

**AGENDA  
CITY COMMISSION MEETING  
DOTHAN, ALABAMA  
10:00 A.M., April 19, 2016**

1. **Invocation: Pastor Robin Wilkinson – Calvary Chapel Dothan**
2. **Pledge of Allegiance: Commissioner Newsome**
3. **Roll Call:**  
**Schmitz\_\_Dorsey\_\_Newsome\_\_Kirkland\_\_Ferguson\_\_Kenward\_\_Crutchfield\_\_**
4. **Approval of Previous Minutes:**
  - Minutes of Meeting of April 5, 2016.
5. **Communications from Mayor and City Commissioners:**
  - Proclamation – “Community College Month” - Dr. Ashli Wilkins, Dean of Institutional Services and Community Development, Wallace Community College, and Lynn Bell, Dean of Business Affairs, Wallace Community College.
  - Proclamation – “Houston County Gives Day” – Sharon Whittaker, Whittaker Marketing.
  - Proclamation – “Spirit of Service Day” – Linda Kelley, Director of Community Development, Dothan Area Chamber of Commerce.

Documents: [proclamation community college month.pdf](#), [proclamation houston county gives day.pdf](#), [proclamation spirit of service day.pdf](#)
6. **Communications from City Manager:**
  - Check Presentation – Patagonia Grant Award – Susan Anderson, Eagle Eye Outfitters.
  - Annual Report on the Financial Condition of the City.
7. **Communications from City Clerk:**
  - Application for a Special Events Retail License (on premise) for Tiger Trek, 191 Festival Drive, by Brad White.

Documents: [special events license tiger trek.pdf](#)
8. **Ord. No.\_\_\_\_\_Rezoning property owned by Sara and Alvin Wright located at 103 Sixth Avenue from L-I (Light Industry) District to B-2 (Highway Commercial) District.**

Documents: [rezoning wright.pdf](#)
9. **Ord. No.\_\_\_\_\_Rezoning property owned by The Haven, Inc., located at 831 John D. Odom Road from A-C (Residential Single-Family, Very Low Density) District to R-1 and O-I (Residential Single-Family, Low Density & Office/Institutional, respectively) Districts.**

Documents: [rezoning the haven.pdf](#)
10. **Res. No.\_\_\_\_\_Assessing properties for the cost of demolition of substandard**

structures and turning the amounts over to the county tax collector to be added to the next regular bills for taxes levied against the respective lots and/or parcels of land.

Documents: [demolition cost assessment.pdf](#)

11. **Res. No. \_\_\_\_\_ Approving financial assistance to the Houston County Industrial Development Authority in the amount of \$50,000.00 to facilitate the Next Level Apparel Project in Ashford, Alabama.**  
Documents: [next level apparel.pdf](#)
12. **Res. No. \_\_\_\_\_ Appropriating \$45,000.00 to the Wiregrass Museum of Art for the repair/replacement of the fire alarm system, security system, and access control system.**  
Documents: [wiregrass museum of art appropriation.pdf](#)
13. **Res. No. \_\_\_\_\_ Entering into a contract with 911Consult, Inc., to perform research and provide a proposed upgrade to the City of Dothan existing trunked radio system at a cost of \$10,975.00 plus travel and lodging.**  
Documents: [911 consult contract.pdf](#)
14. **Res. No. \_\_\_\_\_ Agreeing to make application to the Alabama Beverage Control Board for a Special Retail License (on premise) for the sale of alcohol during events held at the Dothan Opera House.**  
Documents: [special retail license dothan opera house.pdf](#)
15. **Res. No. \_\_\_\_\_ Submitting the Omussee Creek Wastewater Treatment Plant permit renewal application to the Alabama Department of Environmental Management Municipal Section Water Division.**  
Documents: [adem permit renewal application.pdf](#)
16. **Res. No. \_\_\_\_\_ Applying for grant funding in the amount of \$202,500.00 from the U.S. Department of Justice, Office of Justice Program, Bureau of Justice Assistance under the Fiscal Year 2016 Body-Worn Camera Policy and Implementation Program.**  
Documents: [doj grant funding application.pdf](#)
17. **Res. No. \_\_\_\_\_ Declaring certain personal property as obsolete and no longer needed for public or municipal purposes and authorizing the disposal of said property by whatever means is determined to be in the best interest of the City.**  
Documents: [disposal of surplus property.pdf](#)
18. **Res. No. \_\_\_\_\_ Appointing Anita Dawkins as a member of the Dothan Municipal Housing Code Abatement Board.**  
Documents: [board appointment hcab.pdf](#)
19. **Res. No. \_\_\_\_\_ Approving payment of invoices for the month of March, 2016 in the amount of \$13,995,395.37.**  
Documents: [invoices.pdf](#)
20. **Res. No. \_\_\_\_\_ Awarding bids and approving purchases over \$15,000.00 by the City and appropriating funds for said bids.**  
Documents: [bids and purchases.pdf](#)
21. **Res. No. \_\_\_\_\_ Approving advance travel requests for City employees.**  
Documents: [travel requests.pdf](#)
22. **Acceptance of a Right-of-Way Deed from Triple S Services, LLC for the**

**Campbellton Highway-Southgate Road Roundabout (James Oates Park Entrance).**

Documents: [row deed triple s services llc.pdf](#)

23. **Adjournment.**

# PROCLAMATION

*WHEREAS, the Alabama Community College System is the state's single largest system of public higher education and is Alabama's most affordable and accessible system of higher education; and*

*WHEREAS, Dothan is home to Wallace Community College; and*

*WHEREAS, Wallace Community College provides a broad array of educational services for thousands of individuals in the Wiregrass, meeting diverse and changing local needs and fulfilling a vital function within this region; and*

*WHEREAS, Wallace Community College enrolls approximately 4,700 credit students in its academic and career technical education programs, most of whom are Wiregrass residents; and*

*WHEREAS, Wallace Community College serves approximately 3,000 students through its adult education, workforce training programs, and continuing education programs each year, most of whom are Wiregrass residents; and*

*WHEREAS, Wallace Community College enrolls hundreds of high school students in its dual enrollment program each year, providing students with rigorous courses; increasing college access to low-income, racially/ethnically diverse and first generation college attendees and others who would not otherwise be college bound; and offering 24 career and technical programs and options in high-demand, high-wage, high-skilled occupations; and*

*WHEREAS, Wallace Community College, partnering with business, industry, and government, provides customized training, job skills training and workforce development services for more than eighteen hundred Wiregrass workers and job seekers and specialized services and training for dozens of businesses and industries each year, providing essential contributions to the region's economic development; and*

*WHEREAS, Wallace Community College remains committed to public service and works daily to help individuals reach their personal goals, yielding a well-educated, productive citizenry and a prepared workforce, and in the process, helps build communities.*

*NOW, THEREFORE, I, Kevin Dorsey, Mayor Pro tem of the City of Dothan, do hereby proclaim the month of April, 2016 as*

## ***"Community College Month"***

*in the City of Dothan.*

*IN WITNESS WHEREOF, I have hereunto set my hand and caused the Seal of the City of Dothan to be affixed the 19<sup>th</sup> day of April, 2016.*

SEAL

Attest:

\_\_\_\_\_  
Tammy Danner  
City Clerk



\_\_\_\_\_  
Kevin Dorsey  
Mayor Pro tem

# PROCLAMATION

*WHEREAS, it is the mission of Houston County Gives Day to share local nonprofit information with Wiregrass media and through an annual exhibition open to the public.*

*WHEREAS, our goal is to reach out to potential volunteers thereby improving our ability to help others in the community.*

*WHEREAS, Houston County Gives Day helps fuel nonprofits by supporting their efforts to serve in 2016.*

*NOW, THEREFORE, I, Kevin Dorsey, Mayor Pro tem of the City of Dothan and in such capacity do hereby proclaim April 22, 2016, as*

## *“HOUSTON COUNTY GIVES DAY”*

*in the City of Dothan and urge the citizens of Dothan to take an active part in supporting our community by volunteering and/or donating to Houston County Gives Day agencies.*

*IN WITNESS WHEREOF, I have hereunto set my hand and caused the Seal of the City of Dothan to be affixed this 19th day of April, 2016.*

*SEAL*



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*Kevin Dorsey  
Mayor Pro tem*

*Attest:*

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*Tammy Danner  
City Clerk*

# PROCLAMATION

*WHEREAS, April 23, 2016 marks Houston County's 27th annual Spirit of Service Day; and*

*WHEREAS, for 27 years, volunteers have been rolling up their sleeves to give their own time, energy, and talents to do what needs to be done to help our neighbors in need and make the City an even better place to live; the voluntary efforts have ranged from beautification projects at local schools, feeding the hungry, building and repairing housing, providing recreational activities for our youth, and helping senior citizens; and*

*WHEREAS, this long-running effort in volunteer spirit and civic commitment is held each year during the month of April and has involved thousands of residents in hundreds of thousands of hours of service to their communities while saving millions of dollars in public expenditures for needed projects and services; and*

*WHEREAS, the successful implementation of Spirit of Service Day was due to the groundbreaking work of former Chairman Robert Crowder, Houston County Commission and the Spirit of Service Core Committee, and many other community leaders; and*

*WHEREAS, Spirit of Service Day has continued all these years through the dedication of the Houston County residents showing the spirit of volunteerism by helping schools, nonprofits, and individuals; it was also an inspiration for the national Make a Difference Day that began in 1991; and*

*WHEREAS, Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes Dothan and its surrounding communities a better place to live.*

*NOW, THEREFORE, I, Kevin Dorsey, Mayor Pro tem of the City of Dothan and in such capacity do hereby proclaim April 23, 2016 as*

## ***"SPIRIT OF SERVICE DAY"***

*in the City of Dothan and call upon all residents to volunteer their time in whatever way they can on the April 23<sup>rd</sup> Day of Service.*

*IN WITNESS WHEREOF, I have hereunto set my hand and caused the Seal of the City of Dothan to be affixed the 19<sup>th</sup> day of April, 2016.*

**SEAL**



\_\_\_\_\_  
**Kevin Dorsey**  
**Mayor Pro tem**

**Attest:**

\_\_\_\_\_  
**Tammy Danner**  
**City Clerk**

March 25, 2016

Board of City Commissioners  
City of Dothan, Alabama  
P.O. Box 2128  
Dothan, Alabama 36302

Honorable Mayor and City Commission:

I respectfully submit my request for a Special Events Retail License for Tiger Trek located at 191 Festival Drive, Dothan, Alabama.

Your consideration of this application would be greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Brad White", with a long horizontal flourish extending to the right.

Brad White  
Brad White

NOTICE

Notice is hereby given that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the Board of Commissioners of the City of Dothan, Alabama, will consider for passage and adoption at its regular meeting in the Commission Chamber in the City Hall of said City the following ordinance at which time all persons who desire shall have an opportunity of being heard in opposition to or in favor of said ordinance.

ORDINANCE NO. 20\_\_\_\_-\_\_\_\_\_

BE IT ORDAINED by the Board of Commissioners of the City of Dothan, Alabama, as follows:

Section 1. Upon the favorable recommendation by a nine to zero vote by the Planning Commission of the City of Dothan, Alabama on March 16, 2016, and after public notices and hearing thereon as required by law, Chapter 114 of the Code of Ordinances of the City of Dothan, Alabama, and the Zoning Map of the City of Dothan, Alabama, adopted therein and on file in the offices of the City Clerk and the City Engineer of the City of Dothan, Alabama, are hereby amended as follows:

The following described land, owned by Sara & Alvin Wright , now zoned L-I District by Chapter 114 of the Code of Ordinances and shown on the Zoning Map of the City of Dothan, Alabama, is hereby rezoned and classified as B-2 District:

A parcel of land located in the City of Dothan, Houston County, Alabama, and being more particularly described as follows:

Beginning at a point 150 feet South of the intersection of East Main Street and Sixth Avenue and running 110 feet in an Easterly direction paralleling East Main Street, thence South 121.7 feet to the property line of the Warner Brothers Manufacturing Company; thence Westward along this line to the East Right-of-Way of Sixth Avenue; thence North along Sixth Avenue to the point of beginning; being located in Dothan, Houston County, Alabama.

Section 2. That portions of said Zoning Map of the City of Dothan, Alabama, referred to in said Chapter 114 of the Code of Ordinances, which have been zoned and classified as set out above to be changed to show aforesaid rezoning and classification.

PASSED, ADOPTED, AND APPROVED ON \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Mayor

ATTEST:

\_\_\_\_\_  
Tammy Danner, City Clerk

\_\_\_\_\_  
Associate Commissioner District 1

\_\_\_\_\_  
Associate Commissioner District 2

\_\_\_\_\_  
Associate Commissioner District 3

\_\_\_\_\_  
Associate Commissioner District 4

\_\_\_\_\_  
Associate Commissioner District 5

\_\_\_\_\_  
Associate Commissioner District 6  
*BOARD OF CITY COMMISSIONERS*

\*\*\*\*\*

I hereby certify that the above ordinance/notice was published once a week for two consecutive weeks in THE DOTHAN EAGLE on \_\_\_\_\_ and \_\_\_\_\_.

\_\_\_\_\_  
Tammy Danner, City Clerk

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I, Tammy Danner, do hereby certify that the above ordinance was published in THE DOTHAN EAGLE, a newspaper of general circulation and published in the City of Dothan, Alabama, on \_\_\_\_\_.

