2: Name, Mailing Address, and Location	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 3: SIC Codes	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 4: Operator Information	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 5: Indian Land	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 6: Existing Environmental Permits	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 7: Map	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 8: Nature of Business	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 9: Cooling Water Intake Structures	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 10: Variance Requests	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 11: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
	11.2	Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>	
	Name (print or type first and last name) Honorable Joe Davis, III	Official title Chairman-Baldwin County Commission	
	Signature	Date signed	

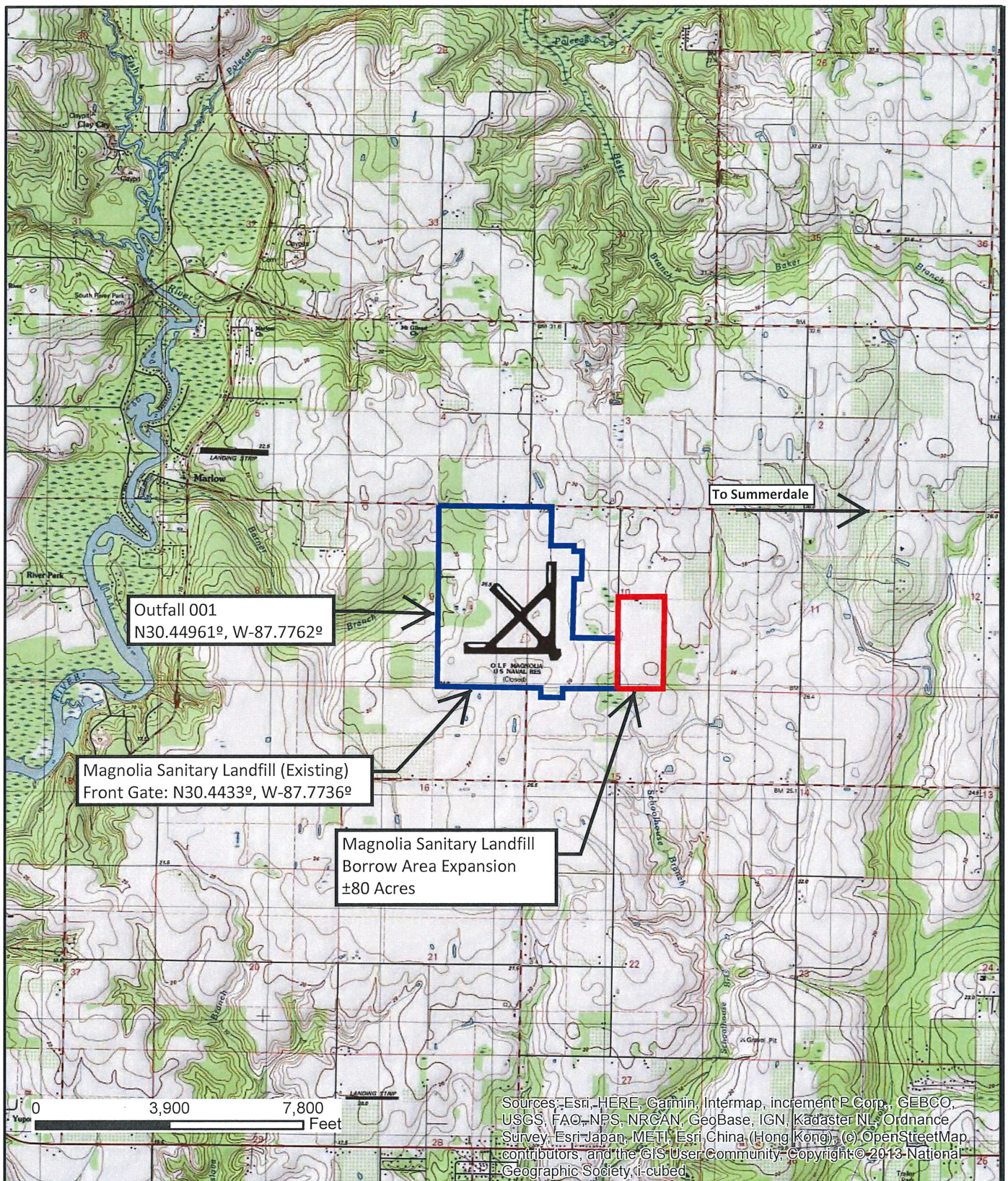



Figure 1 - USGS Topographic Map

MAGNOLIA SANITARY LANDFILL
Baldwin County, Alabama



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EPA Identification Number		NPDES Permit Number AL0069345		Facility Name Magnolia Sanitary Landfill		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2F NPDES		U.S Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY					
SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))							
Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below					
	Outfall Number	Receiving Water Name	Latitude			Longitude	
	1	UT to Barner Branch	30° 26' 57.78" N			87° 46' 34.50" W	
			° ' " "			° ' " "	
			° ' " "			° ' " "	
			° ' " "			° ' " "	
			° ' " "			° ' " "	
			° ' " "			° ' " "	
SECTION 2. IMPROVEMENTS (40 CFR 122.21(g)(6))							
Improvements	2.1	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3.					
	2.2	Briefly identify each applicable project in the table below.					
	Brief Identification and Description of Project	Affected Outfalls (list outfall numbers)	Source(s) of Discharge		Final Compliance Dates		
					Required	Projected	
2.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (Optional Item) <input type="checkbox"/> Yes <input type="checkbox"/> No						

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SECTION 3. SITE DRAINAGE MAP (40 CFR 122.26(c)(1)(i)(A))

Site Drainage Map	3.1	Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.)
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 4. POLLUTANT SOURCES (40 CFR 122.26(c)(1)(i)(B))

Pollutant Sources	4.1	Provide information on the facility's pollutant sources in the table below.																											
		Outfall Number	Impervious Surface Area (within a mile radius of the facility)	Total Surface Area Drained (within a mile radius of the facility)																									