\_\_\_\_\_  
Tammy Danner, City Clerk

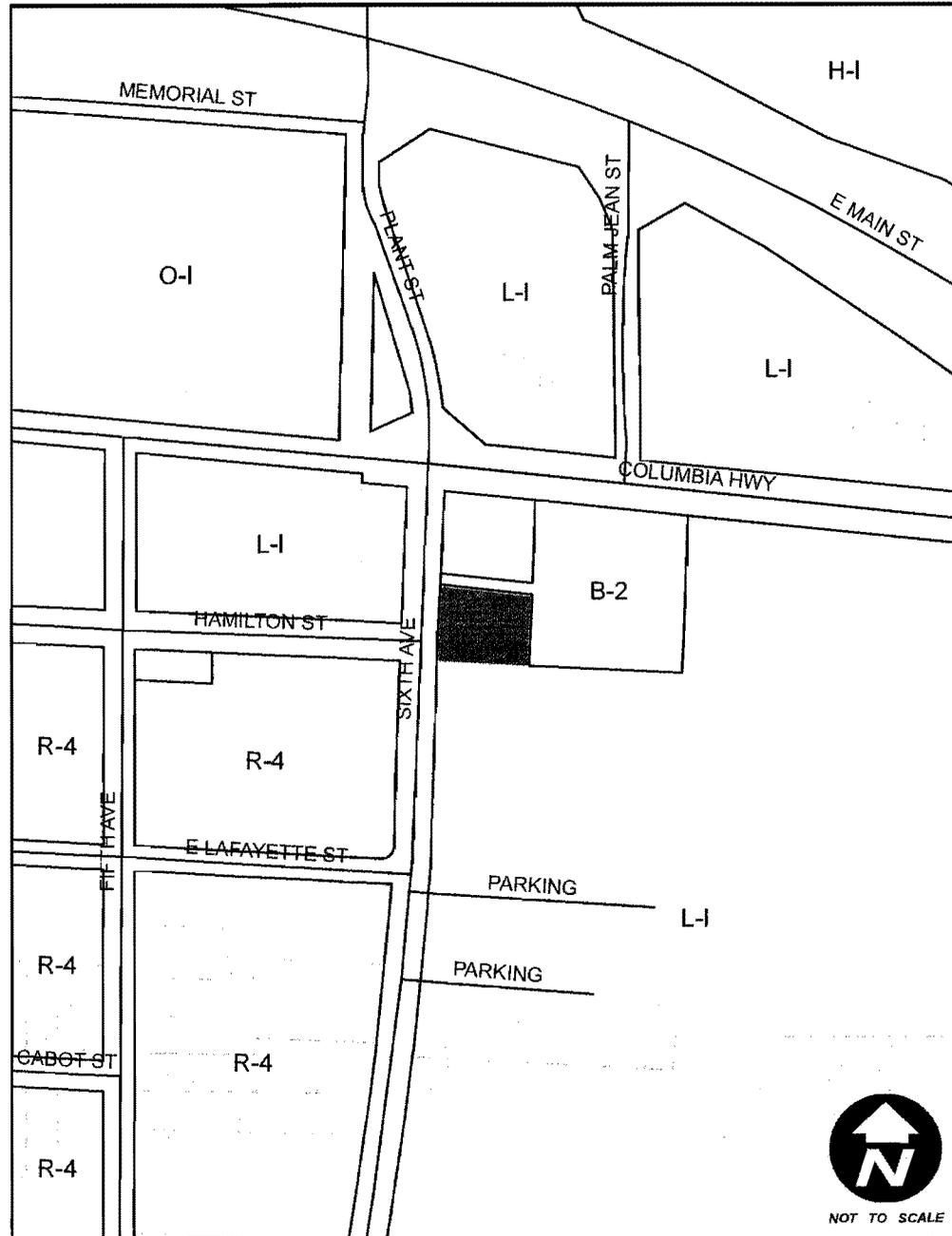
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I hereby certify that a copy of the above ordinance has been filed in the Office of the Probate Judge together with plans pertaining thereto.

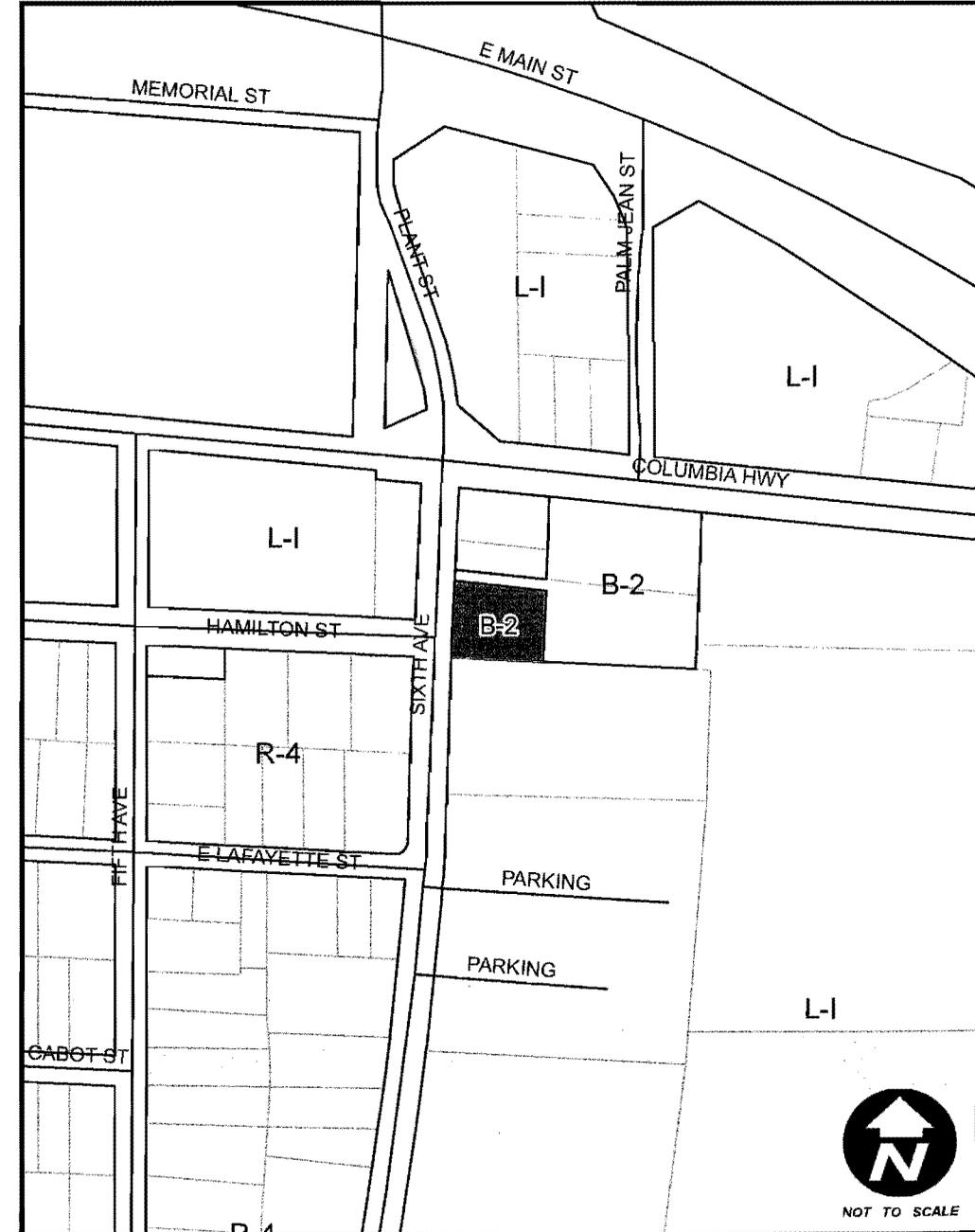
\_\_\_\_\_  
Tammy Danner, City Clerk

# Rezoning: 103 Sixth Avenue

## Current Zoning L-I: Light Industry



## Proposed Zoning B-2: Highway Commercial



NOTICE

Notice is hereby given that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the Board of Commissioners of the City of Dothan, Alabama, will consider for passage and adoption at its regular meeting in the Commission Chamber in the City Hall of said City the following ordinance at which time all persons who desire shall have an opportunity of being heard in opposition to or in favor of said ordinance.

ORDINANCE NO. 20\_\_\_\_ - \_\_\_\_\_

BE IT ORDAINED by the Board of Commissioners of the City of Dothan, Alabama, as follows:

Section 1. Upon the favorable recommendation by a nine to zero vote by the Planning Commission of the City of Dothan, Alabama on February 17, 2016, and after public notices and hearing thereon as required by law, Chapter 114 of the Code of Ordinances of the City of Dothan, Alabama, and the Zoning Map of the City of Dothan, Alabama, adopted therein and on file in the offices of the City Clerk and the City Engineer of the City of Dothan, Alabama, are hereby amended as follows:

The following described land, owned by The Haven, Inc., now zoned A-C District by Chapter 114 of the Code of Ordinances and shown on the Zoning Map of the City of Dothan, Alabama, is hereby rezoned and classified as R-1 District and O-I District as indicated below:

A-C District rezoned to O-I District:

A lot or parcel of land being located in the City of Dothan, Houston County, Alabama, and begin more particularly described as follows:

BEGINNING at the Northeast corner of Westbrook Subdivision as found recorded in the Office of the Judge of Probate of Houston County, Alabama in Plat Book 10, Page 27 as marked by an existing iron pin (EIP) (CA0086); thence N 27°13'37" E a distance of 756.91 FT to a point; thence S 86°16'19" E a distance of 267.40 FT to a point being on the West right of way (R/W) of John D Odom Road (R/W Varies, 80' R/W Here); thence along said West R/W bearing S 00°11'46" W a distance of 665.27 FT to an EIP (BRANTON); thence depart said West R/W bearing N 89°05'56" W a distance of 610.93 FT to the POINT OF BEGINNING. Said parcel being located in the SE 1/4 of the SW 1/4 and the NE 1/4 of the SW 1/4 both being in Section 8, T3N, R26E, City of Dothan, Houston County, Alabama, and containing 6.80 acres, more or less.

A-C District rezoned to R-1 District:

A lot or parcel of land being located in the City of Dothan, Houston County, Alabama, and begin more particularly described as follows:

BEGINNING at the Southeast corner of the Second Addition to Westbrook Subdivision as found recorded in the Office of the Judge of Probate of Houston County, Alabama in Plat Book 11, Page 42 as marked by an existing iron pin (EIP) (CA0086); thence along the East line of said Second Addition to Westbrook Subdivision bearing N 05°25'10" W a distance of 156.62 FT to an EIP (CA0086); thence along said East line bearing N 05°22'15" W a distance of 115.32 FT to an EIP (CA0086); thence along said East line bearing N 05°35'22" W a distance of 112.71 FT to an EIP (CA0086); thence along said East line bearing N 05°24'00" W a distance of 112.93 FT to an EIP (CA0086); thence along said East line bearing N 05°20'30" W a distance of 113.04 FT to an EIP (CA0086); thence

along said East line bearing N 05°28'41" W a distance of 113.07 FT to an EIP (CA0086); thence along said East line bearing N 05°44'32" W a distance of 112.86 FT to an EIP (CA0086); thence along said East line bearing N 06°06'11" W a distance of 113.19 FT to an EIP (CA0086); thence along said East line bearing N 05°51'53" W a distance of 112.75 FT to an EIP (CA0086); thence along said East line bearing N 06°08'53" W a distance of 112.86 FT to an EIP (CA0086); thence along said East line bearing N 06°14'19" W a distance of 113.29 FT to an EIP (CA0086); thence along said East line bearing N 05°44'11" W a distance of 43.53 FT to an EIP (1/2" PIPE) on the West line of the East 1/2 of the West 1/2 of Section 8, Township 3 North, Range 26 East; thence along said West line bearing N 01°00'51" W a distance of 54.35 FT to an EIP (CA0086); thence along said West line bearing N 00°30'13" W a distance of 118.90 FT to an EIP (CA0086); thence along said West line bearing N 00°37'48" W a distance of 245.15 FT to an EIP (CA0086); thence along said West line bearing N 00°29'36" W a distance of 649.84 FT to an EIP (1/2" PIPE); thence along said West line bearing N 00°29'36" W a distance of 374.65 FT to the intersection of said West line with the center of Little Choctawhatchee Creek as marked by a set iron pin (SIP) lying S 00°29'36" E a distance of 15.00 FT; thence along the said center of Little Choctawhatchee Creek the following calls:  
a delta angle of 00°24'33" with a radius of 1136.95 FT an arc length of 8.12 FT with a chord bearing of S 88°01'15" E a chord distance of 8.12 FT; a delta angle of 07°41'01" with a radius of 1048.25 FT an arc length of 140.58 FT with a chord bearing of N 86°14'36" E a chord distance of 140.47 FT; a delta angle of 02°33'46" with a radius of 2961.28 FT an arc length of 132.46 FT with a chord bearing of N 83°31'18" E a chord distance of 132.44 FT; a delta angle of 01°58'40" with a radius of 3330.64 FT an arc length of 114.97 FT with a chord bearing of N 87°04'45" E a chord distance of 114.96 FT; a delta angle of 05°10'52" with a radius of 998.99 FT an arc length of 90.34 FT with a chord bearing of N 84°50'55" E a chord distance of 90.31 FT; a delta angle of 01°23'50" with a radius of 2360.92 FT an arc length of 57.57 FT with a chord bearing of N 81°19'32" E a chord distance of 57.57 FT; a delta angle of 17°43'59" with a radius of 211.16 FT an arc length of 65.35 FT with a chord bearing of S 89°36'54" E a chord distance of 65.09 FT; a delta angle of 17°13'23" with a radius of 266.99 FT an arc length of 80.26 FT with a chord bearing of S 68°35'50" E a chord distance of 79.96 FT; S 62°25'01" E a distance of 61.01 FT; a delta angle of 19°11'58" with a radius of 153.08 FT an arc length of 51.30 FT with a chord bearing of S 73°01'48" E a chord distance of 51.06 FT; a delta angle of 29°01'12" with a radius of 139.31 FT an arc length of 70.56 FT with a chord bearing of N 78°00'17" E a chord distance of 69.81 FT; a delta angle of 00°24'33" with a radius of 1136.95 FT an arc length of 8.12 FT with a chord bearing of S 88°01'15" E a chord distance of 8.12 FT; N 59°52'51" E a distance of 129.40 FT; a delta angle of 17°49'26" with a radius of 233.11 FT an arc length of 72.52 FT with a chord bearing of N 72°36'22" E a chord distance of 72.22 FT; a delta angle of 24°52'32" with a radius of 246.18 FT an arc length of 106.88 FT with a chord bearing of S 83°38'45" E a chord distance of 106.05 FT; a delta angle of 08°52'06" with a radius of 735.97 FT an arc length of 113.91 FT with a chord bearing of S 67°25'08" E a chord distance of 113.80 FT; a delta angle of 05°29'17" with a radius of 518.80 FT an arc length of 49.69 FT with a chord bearing of S 64°43'36" E a chord distance of 49.67 FT to the intersection of said center of Little Choctawhatchee Creek with the West right of way (R/W) of John D Odom Road (R/W Varies, 80' R/W Here) as marked by an existing concrete monument (ECM) (6"x6") lying S 00°11'39" W a distance of 19.30 FT; thence along said West R/W bearing S 00°11'39" W a distance of 1825.01 FT to an ECM (4"x4"); thence along said West R/W bearing S 00°11'46" W a distance of 294.96 FT to a point; thence depart said West R/W bearing N 86°16'19" W a distance of 267.40 FT to a point; thence S 27°13'37" W a distance of 756.91 FT to an EIP (CA0086) marking the Northeast corner of Westbrook Subdivision as found recorded in said Probate Office in Plat Book 10, Page 27; thence along the North line of said Westbrook Subdivision bearing N 89°00'24" W a distance of 244.41 FT to an EIP (CA0086); thence along said North line bearing N 89°00'24" W a distance of 278.22 FT to the POINT OF BEGINNING. Said parcel being located in the SE 1/4 of the NW 1/4, the NE 1/4 of the SW 1/4 and the SE 1/4 of the SW 1/4 of Section 8, T3N, R26E, City of Dothan, Houston County, Alabama, and containing 73.13 acres, more or less.

Section 2. That portions of said Zoning Map of the City of Dothan, Alabama, referred to in said Chapter 114 of the Code of Ordinances, which have been zoned and classified as set out above to be changed to show aforesaid rezoning and classification.

PASSED, ADOPTED, AND APPROVED ON \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Mayor

ATTEST:

\_\_\_\_\_  
Tammy Danner, City Clerk

\_\_\_\_\_  
Associate Commissioner District 1

\_\_\_\_\_  
Associate Commissioner District 2

\_\_\_\_\_  
Associate Commissioner District 3

\_\_\_\_\_  
Associate Commissioner District 4

\_\_\_\_\_  
Associate Commissioner District 5

\_\_\_\_\_  
Associate Commissioner District 6  
*BOARD OF CITY COMMISSIONERS*

\*\*\*\*\*

I hereby certify that the above ordinance/notice was published once a week for two consecutive weeks in THE DOTHAN EAGLE on \_\_\_\_\_ and \_\_\_\_\_.

\_\_\_\_\_  
Tammy Danner, City Clerk

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I, Tammy Danner, do hereby certify that the above ordinance was published in THE DOTHAN EAGLE, a newspaper of general circulation and published in the City of Dothan, Alabama, on \_\_\_\_\_.

\_\_\_\_\_  
Tammy Danner, City Clerk

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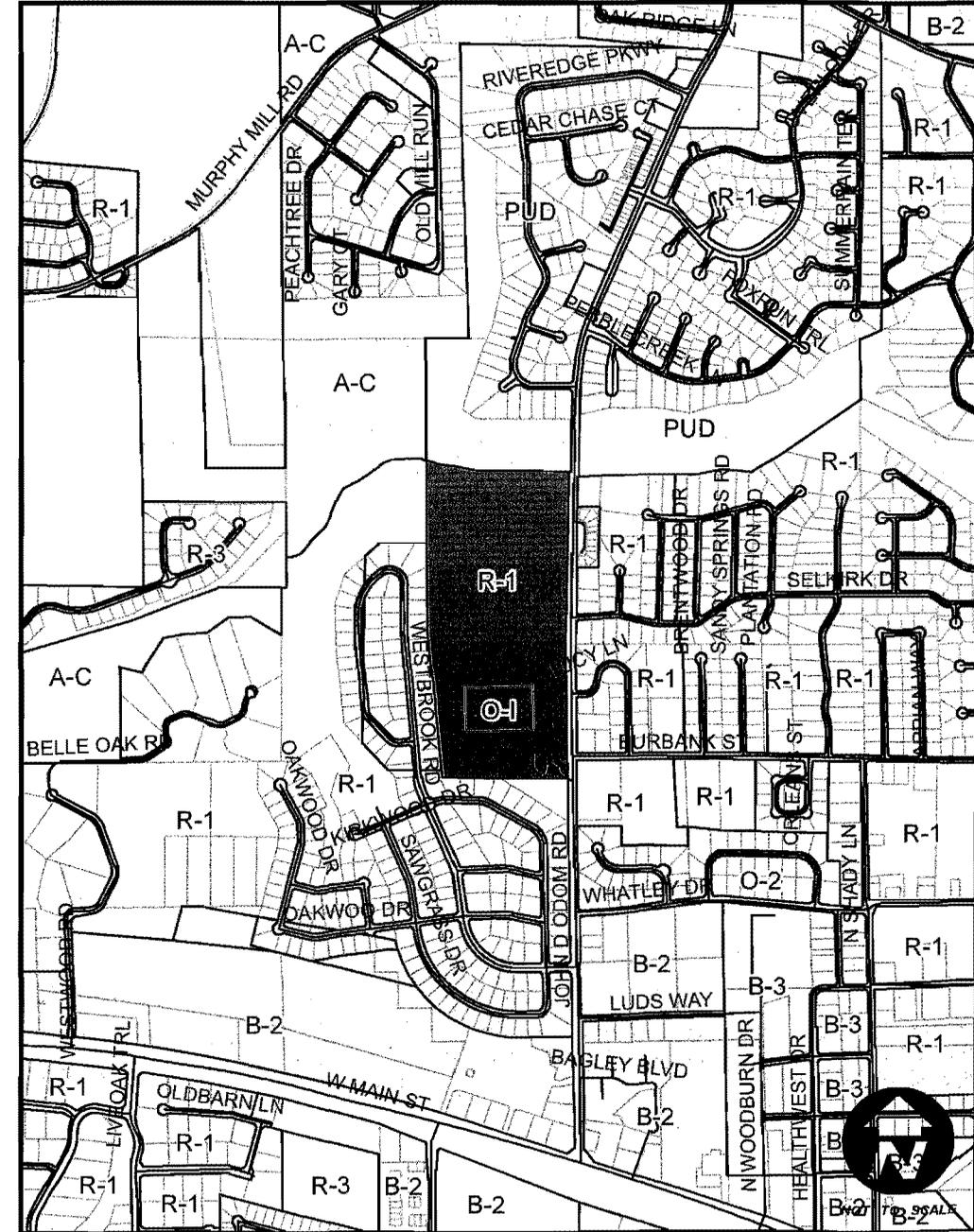
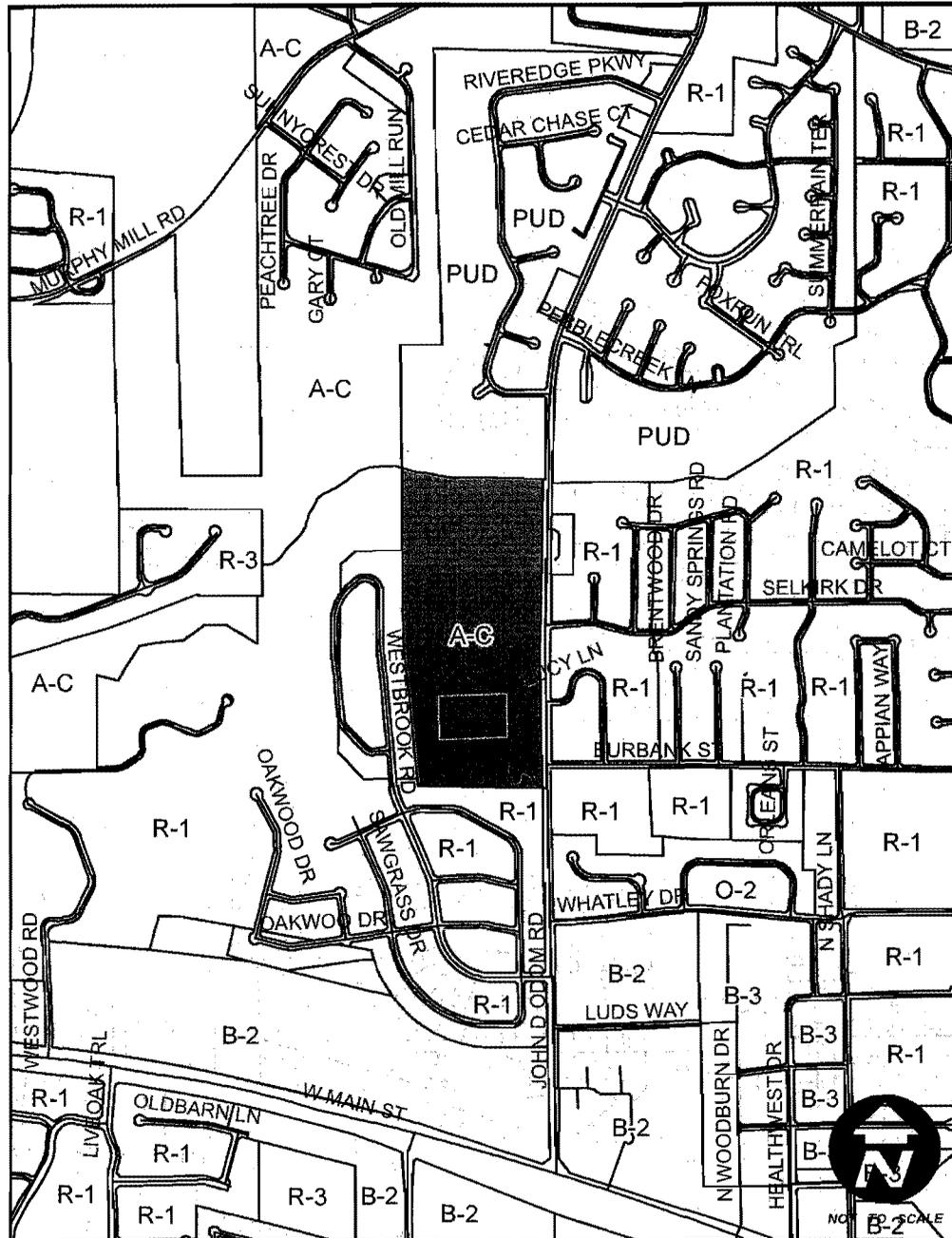
I hereby certify that a copy of the above ordinance has been filed in the Office of the Probate Judge together with plans pertaining thereto.

\_\_\_\_\_  
Tammy Danner, City Clerk

# Rezoning: 831 John D. Odom Rd

Current Zoning - AC: Agriculture Conserv, Residential SF, Very Low Density

Proposed Zoning - R-1: Residential SF Low Density & O-I: Office/Institutional



**RESOLUTION NO. \_\_\_\_\_**

**WHEREAS**, the Board of Commissioners declared, by Resolution No. 2015-327, that the following properties were substandard, creating a public nuisance, and ordered that the said structures be demolished; and

**WHEREAS**, the structure has been demolished and notice of the intent of the City Commission to adopt a resolution fixing the amount of the cost and assessing the same to the property owners has been published as required and all interested parties have been notified.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Commissioners of the City of Dothan, Alabama as follows:

**Section 1.** That the following properties are hereby assessed the amount as indicated, for the cost of demolition of the substandard structures, and a lien is hereby declared on the parcel in the amount of the assessment herein made against such parcel of land:

<u>ADDRESS OF PROPERTY</u>	<u>PERSON LAST ASSESSED FOR ADVALOREM TAX</u>	<u>AMOUNT</u>
607 Blackshear Street	Bertha Guilford	\$1017.60
805 Chinook Street	Travis L. Enfinger	\$1977.60
304 S. College Street	Joseph A. Avery/James Griggs	\$ 222.60
1012 E. Newton Street	Jeanette Brown	\$2822.60
338 Headland Avenue	Rochester & Mary C. Johnson	\$6972.60
104 E. Stough Street	Dallie & Emma L. McClain	\$1302.60
711 Monroe Street	Ricky Temmis	\$1397.60
706 Monroe Street	Glen E. & Beryl E. Glanton	\$1222.60
506 S. College Street	Harvey C. & Rebecca J. Parrish	\$ 222.60
1143 S. Saint Andrews Street	Randy Hutton	\$ 222.60

**Section 2.** That the itemized report of the cost incurred in the abatement of the said properties is hereby confirmed.

**Section 3.** That the itemized report shall be turned over to the county tax collector and the amount due shall be added to the next regular bills for taxes levied against the respective lot and/or parcel of land.

**PASSED, ADOPTED AND APPROVED** on \_\_\_\_\_.

**ATTEST:**

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
Associate Commissioner District 1

\_\_\_\_\_  
Associate Commissioner District 2

\_\_\_\_\_  
Associate Commissioner District 3

\_\_\_\_\_  
Associate Commissioner District 4

\_\_\_\_\_  
Associate Commissioner District 5

\_\_\_\_\_  
Associate Commissioner District 6  
**BOARD OF CITY COMMISSIONERS**

**REPORT ON COSTS OF DEMOLITION OF SUBSTANDARD STRUCTURES**

The Board of Commissioners of the City of Dothan, Alabama determined unsafe buildings on the following properties a public nuisance and, pursuant to Resolution No. 2015-327 ordered the demolition and removal of the said unsafe buildings. The amount listed below the property address is the cost of the demolition and removal of the unsafe building and advertising.