		1	6.87	specify units acres	584 specify units acres																								
			specify units		specify units																								
			specify units		specify units																								
			specify units		specify units																								
			specify units		specify units																								
			specify units		specify units																								
			specify units		specify units																								
		4.2	<p>Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)</p> <p>Facility operations primarily consist of municipal solid waste and construction/demolition waste landfilling. Leachate generated and collected in the MSW portion of the facility is treated through a three-stage aeration pond, two-stage constructed wetlands, and a holding pond prior to discharge into the stormwater control system. Leachate treatment and discharge are regulated under UIC Permit ALSI9902554. Site operations typically in contact with stormwater are limited to the "working face" for both the MSW Landfill Unit and the construction/demolition disposal area. Inactive areas of both C/D and MSW waste disposal receive an intermediate earthen cap to reduce the potential for contact with stormwater. Any stormwater falling in the open portions of the MSW disposal area collected in the leachate collection system and are treated through the facility's wastewater treatment facility.</p>																										
	4.3	<p>Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)</p> <table border="1"> <thead> <tr> <th colspan="3">Stormwater Treatment</th> </tr> <tr> <th>Outfall Number</th> <th>Control Measures and Treatment</th> <th>Codes from Exhibit 2F-1 (list)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Onsite WWTP</td> <td>3-B,3-G,1-U</td> </tr> <tr> <td>1</td> <td>Stormwater collection system</td> <td>1-U,4-A,4-D</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Stormwater Treatment			Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)	1	Onsite WWTP	3-B,3-G,1-U	1	Stormwater collection system	1-U,4-A,4-D												
Stormwater Treatment																													
Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)																											
1	Onsite WWTP	3-B,3-G,1-U																											
1	Stormwater collection system	1-U,4-A,4-D																											

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SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))

Non-Stormwater Discharges	5.1	I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.			
		Name (print or type first and last name)		Official title	
		Signature		Date signed	
	5.2	Provide the testing information requested in the table below.			
		Outfall Number	Description of Testing Method Used	Date(s) of Testing	Onsite Drainage Points Directly Observed During Test

SECTION 6. SIGNIFICANT LEAKS OR SPILLS (40 CFR 122.26(c)(1)(i)(D))