**Bertha Guilford**  
**607 Blackshear Street**  
**38-09-06-13-3-007-005.000**

Demolition Cost	\$	795.00
Newspaper Notice	\$	<u>222.60</u>
<b>Total</b>	<b>\$</b>	<b><u>1,017.60</u></b>

**Dallie & Emma L. McClain**  
**104 E. Stough Street**  
**38-09-06-13-4-004-009.000**

Demolition Cost	\$	1,080.00
Newspaper Notice	\$	<u>222.60</u>
<b>Total</b>	<b>\$</b>	<b><u>1,302.60</u></b>

**Travis L. Enfinger**  
**805 Chinook Street**  
**38-09-06-14-1-009-021.000**

Demolition Cost	\$	1,755.00
Newspaper Notice	\$	<u>222.60</u>
<b>Total</b>	<b>\$</b>	<b><u>1,977.60</u></b>

**Ricky Temmis**  
**711 Monroe Street**  
**38-10-04-18-3-006-027.000**

Demolition Cost	\$	1,175.00
Newspaper Notice	\$	<u>222.60</u>
<b>Total</b>	<b>\$</b>	<b><u>1,397.60</u></b>

**Joseph A. Avery/James Griggs**  
**304 S. College Street**  
**38-09-06-24-4-002-018.000**

Demolition Cost	\$	-
Newspaper Notice	\$	<u>222.60</u>
<b>Total</b>	<b>\$</b>	<b><u>222.60</u></b>

**Glen E. & Beryl E. Glanton**  
**706 Monroe Street**  
**38-10-04-18-3-006-014.000**

Demolition Cost	\$	1,000.00
Newspaper Notice	\$	<u>222.60</u>
<b>Total</b>	<b>\$</b>	<b><u>1,222.60</u></b>

**Jeanette Brown**  
**1012 E. Newton Street**  
**38-10-04-18-3-009-013.000**

Demolition Cost	\$	2,600.00
Newspaper Notice	\$	<u>222.60</u>
<b>Total</b>	<b>\$</b>	<b><u>2,822.60</u></b>

**Harvey C. & Rebecca J. Parrish**  
**506 S. College Street**  
**38-09-06-24-4-011-001.000**

Demolition Cost	\$	-
Newspaper Notice	\$	<u>222.60</u>
<b>Total</b>	<b>\$</b>	<b><u>222.60</u></b>

**Rochester & Mary C. Johnson**  
**338 Headland Avenue**  
**38-09-06-13-3-001-028.000**

Demolition Cost	\$	6,750.00
Newspaper Notice	\$	<u>222.60</u>
<b>Total</b>	<b>\$</b>	<b><u>6,972.60</u></b>

**Randy Hutton**  
**1143 S. Saint Andrews Street**  
**38-09-07-25-1-004-034.000**

Demolition Cost	\$	-
Newspaper Notice	\$	<u>222.60</u>
<b>Total</b>	<b>\$</b>	<b><u>222.60</u></b>

**Grand Total**                      **\$**                      **17,381.00**

This resolution is made this 19<sup>th</sup> day of April, 2016, by the City of Dothan Commission (the "City") enthusiastically supports and encourages economic development within Houston County in order to develop a solid and diverse local economy, to increase employment opportunities for area residents, to broaden the City's tax base, to increase revenues, and to provide necessary and improved services to the citizens of the County, thereby improving the quality of life of its citizens.

**WHEREAS**, YS Garment, Inc. (dba Next Level Apparel) and 814 6<sup>th</sup> Avenue LLC, (collectively, the "Companies") desire to develop, construct, and equip a new Distribution Center to be located in Houston County, Alabama (the "Project"); and,

**WHEREAS**, the Project would promote trade and commerce in the State of Alabama (the "State"), the City of Dothan (the "City"), the City of Ashford, Houston County, and surrounding areas; and,

**WHEREAS**, in order to induce the Companies to develop, construct, and equip the Project, it is desirable and appropriate for the City of Dothan to offer to certain support activities through the Houston County Industrial Development Authority to facilitate the project with financial assistance in the amount of \$50,000 for activities to support said project.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Commissioners of the City of Dothan, Alabama as follows:

**Section 1.** The City of Dothan through the Houston County Industrial Development Authority approves financial assistance in the amount of \$50,000 to facilitate the Next Level Apparel project in Ashford, Alabama.

**Section 2.** The Mayor of the Commission is hereby further authorized and directed to execute and deliver such other actions necessary to carry out the project in regards to these commitments to the Houston County Industrial Development Authority.

**PASSED, ADOPTED AND APPROVED** on \_\_\_\_\_.

**ATTEST:**

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
Associate Commissioner District 1

\_\_\_\_\_  
Associate Commissioner District 2

\_\_\_\_\_  
Associate Commissioner District 3

\_\_\_\_\_  
Associate Commissioner District 4

\_\_\_\_\_  
Associate Commissioner District 5

\_\_\_\_\_  
Associate Commissioner District 6

**BOARD OF CITY COMMISSIONERS**

**RESOLUTION NO. \_\_\_\_\_**

**WHEREAS**, the Wiregrass Museum of Art has an existing fire alarm system, security system, and access control system that is no longer functioning properly and is in need of repair/replacement; and

**WHEREAS**, the Wiregrass Museum of Art has requested the City of Dothan pay for said repair/replacement; and

**WHEREAS**, Harris Security Systems, Inc. has given a not to exceed cost of \$45,000.00 to repair/replace the fire alarm system, security system, and access control system.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Commissioners of the City of Dothan, Alabama, as follows:

**Section 1.** That the sum of \$45,000.00 be appropriated in FY 2016 to the General Fund/Health and Welfare/Appropriation to Museum Board/Other Services & Charges/Subsidies to Agencies, Account Number 001-3148-531.30-44, to repair/replace the fire alarm system, security system, and access control system at the Wiregrass Museum of Art. This appropriation is to be funded by increasing the General Fund/Non-Revenue Receipts/Utilization of Fund Balance, Account Number 001-0000-391.01-00 by the sum of \$45,000.00 in FY 2016.

**PASSED, ADOPTED AND APPROVED** on \_\_\_\_\_.

\_\_\_\_\_  
**Mayor**

**ATTEST:**

\_\_\_\_\_  
**Associate Commissioner District 1**

\_\_\_\_\_  
**City Clerk**

\_\_\_\_\_  
**Associate Commissioner District 2**

\_\_\_\_\_  
**Associate Commissioner District 3**

\_\_\_\_\_  
**Associate Commissioner District 4**

\_\_\_\_\_  
**Associate Commissioner District 5**

\_\_\_\_\_  
**Associate Commissioner District 6**  
**BOARD OF CITY COMMISSIONERS**



April 6, 2016

Mayor Mike Schmitz  
City of Dothan  
126 N. Saint Andrews St.  
Suite 201  
Dothan, AL 36303

Dear Mayor Schmitz;

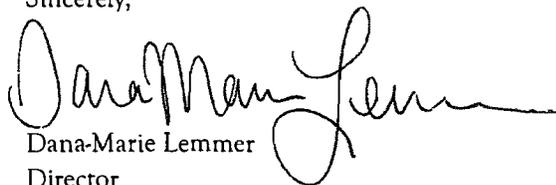
The Wiregrass Museum of Art, Inc. is respectfully requesting funds from the City Commission of Dothan, in the amount of \$45,000, towards the replacement of the museum's fire and security systems, and key access controls.

The fire system has been non-functional since the end of December. Since then, the museum has had over 14 on-site programs/events and 2,599 on-site visitors. These numbers do not include school tours or the conference center rentals, which we estimate have accommodated over 1,600 people in the past 3 months. Randy Morris, General Services Director, has been extremely helpful in determining the needs moving forward and has received quotes from Harris Security Company for the proposed work.

The City determined in 1987 that Dothan needed an art museum to improve quality of life in our community. For 25 years, the Wiregrass Museum of Art has been a "flagship" for the arts in our region, providing valuable services to our community. In addition to protecting the City's building and assets, the fire and security systems provide critical life safety, ensuring public safety for our visitors and school children.

The Wiregrass Museum of Art Board of Trustees and Staff appreciate and thank you for your support in this matter, and our continued partnership with the City of Dothan as we work together to build a better Dothan.

Sincerely,

  
Dana-Marie Lemmer  
Director

Cc: Members of the City of Dothan Commission  
Mike West, City Manager  
Ashley Maddox, Board Chair

**RESOLUTION NO. \_\_\_\_\_**

**BE IT RESOLVED** by the Board of Commissioners of the City of Dothan, Alabama, as follows:

**Section 1.** That the City of Dothan enters into a contract with 911Consult, Inc., to perform research and provide a proposed upgrade to the City of Dothan existing trunked radio system at a cost of \$10,975.00 plus travel and lodging expenses, which said contract follows:

***911Consult, Inc.***  
***Emergency Services Consulting***

## **Professional Services Contract**

This Agreement is made between the City of Dothan ("Client"), having its principal place of business at 126 N. Saint Andrews St. Dothan, Alabama 33603 and Lee Moore, principal of 911Consult, Inc., having its principal place of business at 2311 Fernway Dr. Montgomery, AL 36111. In consideration of Client retaining 911Consult, Inc. to provide consulting services for Client, it is agreed as follows:

### **1. Services, Compensation and Term**

Client hereby retains 911Consult, Inc. and 911Consult, Inc. hereby agrees to perform the following services:

Review the existing research and technical plans produced by the City of Dothan to date for the proposed upgrade to the existing trunked radio system.

Assist the City of Dothan radio technical staff in evaluating the technical requirements for the proposed upgrade to the existing trunked radio along with available options.

Create a timeline and budget for the deployment of the proposed upgrade to the existing trunked radio system.

Assist the City of Dothan in researching the expansion of the existing trunked radio system to increase the coverage footprint to reach unserved areas of Houston County.

This contract shall commence on \_\_\_\_\_, 2016 for a term necessary for completion of the above specific tasks not to exceed 90 days.

**The following fees shall apply:**

Trunking radio system feasibility and financial plan - \$10,975

**Travel and Lodging**

Travel and lodging expenses are to be billed to the client on a monthly basis. Mileage to and from the Client facility from the 911Consult, Inc. principal place of business shall be billed at the current Federal IRS approved per mile driven. Lodging expenses shall be actual expenses incurred. Meals are not billed to the Client.

It is agreed that there are 200 round trip road miles from the 911Consult, Inc. principal place of business to the Client facility.

Travel to any vendor facility or other existing 911 center for the purposes of investigating potential vendor solutions will be explicitly approved by the Client **before** any travel occurs. Any travel related and lodging expenses incurred during such approved travel will be submitted by 911Consult, Inc. for reimbursement.

911Consult, Inc. shall provide milestone invoices and shall maintain, and provide, upon request, documentation for a period of one year from the date of the respective invoices. Client shall make full payment for services within thirty days of invoice. If 911Consult, Inc. brings a legal action to collect any sums due under this Agreement, it shall be entitled to collect, in addition to all damages, its costs of collection, including reasonable attorney's fees.

**2. Warranties by 911Consult, Inc.**

911Consult, Inc. represents and warrants to Client that it has the experience and ability to perform the services required by this Agreement; that it will perform said services in a professional, competent and timely manner; that it has the power to enter into and perform this Agreement; and that its performance of this Agreement shall not infringe upon or violate the rights of any third party or violate any federal, provincial and municipal laws. However, Client will not determine or exercise control as to general procedures or formats necessary to have these services meet Client's satisfaction.

**3. Insurance**

911Consult, Inc. shall obtain and maintain during the term of this Agreement insurance, including motor vehicle, and comprehensive general liability.

**4. Independent Contractor**

911Consult, Inc. acknowledges that the services rendered under this Agreement shall be solely as an independent contractor. 911Consult, Inc. shall not enter into any contract or commitment on behalf of Client. 911Consult, Inc. further acknowledges that it is not considered an affiliate or subsidiary of Client, and is

not entitled to any Client employment rights or benefits. It is expressly understood that this undertaking is not a joint venture.

#### **5. Confidentiality**

911Consult, Inc. recognizes and acknowledges that this Agreement creates a confidential relationship between 911Consult, Inc. and Client and that information concerning Client's business affairs, customers, vendors, finances, properties, methods of operation, computer programs, and documentation, and other such information, whether written, oral, or otherwise, is confidential in nature. All such information concerning Client is hereinafter collectively referred to as "Confidential Information."

#### **6. Non-Disclosure**

911Consult, Inc. agrees that, except as directed by Client, it will not at any time during or after the term of this Agreement disclose any Confidential Information to any person whatsoever and that upon the termination of this Agreement it will turn over to Client all documents, papers, and other matter in its possession or control that relate to Client. 911Consult, Inc. further agrees to bind its employees and subcontractors to the terms and conditions of this Agreement.

#### **7. Grant**

911Consult, Inc. agrees that its work product produced in the performance of this Agreement shall remain the exclusive property of Client, and that it will not sell, transfer, publish, disclose or otherwise make the work product available to third parties without Client's prior written consent. Any rights granted to 911Consult, Inc. under this Agreement shall not affect Client's exclusive ownership of the work product.

#### **8. Office Rules**

911Consult, Inc. shall comply with all commonly known office rules and regulations, including security requirements, when on Client premises.

#### **9. Conflict of Interest**

911Consult, Inc. shall not offer or give a gratuity of any type to any Client employee or agent.

#### **10. Letter of Agency**

Client shall provide a Letter of Agency, as required by potential vendors to discuss services for Client to 911Consult, Inc. The Letter of Agency to be in force only during the term of this contract.

#### **11. Governing Law**

This Agreement shall be construed and enforced in accordance with the laws of the State of Alabama.

**12. Entire Agreement and Notice**

This Agreement contains the entire understanding of the parties and may not be amended without the specific written consent of both parties. Any notice given under this Agreement shall be sufficient if it is in writing and if sent by certified or registered mail.

IN WITNESS WHEREOF,  
Client and 911Consult, Inc. have duly executed this Agreement as of the day and year first above written.

By:

Name: **Lee Moore**

Title: Principal, 911Consult, Inc.

Date: \_\_\_\_\_, 2016

By:

Name: **Mike Schmitz**

Title: Mayor  
City of Dothan

Date: \_\_\_\_\_, 2016

Res. No. \_\_\_\_\_ entering into a contract with 911Consult, Inc. continued.

**Section 2.** That Mike Schmitz, Mayor of the City of Dothan and in such capacity, is hereby authorized and directed to execute the said agreements, for and in the name of the City of Dothan.

**PASSED, ADOPTED AND APPROVED** on \_\_\_\_\_.

**ATTEST:**

\_\_\_\_\_

**City Clerk**

\_\_\_\_\_  
**Mayor**

\_\_\_\_\_  
**Associate Commissioner District 1**

\_\_\_\_\_  
**Associate Commissioner District 2**

\_\_\_\_\_  
**Associate Commissioner District 3**

\_\_\_\_\_  
**Associate Commissioner District 4**

\_\_\_\_\_  
**Associate Commissioner District 5**

\_\_\_\_\_  
**Associate Commissioner District 6**  
**BOARD OF CITY COMMISSIONERS**

**RESOLUTION NO. \_\_\_\_\_**

**BE IT RESOLVED** by the Board of Commissioners of the City of Dothan, Alabama, as follows:

**Section 1.** That the City of Dothan agrees to make application to the Alabama Beverage Control Board for a Special Retail License (on premise) for the sale of alcohol during events held at the Dothan Opera House.