Significant Leaks or Spills	6.1	Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years. None

SECTION 7. DISCHARGE INFORMATION (40 CFR 122.26(c)(1)(i)(E))

Discharge Information	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.	
	7.1	Is this a new source or new discharge? <input type="checkbox"/> Yes → See instructions regarding submission of estimated data. <input checked="" type="checkbox"/> No → See instructions regarding submission of actual data.
	Tables A, B, C, and D	
	7.2	Have you completed Table A for each outfall? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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		AL0069345	Magnolia Sanitary Landfill	
Discharge Information Continued	7.3	Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.5.		
	7.4	Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	7.5	Do you know or have reason to believe any pollutants in Exhibit 2F-2 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.7.		
	7.6	Have you listed all pollutants in Exhibit 2F-2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	7.7	Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → SKIP to Item 7.18. <input checked="" type="checkbox"/> No		
	7.8	Do you know or have reason to believe any pollutants in Exhibit 2F-3 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.10.		
	7.9	Have you listed all pollutants in Exhibit 2F-3 that you know or have reason to believe are present in the discharge in Table C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	7.10	Do you expect any of the pollutants in Exhibit 2F-3 to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.12.		
	7.11	Have you provided quantitative data in Table C for those pollutants in Exhibit 2F-3 that you expect to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	7.12	Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.14.		
	7.13	Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	7.14	Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	7.15	Do you know or have reason to believe any pollutants in Exhibit 2F-4 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.17.		
	7.16	Have you listed pollutants in Exhibit 2F-4 that you know or believe to be present in the discharge and provided an explanation in Table C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7.17	Have you provided information for the storm event(s) sampled in Table D? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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Discharge Information Continued	Used or Manufactured Toxics		
	7.18	Is any pollutant listed on Exhibits 2F-2 through 2F-4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 8.	
	7.19	List the pollutants below, including TCDD if applicable.	
	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(g)(11))			
Biological Toxicity Testing Data	8.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 9.	
	8.2	Identify the tests and their purposes below.	
	Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Submitted

SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12))				
Contract Analysis Information	9.1	Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 10.		
	9.2	Provide information for each contract laboratory or consulting firm below.		
		Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
	Name of laboratory/firm			
	Laboratory address			
	Phone number			
	Pollutant(s) analyzed			

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SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	10.1	In Column 1 below, mark the sections of Form 2F that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.	
		Column 1	Column 2
		<input checked="" type="checkbox"/> Section 1	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
		<input checked="" type="checkbox"/> Section 2	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 3	<input type="checkbox"/> w/ site drainage map
		<input checked="" type="checkbox"/> Section 4	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 5	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 6	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 7	<input checked="" type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input checked="" type="checkbox"/> Table B <input checked="" type="checkbox"/> w/ analytical results as an attachment <input type="checkbox"/> Table C <input type="checkbox"/> Table D
		<input checked="" type="checkbox"/> Section 8	<input type="checkbox"/> w/attachments
		<input checked="" type="checkbox"/> Section 9	<input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms)
		<input checked="" type="checkbox"/> Section 10	<input type="checkbox"/>
	10.2	Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>	
		Name (print or type first and last name) Honorable Joe Davis, III	Official title Chairman-Baldwin County Commission
	Signature	Date signed	

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TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))¹

You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details and requirements.

Pollutant or Parameter		Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
		Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1.	Oil and grease	No discharge				0	No discharge
2.	Biochemical oxygen demand (BOD ₅)	No discharge				0	No discharge
3.	Chemical oxygen demand (COD)	No discharge				0	No discharge
4.	Total suspended solids (TSS)	No discharge				0	No discharge
5.	Total phosphorus						
6.	Total Kjeldahl nitrogen (TKN)						
7.	Total nitrogen (as N)						
8.	pH (minimum)	No discharge				0	No discharge
	pH (maximum)	No discharge				0	No discharge