**Section 2.** That the Performing Arts Director is authorized to sign any and all documents required to make said application.

**PASSED, ADOPTED AND APPROVED** on \_\_\_\_\_.

**ATTEST:**

\_\_\_\_\_

**City Clerk**

\_\_\_\_\_  
**Mayor**

\_\_\_\_\_  
**Associate Commissioner District 1**

\_\_\_\_\_  
**Associate Commissioner District 2**

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**Associate Commissioner District 3**

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**Associate Commissioner District 4**

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**Associate Commissioner District 5**

\_\_\_\_\_  
**Associate Commissioner District 6**  
**BOARD OF CITY COMMISSIONERS**

**RESOLUTION NO. \_\_\_\_\_**

**WHEREAS**, the Alabama Department of Environmental Management (ADEM) requires wastewater treatment plants to renew their National Pollutant Discharge Elimination System (NPDES) permit every five years; and

**WHEREAS**, the Dothan Omussee Creek Wastewater Treatment Plant permit expires on October 31, 2016, and appropriate paperwork and fees have to be received by ADEM 180 days prior to the expiration date (May 5, 2016); and

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Commissioners of the City of Dothan, Alabama, as follows:

**Section 1.** That the City of Dothan submits to the ADEM Municipal Section Water Division the Omussee Creek Wastewater Treatment Plant permit renewal application, which said application follows:

FORM <b>1</b> GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">5</td> <td style="width:15%;"></td> <td style="width:5%;">T/A</td> <td style="width:5%;">C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> <tr> <td>1</td> <td>2</td> <td>13</td> <td>14</td> </tr> <tr> <td></td> <td></td> <td>15</td> <td></td> </tr> </table>	5		T/A	C	F			D	1	2	13	14			15	
5		T/A	C															
F			D															
1	2	13	14															
		15																
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE																
		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																

**II. POLLUTANT CHARACTERISTICS**

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	Mark "X"			SPECIFIC QUESTIONS	Mark "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	X			B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

C	1	SKIP	Dothan Omussee Creek WWTP
	15	16 - 20	20

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)			
C	2	Dykes, Jeffrey Chief Operator		(334)	726-9635		
	15	16	45	46	48	51	52

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX							
C	3	P.O. Box 2128					
	15	16	45				
B. CITY OR TOWN				C. STATE	D. ZIP CODE		
C	4	Dothan	AL	36302			
	15	18	40	41	42	47	51

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER							
C	5	457 Jerry Drive					
	15	16	45				
B. COUNTY NAME							
Houston							
	40			70			
C. CITY OR TOWN				D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)	
C	6	Dothan	AL	36303		8	
	15	18	40	41	42	47	51

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
7	4952 (specify) Sewage Systems	7	N.A.
C. THIRD		D. FOURTH	
7	N.A.	7	N.A.

VIII. OPERATOR INFORMATION			
A. NAME			B. Is the name listed in Item VIII-A also the owner?
City of Dothan			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)			D. PHONE (area code & no.)
F = FEDERAL	M = PUBLIC (other than federal or state)	M (specify)	(334) 615-3300
S = STATE	O = OTHER (specify)		
P = PRIVATE			
E. STREET OR P.O. BOX			
P.O. Box 2128			

F. CITY OR TOWN		G. STATE	H. ZIP CODE	IX. INDIAN LAND
Dothan		AL	36302	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

X. EXISTING ENVIRONMENTAL PERMITS			
A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
9	N AL0022764	9	P N.A.
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
9	U N.A.	9	P N.A.
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
9	R N.A.	9	P N.A.

XI. MAP
<p>Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements. <b>ATTACHMENT 1</b></p>

XII. NATURE OF BUSINESS (provide a brief description)
<p>Municipal Wastewater Treatment Plant</p>

XIII. CERTIFICATION (see instructions)
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</p>

A. NAME & OFFICIAL TITLE (type or print) Mike Schmitz, Mayor	B. SIGNATURE	C. DATE SIGNED
---	--------------	----------------

COMMENTS FOR OFFICIAL USE ONLY

FACILITY NAME AND PERMIT NUMBER:

Omussee Creek Wastewater Treatment Plant, AL0022764

Form Approved 1/14/99  
OMB Number 2040-0086

FORM  
**2A**  
NPDES

## NPDES FORM 2A APPLICATION OVERVIEW

### APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

#### BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow  $\geq$  0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

#### SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
  - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  - 2. Any other industrial user that:
    - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

**ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)**

**FACILITY NAME AND PERMIT NUMBER:**  
Omussee Creek Wastewater Treatment Plant, AL0022764

**BASIC APPLICATION INFORMATION**

**PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:**

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

**A.1. Facility Information.**

Facility name Dothan Omussee Creek Wastewater Treatment Plant

Mailing Address P.O. Box 2128  
Dothan, AL 36302

Contact person Jeffrey G. Dykes

Title Chief Operator

Telephone number (334) 726-9635

Facility Address 457 Jerry Dr.  
(not P.O. Box) Dothan, AL 36303

**A.2. Applicant Information.** If the applicant is different from the above, provide the following:

Applicant name City of Dothan

Mailing Address P.O. Box 2128  
Dothan, AL 36302

Contact person Billy R. Mayes

Title Dothan Utilities Director

Telephone number (334) 615-3300

Is the applicant the owner or operator (or both) of the treatment works?

owner  operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

facility  applicant

**A.3. Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES AL0022764 PSD N/A

UIC N/A Other N/A

RCRA N/A Other N/A

**A.4. Collection System Information.** Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>City of Dothan</u>	<u>44,351</u>	<u>Separate</u>	<u>Municipal</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>44,351</u>			

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**A.5. Indian Country.**

a. Is the treatment works located in Indian Country?

Yes  No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

Yes  No

**A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate	<u>7.12</u> mgd	(March 2013-February 2014)	(March 2014-February 2015)	(March 2015-February 2016)
		<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>4.62</u>	<u>3.70</u>	<u>4.20</u>	mgd
c. Maximum daily flow rate	<u>23.52</u>	<u>18.76</u>	<u>15.26</u>	mgd

**A.7. Collection System.** Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

Separate sanitary sewer 100.00 %  
 Combined storm and sanitary sewer \_\_\_\_\_ %

**A.8. Discharges and Other Disposal Methods.**

a. Does the treatment works discharge effluent to waters of the U.S.?  Yes  No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent	<u>Outfall 0011</u>
ii. Discharges of untreated or partially treated effluent	<u>0</u>
iii. Combined sewer overflow points	<u>0</u>
iv. Constructed emergency overflows (prior to the headworks)	<u>0</u>
v. Other <u>N/A</u>	<u>0</u>

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?  Yes  No

If yes, provide the following for each surface impoundment:

Location: N/A  
 Annual average daily volume discharged to surface impoundment(s) \_\_\_\_\_ mgd  
 Is discharge \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

c. Does the treatment works land-apply treated wastewater?  Yes  No

If yes, provide the following for each land application site:

Location: N/A  
 Number of acres: \_\_\_\_\_  
 Annual average daily volume applied to site: \_\_\_\_\_ Mgd  
 Is land application \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?  Yes  No

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

N/A

If transport is by a party other than the applicant, provide:

Transporter name: N/A

Mailing Address: N/A

Contact person: N/A

Title: N/A

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name: N/A

Mailing Address: N/A

Contact person: N/A

Title: N/A

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge. N/A

Provide the average daily flow rate from the treatment works into the receiving facility. \_\_\_\_\_ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? \_\_\_\_\_ Yes  No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

N/A

Annual daily volume disposed of by this method: N/A

Is disposal through this method \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

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**WASTEWATER DISCHARGES:**

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

**A.9. Description of Outfall.**

- a. Outfall number 0011
  - b. Location Dothan 36303  
(City or town, if applicable) (Zip Code)  
Houston AL  
(County) (State)  
31°15'40" 85°19'46"  
(Latitude) (Longitude)
  - c. Distance from shore (if applicable) N/A ft.
  - d. Depth below surface (if applicable) N/A ft.
  - e. Average daily flow rate 4.20 mgd (March 2015-February 2016)
  - f. Does this outfall have either an intermittent or a periodic discharge?  
                     Yes       ✓       No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: N/A
  - Average duration of each discharge: N/A
  - Average flow per discharge: N/A mgd
  - Months in which discharge occurs: N/A
- g. Is outfall equipped with a diffuser?                      Yes       ✓       No

**A.10. Description of Receiving Waters.**

- a. Name of receiving water Omussee Creek
- b. Name of watershed (if known) Lower Chatahoochee  
  
United States Soil Conservation Service 14-digit watershed code (if known): 03130004060069
- c. Name of State Management/River Basin (if known): Chatahoochee River  
  
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 03130004
- d. Critical low flow of receiving stream (if applicable):  
acute 4.62 cfs chronic 6.16 cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of CaCO<sub>3</sub>

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**A.11. Description of Treatment.**

a. What levels of treatment are provided? Check all that apply.

Primary                       Secondary  
 Advanced                       Other. Describe: \_\_\_\_\_

b. Indicate the following removal rates (as applicable):

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal                      85.00 %  
Design SS removal                      85.00 %  
Design P removal                      N/A %  
Design N removal                      N/A %  
Other N/A                      N/A %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Existing-Gas Chlorination; Future-UV Disinfection

If disinfection is by chlorination, is dechlorination used for this outfall?                       Yes                       No

d. Does the treatment plant have post aeration?                       Yes                       No

**A.12. Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 0011

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.16	s.u.			
pH (Maximum)	7.25	s.u.			
Flow Rate	3.98	mgd	3.06	mgd	3.00
Temperature (Winter)	N/A				
Temperature (Summer)	N/A				

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

**CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.**

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	N/A						
	CBOD-5	0.00	cfu	0.00	ppd	3.00	SM 5210 B	1
FECAL COLIFORM		1.00	cfu	1.00	cfu	3.00	IDEXX ATP	1
TOTAL SUSPENDED SOLIDS (TSS)		0.00	mg/l	0.00	mg/l	3.00	SM 2540 D	3

**END OF PART A.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

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**BASIC APPLICATION INFORMATION**

**PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).**

All applicants with a design flow rate  $\geq$  0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

650,000.00 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

The City is currently contracted with a consulting engineer to prepare numerous Management, Operation and Maintenance (MOM) programs in conformance with the City's EPA Administrative Order.

**B.2. Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.) ATTACHMENT 2

- a. The area surrounding the treatment plant, including all unit processes.
- b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- c. Each well where wastewater from the treatment plant is injected underground.
- d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

**B.3. Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g. chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram. ATTACHMENT 3

**B.4. Operation/Maintenance Performed by Contractor(s).**

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? Yes  No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: N/A

Mailing Address: N/A  
N/A

Telephone Number: N/A

Responsibilities of Contractor: N/A

**B.5. Scheduled Improvements and Schedules of Implementation.** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

0011

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

Yes  No

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c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

N/A

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	<u>8 / 1 / 2016</u>	<u>  /   /   </u>
- End construction	<u>8 / 1 / 2018</u>	<u>  /   /   </u>
- Begin discharge	<u>8 / 1 / 2018</u>	<u>  /   /   </u>
- Attain operational level	<u>10 / 1 / 2018</u>	<u>  /   /   </u>

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained?    \_\_\_ Yes     No

Describe briefly: N/A  
N/A

**B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).**

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 0011

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
<b>CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.</b>							
AMMONIA (as N)	0.76	mg/l	0.25	mg/l	3.00	SM4500-NH3D	.05
CHLORINE (TOTAL RESIDUAL, TRC)	0.02	mg/l	0.01	mg/l	3.00	HACH 8370	.002
DISSOLVED OXYGEN	7.95	mg/l	7.64	mg/l	3.00	SM4500-o-G	.05
TOTAL KJELDAHL NITROGEN (TKN)	0.77	mg/l	0.26	mg/l	3.00	M4500-NB	.05
NITRATE PLUS NITRITE NITROGEN	22.00	mg/l	15.47	mg/l	3.00	SM4500No3E	.20/.10
OIL and GREASE	1.63	mg/l	1.60	mg/l	3.00	EPA1664A	1
PHOSPHORUS (Total)	3.50	mg/l	3.11	mg/l	3.00	EPA365.3	.05
TOTAL DISSOLVED SOLIDS (TDS)	447.00	mg/l	409.33	mg/l	3.00	M2540C	20
OTHER	N/A						

**END OF PART B.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

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**BASIC APPLICATION INFORMATION**

**PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

Basic Application information packet

Supplemental Application information packet:

Part D (Expanded Effluent Testing Data)

Part E (Toxicity Testing: Biomonitoring Data)

Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

Part G (Combined Sewer Systems)

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

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 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.