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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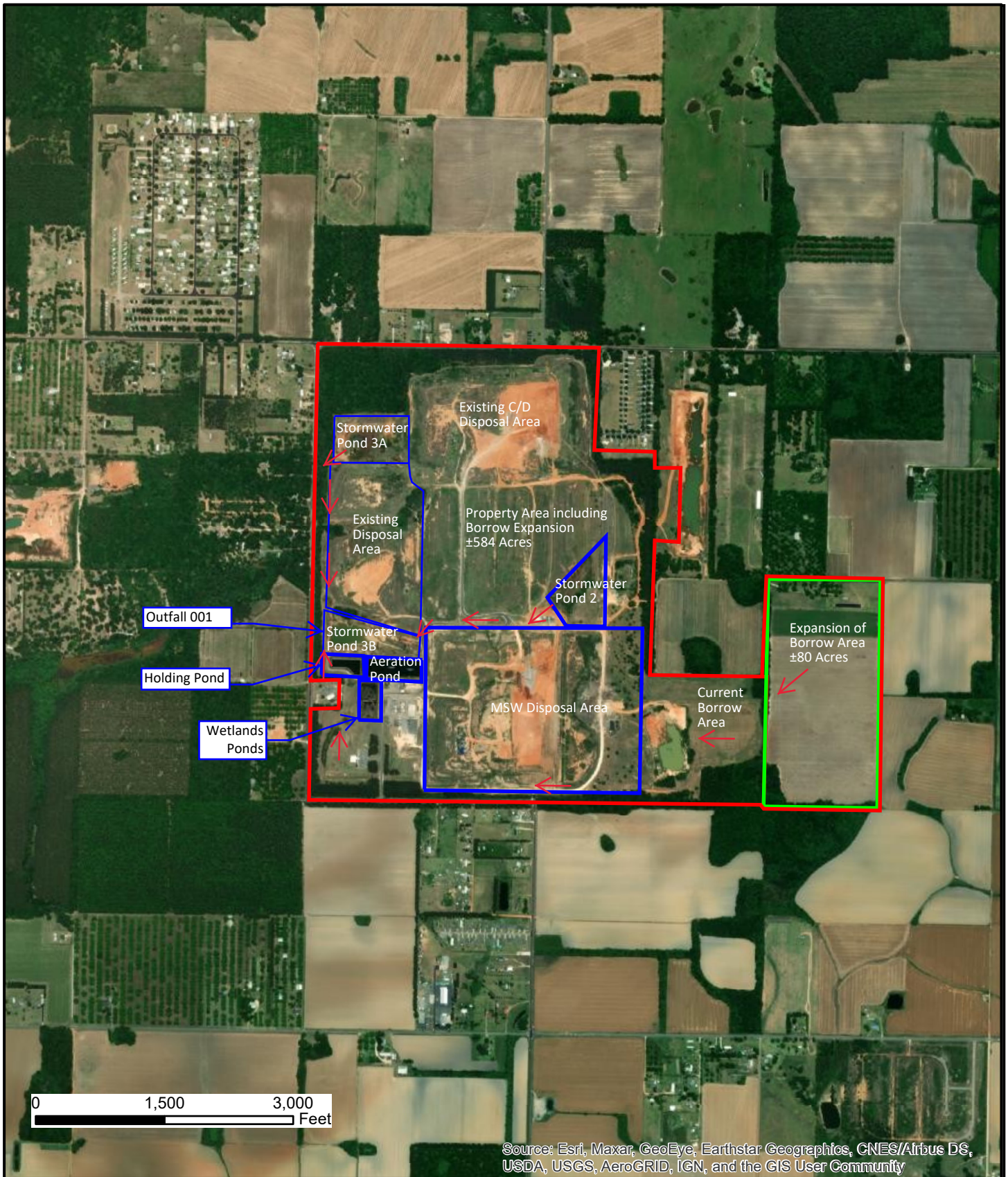
TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

Provide a description of the method of flow measurement or estimate.

<p>Provide a description of the method of flow measurement or estimate.</p>



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Site Drainage Map

MAGNOLIA SANITARY LANDFILL
Baldwin County, Alabama