Name and official title Mike Schmitz, Mayor

Signature \_\_\_\_\_

Telephone number (334) 615-3111

Date signed \_\_\_\_\_

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

**SEND COMPLETED FORMS TO:**

**FACILITY NAME AND PERMIT NUMBER:**

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**SUPPLEMENTAL APPLICATION INFORMATION**

**PART D. EXPANDED EFFLUENT TESTING DATA**

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

**Effluent Testing: 1.0 mgd and Pretreatment Treatment Works.** If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 0011 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
<b>METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.</b>											
ANTIMONY	<0.02	mg/l	<0.609	ppd	<0.02	mg/l	<0.493	ppd	3	200.7	0.02
ARSENIC	<0.02	mg/l	<0.609	ppd	<0.02	mg/l	<0.493	ppd	3	200.7	0.02
BERYLLIUM	<0.002	mg/l	<0.0809	ppd	<0.002	mg/l	<0.0493	ppd	3	200.7	0.002
CADMIUM	<0.005	mg/l	<0.152	ppd	<0.005	mg/l	<0.123	ppd	3	200.7	0.005
CHROMIUM	<0.01	mg/l	<0.304	ppd	<0.01	mg/l	<0.246	ppd	3	200.7	0.01
COPPER	<0.02	mg/l	<0.609	ppd	<0.02	mg/l	<0.493	ppd	3	200.7	0.02
LEAD	<0.005	mg/l	<0.152	ppd	<0.005	mg/l	<0.123	ppd	3	200.7	0.005
MERCURY	<0.0002	mg/l	<0.00609	ppd	<0.0002	mg/l	<0.0049	ppd	3	245.1	0.0002
NICKEL	<0.02	mg/l	<0.609	ppd	<0.02	mg/l	<0.493	ppd	3	200.7	0.02
SELENIUM	<0.02	mg/l	<0.609	ppd	<0.02	mg/l	<0.493	ppd	3	200.7	0.02
SILVER	<0.01	mg/l	<0.304	ppd	<0.01	mg/l	<0.246	ppd	3	200.7	0.01
THALLIUM	<0.02	mg/l	<0.609	ppd	<0.02	mg/l	<0.493	ppd	3	200.7	0.02
ZINC	0.053	mg/l	0.902	ppd	0.029	mg/l	0.713	ppd	3	200.7	0.03
CYANIDE	<0.005	mg/l	<0.152	ppd	<0.005	mg/l	<0.123	ppd	3	4500CN-E	0.005
TOTAL PHENOLIC COMPOUNDS	<0.04	mg/l	<1.218	ppd	<0.04	mg/l	<0.985	ppd	3	420.1	0.04
HARDNESS (AS CaCO <sub>3</sub> )	130	mg/l	3957	ppd	126.67	mg/l	3116	ppd	3	130.1	30
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

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POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
<b>VOLATILE ORGANIC COMPOUNDS.</b>											
ACROLEIN	<0.05	mg/l	<1.522	ppd	<0.05	mg/l	<1.232	ppd	3	624	0.05
ACRYLONITRILE	<0.05	mg/l	<1.522	ppd	<0.05	mg/l	<1.232	ppd	3	624	0.05
BENZENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
BROMOFORM	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
CARBON TETRACHLORIDE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
CLOROBENZENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
CHLORODIBROMO-METHANE	0.0011	mg/l	0.029	ppd	0.0007	mg/l	0.0170	ppd	3	624	0.001
CHLOROETHANE	<0.005	mg/l	<0.152	ppd	<0.005	mg/l	<0.123	ppd	3	624	0.005
2-CHLORO-ETHYLVINYL ETHER	<0.05	mg/l	<1.522	ppd	<0.05	mg/l	<1.231	ppd	3	624	0.05
CHLOROFORM	0.013	mg/l	0.345	ppd	0.0069	mg/l	0.170	ppd	3	624	0.005
DICHLOROBROMO-METHANE	0.0055	mg/l	0.1459	ppd	0.0035	mg/l	0.086	ppd	3	624	0.001
1,1-DICHLOROETHANE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
1,2-DICHLOROETHANE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
TRANS-1,2-DICHLORO-ETHYLENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
1,1-DICHLOROETHYLENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
1,2-DICHLOROPROPANE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
1,3-DICHLORO-PROPYLENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
ETHYLBENZENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
METHYL BROMIDE	<0.005	mg/l	<0.152	ppd	<0.005	mg/l	<0.123	ppd	3	624	0.005
METHYL CHLORIDE	<0.0025	mg/l	<0.0761	ppd	<0.0025	mg/l	<0.0616	ppd	3	624	0.0025
METHYLENE CHLORIDE	<0.005	mg/l	<0.152	ppd	<0.005	mg/l	<0.123	ppd	3	624	0.005
1,1,2,2-TETRACHLORO-ETHANE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
TETRACHLORO-ETHYLENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
TOLUENE	<0.005	mg/l	<0.152	ppd	<0.005	mg/l	<0.123	ppd	3	624	0.005

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Outfall number: 0011 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
1,1,2-TRICHLOROETHANE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
TRICHLOROETHYLENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
VINYL CHLORIDE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001

Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.

**ACID-EXTRACTABLE COMPOUNDS**

P-CHLORO-M-CRESOL	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
2-CHLOROPHENOL	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
2,4-DICHLOROPHENOL	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
2,4-DIMETHYLPHENOL	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
4,6-DINITRO-O-CRESOL	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
2,4-DINITROPHENOL	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
2-NITROPHENOL	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
4-NITROPHENOL	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
PENTACHLOROPHENOL	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
PHENOL	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
2,4,6-TRICHLOROPHENOL	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01

Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

**BASE-NEUTRAL COMPOUNDS**

ACENAPHTHENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	625	0.001
ACENAPHTHYLENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	625	0.001
ANTHRACENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	625	0.001
BENZIDINE	<0.01	mg/l	<0.030	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
BENZO(A)ANTHRACENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	625	0.001
BENZO(A)PYRENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	625	0.001

**FACILITY NAME AND PERMIT NUMBER:**

Omusee Creek Wastewater Treatment Plant, AL0022764

Form Approved 1/14/89  
OMB Number 2040-0086

Outfall number: 0011 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	625	0.001
BENZO(GH)PERYLENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	625	0.001
BENZO(K)FLUORANTHENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	625	0.001
BIS (2-CHLOROETHOXY) METHANE	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
BIS (2-CHLOROETHYL)-ETHER	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
BIS (2-CHLOROISO-PROPYL) ETHER	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
BIS (2-ETHYLHEXYL) PHTHALATE	0.0076	mg/l	0.201	ppd	0.0025	mg/l	0.062	ppd	3	625	0.003
4-BROMOPHENYL PHENYL ETHER	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.30	ppd	3	625	0.01
BUTYL BENZYL PHTHALATE	<0.003	mg/l	<0.080	ppd	<0.002	mg/l	<0.054	ppd	3	625	0.003
2-CHLORONAPHTHALENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	625	0.001
4-CHLORPHENYL PHENYL ETHER	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
CHRYSENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	625	0.001
DI-N-BUTYL PHTHALATE	<0.003	mg/l	<0.080	ppd	<0.002	mg/l	<0.054	ppd	3	625	0.003
DI-N-OCTYL PHTHALATE	<0.003	mg/l	<0.080	ppd	<0.002	mg/l	<0.054	ppd	3	625	0.003
DIBENZO(A,H) ANTHRACENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	625	0.001
1,2-DICHLOROBENZENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
1,3-DICHLOROBENZENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
1,4-DICHLOROBENZENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	624	0.001
3,3-DICHLOROBENZIDINE	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
DIETHYL PHTHALATE	<0.003	mg/l	<0.080	ppd	<0.002	mg/l	<0.054	ppd	3	625	0.003
DIMETHYL PHTHALATE	<0.003	mg/l	<0.080	ppd	<0.002	mg/l	<0.054	ppd	3	625	0.003
2,4-DINITROTOLUENE	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
2,6-DINITROTOLUENE	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
1,2-DIPHENYLHYDRAZINE	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01

**FACILITY NAME AND PERMIT NUMBER:**

Omusee Creek Wastewater Treatment Plant, AL0022764

Form Approved 1/14/99  
OMB Number 2040-0088

Outfall number: 0011 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	625	0.001
FLUORENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	625	0.001
HEXACHLOROBENZENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	625	0.001
HEXACHLOROBUTADIENE	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
HEXACHLOROCYCLO-PENTADIENE	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
HEXACHLOROETHANE	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
INDENO(1,2,3-CD)PYRENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	625	0.001
ISOPHORONE	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
NAPHTHALENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	625	0.001
NITROBENZENE	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625.00	0.01
N-NITROSODI-N-PROPYLAMINE	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
N-NITROSODI-METHYLAMINE	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
N-NITROSODI-PHENYLAMINE	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01
PHENANTHRENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	625	0.001
PYRENE	<0.001	mg/l	<0.030	ppd	<0.001	mg/l	<0.025	ppd	3	625	0.001
1,2,4-TRICHLOROBENZENE	<0.01	mg/l	<0.30	ppd	<0.01	mg/l	<0.25	ppd	3	625	0.01

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

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Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

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**END OF PART D.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM  
2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

Omusee Creek Wastewater Treatment Plant, AL0022764

**SUPPLEMENTAL APPLICATION INFORMATION**

**PART E. TOXICITY TESTING DATA**

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

**E.1. Required Tests.**

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

\_\_\_\_ chronic      \_\_\_\_ acute

**E.2. Individual Test Data.** Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: \_\_\_\_\_ Test number: \_\_\_\_\_ Test number: \_\_\_\_\_

**a. Test information.**

Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

**b. Give toxicity test methods followed.**

Manual title			
Edition number and year of publication			
Page number(s)			

**c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.**

24-Hour composite			
Grab			

**d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)**

Before disinfection			
After disinfection			
After dechlorination	✓	✓	

**FACILITY NAME AND PERMIT NUMBER:**

Omussee Creek Wastewater Treatment Plant, AL0022764

Form Approved 1/14/99  
OMB Number 2040-0086

Test number: \_\_\_\_\_ Test number: \_\_\_\_\_ Test number: \_\_\_\_\_

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity



Acute toxicity

g. Provide the type of test performed.

Static

Static-renewal



Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water



Salt water

j. Give the percentage effluent used for all concentrations in the test series.


k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			

l. Test Results.

Acute:

Percent survival in 100% effluent	%	%	%
LC <sub>50</sub>			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

**FACILITY NAME AND PERMIT NUMBER:**

Omussee Creek Wastewater Treatment Plant, AL0022764

Form Approved 1/14/99  
OMB Number 2040-0086

Chronic:

NOEC	%	%	%
IC <sub>25</sub>	%	%	%
Control percent survival	%	%	%
Other (describe)			

**m. Quality Control/Quality Assurance.**

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

**E.3. Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

\_\_\_ Yes  No      If yes, describe: N/A

\_\_\_\_\_

\_\_\_\_\_

**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

Refer to Attachment 4

\_\_\_\_\_

**END OF PART E.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.**

FACILITY NAME AND PERMIT NUMBER: <b>Omusee WWTP, AL0022746</b>	PERMIT ACTION REQUESTED: <b>Renewal</b>	RIVER BASIN: <b>Chattahoochee River</b>
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**SUPPLEMENTAL APPLICATION INFORMATION**

**PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete part F.

**GENERAL INFORMATION:**

F.1. Pretreatment program. Does the treatment works have, or is subject to, an approved pretreatment program?  
 Yes       No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs.      4 \_\_\_\_\_

b. Number of CIUs.      1 \_\_\_\_\_

**SIGNIFICANT INDUSTRIAL USER INFORMATION:**

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name:      Wayne Farms IU30360022

Mailing Address:      808 Ross Clark Circle  
Dothan AL 36303

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

Process wastewater from poultry processing operations

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s):      Poultry

Raw material(s):      Blood, feathers and bone fragments from the operation process.

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,500,000 gpd      ( continuous or  intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd      (\_\_\_\_\_ continuous or \_\_\_\_\_ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits       Yes       No

b. Categorical pretreatment standards      Yes       No

If subject to categorical pretreatment standards, which category and subcategory?  
\_\_\_\_\_

<b>FACILITY NAME AND PERMIT NUMBER:</b> <b>Omussee Creek WWTP, AL0022746</b>	<b>PERMIT ACTION REQUESTED:</b> <b>Renewal</b>	<b>RIVER BASIN:</b> <b>Chattahoochee River</b>
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**F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?**

Yes      X No      If yes, describe each episode.

**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**

**F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail or dedicated pipe?**

Yes      X No (go to F.12)

**F.10. Waste transport. Method by which RCRA waste is received (check all that apply):**

Truck       Rail       Dedicated Pipe

**F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).**

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

**F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?**

Yes (complete F.13 through F.15.)      X No

**F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary.)**

\_\_\_\_\_

\_\_\_\_\_

**F.15. Waste Treatment.**

**a. Is this waste treated (or will be treated) prior to entering the treatment works?**

Yes       No

If yes, describe the treatment (provide information about the removal efficiency):

\_\_\_\_\_

\_\_\_\_\_

**b. Is the discharge (or will the discharge be) continuous or intermittent?**

Continuous       Intermittent      If intermittent, describe discharge schedule.

\_\_\_\_\_

**END OF PART F.  
REFER TO THE APPLICATION OVERVIEW (PAGE 1) TO DETERMINE WHICH OTHER PARTS  
OF FORM 2A YOU MUST COMPLETE**



<b>FACILITY NAME AND PERMIT NUMBER:</b> <b>Omussee Creek WWTP, AL0022746</b>	<b>PERMIT ACTION REQUESTED:</b> <b>Renewal</b>	<b>RIVER BASIN:</b> <b>Chattahoochee River</b>
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**F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

Yes      X No      If yes, describe each episode.

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**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**

**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail or dedicated pipe?

Yes      X No (go to F.12)

**F.10. Waste transport.** Method by which RCRA waste is received (check all that apply):

Truck       Rail       Dedicated Pipe

**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

Yes (complete F.13 through F.15.)      X No

**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

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**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary.)

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**F.15. Waste Treatment.**

c. Is this waste treated (or will be treated) prior to entering the treatment works?

Yes       No

If yes, describe the treatment (provide information about the removal efficiency):

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d. Is the discharge (or will the discharge be) continuous or intermittent?

Continuous       Intermittent      If intermittent, describe discharge schedule.

---

**END OF PART F.**  
**REFER TO THE APPLICATION OVERVIEW (PAGE 1) TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

Omussee Creek WWTP, AL0022746

**SUPPLEMENTAL APPLICATION INFORMATION**

**PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete part F.

**GENERAL INFORMATION:**

F.1. Pretreatment program. Does the treatment works have, or is subject to, an approved pretreatment program?

X Yes                      No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

e. Number of non-categorical SIUs.                      4 \_\_\_\_\_

f. Number of CIUs.    1 \_\_\_\_\_

**SIGNIFICANT INDUSTRIAL USER INFORMATION:**

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name:                      Borden Dairy Company Of Alabama LLC    IU323500053

Mailing Address:        5014 Highway 84 East

Cowarts AL 36321

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

Industrial waste resulting from warehousing, fruit juice, tea, and milk processing.

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Milk, Dairy, and Tea products.

Raw material(s): Dairy products.

F.6. Flow Rate.

e. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

150,000 gpd    ( X  continuous or \_\_\_\_\_ intermittent)

f. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd    (\_\_\_\_\_ continuous or \_\_\_\_\_ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits    X Yes                      No

b. Categorical pretreatment standards              Yes                      X No

If subject to categorical pretreatment standards, which category and subcategory?

<b>FACILITY NAME AND PERMIT NUMBER:</b> <b>Omussee Creek WWTP, AL0047465</b>	<b>PERMIT ACTION REQUESTED:</b> <b>Renewal</b>	<b>RIVER BASIN:</b> <b>Chattahoochee River</b>
---	---	---

**F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

Yes       No      If yes, describe each episode.

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**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**

**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail or dedicated pipe?

Yes       No (go to F.12)

**F.10. Waste transport.** Method by which RCRA waste is received (check all that apply):

Truck       Rail       Dedicated Pipe

**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

Yes (complete F.13 through F.15.)       No

**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

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**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary.)

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**F.15. Waste Treatment.**

**e. Is this waste treated (or will be treated) prior to entering the treatment works?**

Yes       No

If yes, describe the treatment (provide information about the removal efficiency):

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**f. Is the discharge (or will the discharge be) continuous or intermittent?**

Continuous       Intermittent      If Intermittent, describe discharge schedule.

---

**END OF PART F.  
REFER TO THE APPLICATION OVERVIEW (PAGE 1) TO DETERMINE WHICH OTHER PARTS  
OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

Omussee Creek WWTP, AL0022746

**SUPPLEMENTAL APPLICATION INFORMATION**

**PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete part F.

**GENERAL INFORMATION:**

F.1. Pretreatment program. Does the treatment works have, or is subject to, an approved pretreatment program?

X Yes                      No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

g. Number of non-categorical SIUs.                      4 \_\_\_\_\_

h. Number of CIUs.    1 \_\_\_\_\_

**SIGNIFICANT INDUSTRIAL USER INFORMATION:**

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name:                      ARCADIS    A092-033-GW

Mailing Address:        1425 East Burdeshaw Street  
Dothan AL. 36302

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

Discharge treated groundwater.

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s):    Acidic groundwater that is being treated where Tri State Plant Food use to be located.

Raw material(s):        Acidic groundwater and phosphorus.

F.6. Flow Rate.

g. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

200,000 \_\_\_\_\_ gpd    ( X  continuous or \_\_\_\_\_ intermittent)

h. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd    (\_\_\_\_\_ continuous or \_\_\_\_\_ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits    X Yes                      No

b. Categorical pretreatment standards              Yes                      X No

If subject to categorical pretreatment standards, which category and subcategory?

<b>FACILITY NAME AND PERMIT NUMBER:</b> <b>Omussee Creek WWTP, AL0047465</b>	<b>PERMIT ACTION REQUESTED:</b> <b>Renewal</b>	<b>RIVER BASIN:</b> <b>Chattahoochee River</b>
---	---	---

**F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?**  
 Yes      X No      If yes, describe each episode.

---



---

**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**

**F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail or dedicated pipe?**  
 Yes      X No (go to F.12)

**F.10. Waste transport. Method by which RCRA waste is received (check all that apply):**

Truck       Rail       Dedicated Pipe

**F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).**

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

**F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?**  
 Yes (complete F.13 through F.15.)      X No

**F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).**

---



---



---

**F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary.)**

---



---

**F.15. Waste Treatment.**

**g. Is this waste treated (or will be treated) prior to entering the treatment works?**

Yes       No

If yes, describe the treatment (provide information about the removal efficiency):

---



---

**h. Is the discharge (or will the discharge be) continuous or intermittent?**

Continuous       Intermittent      If intermittent, describe discharge schedule.

---

**END OF PART F.  
 REFER TO THE APPLICATION OVERVIEW (PAGE 1) TO DETERMINE WHICH OTHER PARTS  
 OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:  
Omusee Creek Wastewater Treatment Plant, AL0022764

Form Approved 1/14/99  
OMB Number 2040-0086

## SUPPLEMENTAL APPLICATION INFORMATION

### PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

- a. All CSO discharge points.
- b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- a. Locations of major sewer trunk lines, both combined and separate sanitary.
- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

### CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

- a. Outfall number N/A
- b. Location N/A  
(City or town, if applicable) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
N/A  
(County) \_\_\_\_\_ (State) \_\_\_\_\_  
N/A  
(Latitude) \_\_\_\_\_ (Longitude) \_\_\_\_\_
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Which of the following were monitored during the last year for this CSO?  
 Rainfall       CSO pollutant concentrations       CSO frequency  
 CSO flow volume       Receiving water quality
- f. How many storm events were monitored during the last year? N/A

G.4. CSO Events.

- a. Give the number of CSO events in the last year.  
N/A events (\_\_\_ actual or \_\_\_ approx.)
- b. Give the average duration per CSO event.  
N/A hours (\_\_\_ actual or \_\_\_ approx.)

**FACILITY NAME AND PERMIT NUMBER:**

Omusee Creek Wastewater Treatment Plant, AL0022764

Form Approved 1/14/99  
OMB Number 2040-0086

c. Give the average volume per CSO event.

N/A million gallons (\_\_\_\_ actual or \_\_\_\_ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

N/A inches of rainfall

**G.5. Description of Receiving Waters.**

a. Name of receiving water: N/A

b. Name of watershed/river/stream system: N/A

United States Soil Conservation Service 14-digit watershed code (if known): N/A

c. Name of State Management/River Basin: N/A

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A

**G.6. CSO Operations.**

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

N/A

**END OF PART G.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.**

Please print or type in the unshaded areas only.

FORM  
2F  
NPDES



U.S. Environmental Protection Agency  
Washington, DC 20460

**Application for Permit to Discharge Storm Water  
Discharges Associated with Industrial Activity**

**Paperwork Reduction Act Notice**

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

**I. Outfall Location**

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (#st)	B. Latitude		C. Longitude			D. Receiving Water (name)
002S	31.00	15.00	40.70	-85.00	19.00	50.80 Omussee Creek
003S	31.00	15.00	42.90	-85.00	19.00	46.50 Omussee Creek
004S (Proposed)	31.00	15.00	41.90	-85.00	19.00	46.00 No Discharge-Proposed

**II. Improvements**

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
CNSRF No. CS010292-3	002S	Construction Activities	Planned upgrades to the Omussee Creek		
	003S	Construction Activities	WWTP to include a new storm discharge		
	004S	Proposed Construction	(004S). Anticipated construction completion is 8/01/2018.		

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

**III. Site Drainage Map**

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility. *ATTACHMENT 5*

Continued from the Front

**IV. Narrative Description of Pollutant Sources**

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
002S	0.723 Acres	11.54 Acres			
003S	2.23 Acres	6.262 Acres			
004S	1.34 Acres	6.354 Acres			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Above ground fuel tank is in containment.  
 All stored solvents, detergents, oil containers are located in enclosed areas.  
 Clean-ups are done by use of drying agent.  
 Residue to be removed is bagged and properly disposed of.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
002S 003S 004S	All chemical storage tanks are located in containment tanks and/or located in an enclosed building with drain pipes.  Storm water training for plant operators has been implemented.  The SWPP plan for this facility includes spill prevention and response. A preventive maintenance program has been implemented to include daily inspections of equipment.	

**V. Nonstormwater Discharges**

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Mike Schmitz, Mayor		

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

N/A

**VI. Significant Leaks or Spills**

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

N/A

**VII. Discharge Information**

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.  
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

Yes (list all such pollutants below)

No (go to Section IX)

N/A

**VIII. Biological Toxicity Testing Data**

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 3 years?

Yes (list all such pollutants below)

No (go to Section IX)

N/A

**IX. Contract Analysis Information**

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
TTL Inc.	3516 Greenboro Ave. Tuscaloosa, AL 35403	205-345-0816	Oil & Grease
Polyenvironmental Corporation Environmental Laboratory	P.O. Box 837 Dothan, AL 36302	334-792-5348	Oil & Grease; TSS; Nitrogen, Ammonia Total as N; TKN; Nitrite + Nitrate Total as N; Phosphorus Total as P; E.Coli; cBOD5; BOD5

**X. Certification**

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.

A. Name & Official Title (Type Or Print)

Mike Schmitz, Mayor

B. Area Code and Phone No.

(334) 615-3111

C. Signature

D. Date Signed









**SUPPLEMENTARY INFORMATION**  
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)**  
**PERMIT APPLICATION FORM 188- Municipal, Semi-Public & Private Facilities**

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
WATER DIVISION – MUNICIPAL PERMIT SECTION  
POST OFFICE BOX 301463  
MONTGOMERY, ALABAMA 36130-1463

**INSTRUCTIONS:** APPLICATIONS SHOULD BE TYPED OR PRINTED IN INK AND SUBMITTED TO THE DEPARTMENT. PLEASE CONTINUE ON AN ATTACHED SHEET OF PAPER IF INSUFFICIENT SPACE IS AVAILABLE TO ADDRESS ANY ITEM BELOW. PLEASE MARK N/A IN THE APPROPRIATE BOX WHEN AN ITEM IS NON-APPLICABLE TO THE APPLICANT.

**PURPOSE OF THIS APPLICATION**

- |  |   |
|--|---|
| <input type="checkbox"/> INITIAL PERMIT APPLICATION FOR NEW FACILITY | <input type="checkbox"/> INITIAL PERMIT APPLICATION FOR EXISTING FACILITY |
| <input type="checkbox"/> MODIFICATION OF EXISTING PERMIT             | <input checked="" type="checkbox"/> REISSUANCE OF EXISTING PERMIT         |
| <input type="checkbox"/> REVOCATION & REISSUANCE OF EXISTING PERMIT  |   |

**SECTION A – GENERAL INFORMATION**

1. Facility Name: Omusee Creek Wastewater Treatment Facility
- a. Operator Name: City of Dothan
- b. Is the operator identified in 1.a, the owner of the facility? Yes  No   
If no, provide name and address of the operator and submit information indicating the operator's scope of responsibility for the facility.  
N/A
- c. Name of Permittee\* if different than Operator: N/A  
*\*Permittee will be responsible for compliance with the conditions of the permit*
2. NPDES Permit Number AL 0022764 (Not applicable if initial permit application)
3. Facility Location: (**Attach a map with location marked; street, route no. or other specific identifier**) ATTACHMENT 6  
Street: 457 Jerry Drive  
City: Dothan County: Houston State: Alabama Zip: 36303  
Facility (Front Gate) Location: Latitude (Deg Min Sec): 31° 15' 41" Longitude (Deg. Min Sec): -85° 19' 51"
4. Facility Mailing Address (Street or Post Office Box): P.O Box 2128  
City: Dothan County: Houston State: Alabama Zip: 36302
5. Responsible Official (as described on page 7 of this application):  
Name and Title: Mike Schmitz, Mayor City of Dothan  
Address: 126 North Saint Andrews Suite 201  
City: Dothan State: Alabama Zip: 36303  
Phone Number: (334) 615-3111  
Email Address: (Optional): mschmitz@dothan.org

6. Designated Facility/DMR Contact:

Name and Title: LaDon Driskell, Wastewater Treatment Supervisor

Phone Number: (334) 798-3635

DMR Email Address (Optional – for receipt of blank DMR Forms): ddriskell@dothan.org

7. Please complete this section if the Applicant's business entity is a Proprietorship or limited liability Corporation with a responsible official not listed in Item 5.

a) Proprietor:

Name: N/A

Address: N/A

City: N/A State: N/A Zip: N/A

8. Permit numbers for Applicant's previously issued NPDES Permits and identification of any other State Environmental Permits presently held by the Applicant within the State of Alabama:

<u>Permit Name</u>	<u>Permit Number</u>	<u>Held by</u>
<u>Omusee Creek WWTP</u>	<u>AL0022764</u>	<u>City of Dothan</u>
<u>Little Choctawhatchee WWTP</u>	<u>AL0047465</u>	<u>City of Dothan</u>
<u>Cypress Creek WWTP</u>	<u>AL0072737</u>	<u>City of Dothan</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

9. Identify all Administrative Complaints, Notices of Violation, Directives, or Administrative Orders, Consent Decrees, or Litigation concerning water pollution or other permit violations, if any against the Applicant within the State of Alabama in 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>
<u>City of Dothan</u>	<u>N/A</u>	<u>Admin. Order Consent</u>	<u>July 25, 2012</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

**SECTION B – WASTEWATER DISCHARGE INFORMATION**

1. List the following historical monthly flow rates recorded for the past five years for each outfall:

<u>Outfall Number</u>	<u>Highest in Last 12 Months MGD</u>	<u>Highest Daily Flow MGD</u>	<u>Average Flow MGD</u>
<u>0011</u>	<u>15.26</u>	<u>23.52</u>	<u>3.70</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

2. Report E-coli (Freshwater) or Enterococci (Coastal Waters) monitoring results for the past five years for each outfall if available:

Outfall Number	Ecoli or Enterococci	Maximum Daily E-coli / Enterococci Discharge (per 100 ml)	Maximum Monthly Average E-Coli / Enterococci Discharge (per 100 ml)	No. of Analyses	Analytical Method	ML/MDL
0011	E.coli	>24,196	18.3	1130	Colibert SM9223B	MPN/100 ML
Parameter	changed from	Fecal to E.coli in	November of 2011			

3. Attached a process flow schematic of the treatment process, including the size of each unit operation.

*ATTACHMENT 7*

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

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

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:

*ATTACHMENT 8*

Existing: (1) Influent Flow Meter, Polysonics Doppler Flow Meter Model No: UFM84; (2) Effluent Flow Meters, Eagle Microsystems Ultrasonic Flow meter Model: USF1000; (1) Composite Sampler, Hach Sigma 900; (1) Composite Sampler, Hach Sigma SD900

5. Are any wastewater collection or treatment modifications or expansions planned during the next three years that could alter wastewater volumes or characteristics (Note: Permit Modification may be required)? Yes  No

Briefly describe these changes and any potential or anticipated effects on the wastewater quality and quantity: (Attach additional sheets if needed.)

Plant Upgrade Project-current permitted capacity will remain the same. Refer to application attachments for further detail.

Sewer Collection System Projects-projects as identified through system studies and AOC programs.

### SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

Describe the location of all sites used for the storage of solids or liquids that have any potential for accidental discharge to a water of the state, either directly or indirectly via storm sewer, municipal sewer, municipal wastewater treatment plants, or other collection or distribution systems that are located at or operated by the subject existing or proposed NPDES-permitted facility. Indicate the location of any potential release areas and provide a map or detailed narrative description of the areas of concern as an attachment to this application:

Description of Waste

Description of Storage Location

N/A

N/A

N/A

N/A

Describe the location of any sites used for the ultimate disposal of solid or liquid waste materials or residuals (e.g. sludges) generated by any wastewater treatment system located at the facility.

Description of Waste

Quantity (lbs/day)

Disposal Method\*

Biosolids generated during treatment process

2,454.74

Landfill (Land application is back up method)

Biosolids/Grease from FOG/septic treatment and grit screenings

872.61

Landfill

\*Indicate any wastes disposed at an off-site treatment facility and any wastes that are disposed on-site

**SECTION D – INDUSTRIAL INDIRECT DISCHARGE CONTRIBUTORS**

1. List the existing and proposed industrial source wastewater contributions to the municipal wastewater treatment system (Attach other sheets if necessary)

Company Name	Description of Industrial Wastewater	Existing or Proposed	Flow (MGD)	Subject to SID Permit? Y/N
Wayne Farms	Process wastewater from poultry processing	Existing	1.5	Y
US Coupling & Acces.	Industrial waste resulting from metal finishing	Existing	0.012	Y
Borden Dairy	Industrial waste from juice, tea & milk processing	Existing	0.15	Y
Arcadis	Discharge of treated groundwater	Existing	0.2	Y

2. Are industrial wastewater contributions regulated via a locally approved sewer use ordinance [Y/N]? If so, please attach a copy of the ordinance. *ATTACHMENT 9*

**SECTION E – 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, then complete items A through M below:

	YES	NO
A. Does the project require new construction?	<input type="checkbox"/>	<input type="checkbox"/>
B. Will the project be a source of new air emissions?	<input type="checkbox"/>	<input type="checkbox"/>
C. Does the project involve dredging and/or filling of a wetland area or water way?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Corps of Engineers (COE) permit been issued?	<input type="checkbox"/>	<input type="checkbox"/>
Corps Project Number <u>N/A</u>		
D. Does the project involve wetlands and/or submersed grassbeds?	<input type="checkbox"/>	<input type="checkbox"/>
E. Are oyster reefs located near the project site? (Include a map showing project and discharge location with respect to oyster reefs)	<input type="checkbox"/>	<input type="checkbox"/>
F. 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"/>
G. Does the project involve mitigation of shoreline or coastal area erosion?	<input type="checkbox"/>	<input type="checkbox"/>
H. Does the project involve construction on beaches or dunes areas?	<input type="checkbox"/>	<input type="checkbox"/>
I. Will the project interfere with public access to coastal waters?	<input type="checkbox"/>	<input type="checkbox"/>
J. Does the project lie within the 100-year floodplain?	<input type="checkbox"/>	<input type="checkbox"/>
K. Does the project involve the registration, sale, use, or application of pesticides?	<input type="checkbox"/>	<input type="checkbox"/>
L. 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"/>
M. Has the applicable permit for groundwater recovery or for groundwater well installation been obtained?	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION F – ANTI-DEGRADATION EVALUATION**

It is the applicant's responsibility to demonstrate the social and economic importance of the proposed activity, if subject to antidegradation requirements. In accordance with 40 CFR 131.12 and Section 335-6-10-.04 of the Alabama Department of Environmental Management Administrative Code, the following information must be provided, if applicable. 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 question 2 below. If "no", do not complete this section.

2. Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced in question 1? Yes  No .

If "no" and the discharge is to a Tier II waterbody as defined in ADEM Admin. Code r. 335-6-10-.12(4), complete questions A through F below and also ADEM forms 311 and 312 or 313, whichever is applicable, (attached). Form 312 or 313, whichever is applicable, must be provided for each treatment discharge alternative considered technically viable. If "yes", do not complete this section.

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

- A. What environmental or public health problem will the discharger be correcting?  
N/A
- B. Explain if and to what degree the discharger will be increasing employment as a result of the proposed discharge, either at its existing facility or as the result of the start-up of a related new facility or industry.  
N/A
- C. Explain if and to what degree the discharge will prevent employment reductions?  
N/A
- D. Describe any additional state or local taxes that the prospective discharger will be paying.  
N/A
- E. Describe any public service the discharger will be providing to the community.  
N/A
- F. Describe the economic or social benefit the discharger will be providing to the community.  
N/A

**SECTION G – EPA Application Forms**

All Applicants must submit certain EPA permit application forms. More than one application form may be required from a municipal facility depending on the number and types of discharges or outfalls. The EPA application forms are found on the Department's website at <http://www.adem.state.al.us/> and are also listed in Attachment 4.

**SECTION H– ENGINEERING REPORT/BMP PLAN REQUIREMENTS**

Any Engineering Report or Best Management Practice (BMP) Plans required to be submitted to ADEM by the applicant must be in accordance with ADEM 335-6-6-.08(i) & (j).

**SECTION I– RECEIVING WATERS**

Receiving Water(s)	303(d) Segment? (Y / N)	Included in TMDL?*
Omussee Creek	N	N
N/A	N/A	N/A
N/A	N/A	N/A

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

- (1) Justification for the proposed 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 reported 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 the requested compliance schedule.

**SECTION J – APPLICATION CERTIFICATION**

THE INFORMATION CONTAINED IN THIS FORM MUST BE CERTIFIED BY A RESPONSIBLE OFFICIAL AS DEFINED IN ADEM ADMINISTRATIVE RULE 335-6-6-.09 "SIGNATORY REQUIREMENTS FOR PERMIT APPLICATIONS" (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."

"I FURTHER CERTIFY UNDER PENALTY OF LAW THAT THE RESULTS OF ANY ANALYSES REPORTED AS LESS THAN DETECTABLE IN THIS APPLICATION OR IN ATTACHMENTS THERETO WERE PERFORMED USING THE EPA APPROVED TEST METHOD HAVING THE LOWEST DETECTION LIMIT READILY ACHIEVABLE FOR THE SUBSTANCE TESTED."

SIGNATURE OF RESPONSIBLE OFFICIAL: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

(TYPE OR PRINT) Mike Schmitz

NAME OF RESPONSIBLE OFFICIAL: Mike Schmitz

OFFICIAL TITLE OF RESPONSIBLE OFFICIAL: Mayor, City of Dothan

MAILING ADDRESS: 126 North Saint Andrews St. Suite 201

AREA CODE & PHONE NUMBER: (334) 615-3111

**SIGNATORY REQUIREMENTS FOR PERMIT APPLICATIONS**

Responsible official is defined as follows:

1. 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
2. In the case of a partnership, by a general partner
3. In the case of a sole proprietorship, by the proprietor, or
4. In the case of a municipal, state, federal, or other public facility, by either a principal executive officer, or a ranking elected official.
5. In the case of a private or semi-public facility, the responsible official is either a principal executive officer or the owner of the corporation or other entity.



# Attachment 2 to Supplementary Form

## Calculation of Total Annualized Project Costs for Public-Sector Projects

### A. Capital Costs

Capital Cost of Project	\$ <u>N/A</u>
Other One-Time Costs of Project (Please List, if any):	
<u>N/A</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>N/A</u>
<b>Total Capital Costs (Sum column)</b>	<b>\$ <u>N/A</u> (1)</b>
Portion of Capital Costs to be Paid for with Grant Monies	\$ <u>N/A</u> (2)
Capital Costs to be Financed [Calculate: (1) – (2) ]	\$ <u>N/A</u> (3)
Type of Financing (e.g., G.O. bond, revenue bond, bank loan)	<u>N/A</u>
Interest Rate for Financing (expressed as decimal)	<u>N/A</u> (i)
Time Period of Financing (in years)	<u>N/A</u> (n)
Annualization Factor = $\frac{i}{(1+i)^n - 1} + i$	<u>N/A</u> (4)
<b>Annualized Capital Cost [Calculate: (3) x (4) ]</b>	<b>\$ <u>N/A</u> (5)</b>

### B. Operating and Maintenance Costs

Annual Costs of Operation and Maintenance (including but not limited to: monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement.) (Please list below.)

<u>N/A</u>	\$ <u>N/A</u>
<b>Total Annual O &amp; M Costs (Sum column)</b>	<b>\$ <u>N/A</u> (6)</b>

### C. Total Annual Cost of Pollution Control Project

Total Annual Cost of Pollution Control Project [ (5) + (6) ]

\$ <u>N/A</u> (7)
-------------------

## Attachment 3 to Supplementary Form ADEM Form 313

### Calculation of Total Annualized Project Costs for Private-Sector Projects

Capital Costs to be Financed (Supplied by applicant)	\$ N/A (1)
Interest rate for Financing (Expressed as a decimal)	N/A (i)
Time Period of Financing (Assume 10 years <sup>*</sup> )	10 years (n)
Annualization Factor = $\frac{i}{(1+i)^{10} - 1} + i$	N/A (2)
Annualized Capital Cost [Calculate: (1) x (2) ]	\$ N/A (3)
Annual Cost of Operation and Maintenance (including but not limited to monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement) <sup>**</sup>	\$ N/A (4)
<b>Total Annual Cost of Pollution Control Project [ (3) + (4) ]</b>	\$ N/A (5)

\* While actual payback schedules may differ across projects and companies, assume equal annual payments over a 10-year period for consistency in comparing projects.

\*\* For recurring costs that occur less frequently than once a year, pro rate the cost over the relevant number of years (e.g., for pumps replaced once every three years, include one-third of the cost in each year).

## Attachment 4 to Supplementary Form

**NPDES PROGRAM  
PERMIT APPLICATION FORMS  
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

<b>TYPE DISCHARGE</b>	<b>ADEM FORMS</b>	<b>EPA FORMS</b>
New or existing once through non-contact cooling water and/or cooling tower blowdown, and/or sanitary wastewater (non-process wastewater only). Note: POTWs and privately owned domestic treatment works should use Form 2A.	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1 and 2E
Existing discharges of process wastewater	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1 and 2C
New discharges of process wastewater	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1 and 2D
New or existing discharges composed entirely of stormwater meeting the EPA definition of stormwater associated with industrial activity	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1 and 2F
New or existing discharges composed of stormwater meeting the EPA definition of stormwater associated with industrial activity, and any other non-stormwater discharges.	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1 and 2F and, as appropriate, Forms 2E, 2C, and/or 2D
New or existing Publicly-Owned Treatment Works (POTWs) and Privately-Owned Treatment Works composed of sanitary wastewater	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1 and 2A
New or existing land application of process wastewater. Form 2F is required for stormwater runoff from the land application site, if the site is not completely bermed to prevent runoff.	Supplemental Information Form 187 – (Industrial)	Forms 1, 2F, and 2C or 2D, as appropriate
New or existing land application of sanitary wastewater. Form 2F is required for stormwater runoff from the land application site, if the site is not completely bermed to prevent runoff.	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1, 2A, and 2F

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Testing requirements: Test procedures for all analyses shall conform to 40 CFR Part 136 or an alternate method specifically approved by the Department. If more than one method of analysis is approved, then the method having the lowest detection level shall be used.

Res. No. \_\_\_\_\_ Submitting to the ADEM Municipal Section Water Division the Omussee Creek WWTP permit renewal package continued.

**PASSED, ADOPTED AND APPROVED ON \_\_\_\_\_.**

**Attest:**

\_\_\_\_\_  
**City Clerk**

\_\_\_\_\_  
**Mayor**

\_\_\_\_\_  
**Associate Commissioner – District 1**

\_\_\_\_\_  
**Associate Commissioner – District 2**

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**Associate Commissioner – District 3**

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**Associate Commissioner – District 4**

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**Associate Commissioner – District 5**

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**Associate Commissioner – District 6**

**BOARD OF CITY COMMISSIONERS**

**RESOLUTION NO. \_\_\_\_\_**

**BE IT RESOLVED** by the Board of Commissioners of the City of Dothan, Alabama, as follows:

**Section 1.** That the City of Dothan makes application for grant funding in the amount of \$202,500.00 from the U.S. Department of Justice, Office of Justice Program, Bureau of Justice Assistance under the Fiscal Year 2016 Body-Worn Camera Policy and Implementation Program.

**Section 2.** That Mike Schmitz, Mayor of the City of Dothan and in such capacity, is hereby authorized and directed to make application for the said grant for and in the name of the City of Dothan.

**PASSED, ADOPTED AND APPROVED** on \_\_\_\_\_.

**ATTEST:**

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
**Mayor**

\_\_\_\_\_  
**Associate Commissioner District 1**

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**Associate Commissioner District 2**

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**Associate Commissioner District 3**

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**Associate Commissioner District 4**

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**Associate Commissioner District 5**

\_\_\_\_\_  
**Associate Commissioner District 6**  
**BOARD OF CITY COMMISSIONERS**



THE CITY OF  
**DOTHAN, ALABAMA**

POST OFFICE BOX 2128 • DOTHAN, ALABAMA 36302 • 334-615-3000

**STEVEN L. PARRISH**  
CHIEF OF POLICE

**MEMORANDUM**

TO: Mr. Michael West, City Manager

FROM: Steven L. Parrish, Chief of Police

DATE: April 14, 2016

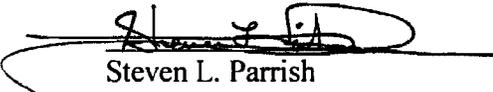
SUBJECT: FY2016 Body-Worn Camera Policy and Implementation Program (More than 25 Officers)

Sir:

Attached is a copy of the staff study prepared regarding an application to apply for funding from the U.S. Department of Justice, Office of Justice Program, Bureau of Justice Assistance under the FY2016 Body-Worn Camera Policy and Implementation Program (More than 25 Officers). The Dothan Police Department falls into the mid-sized agency category and may request grant funding with 16 awards being made by BJA in this category. The grant requires a 50% match with a maximum funding of \$1,500.00 per camera. The estimated cost for the body-worn camera program for 135 units for the first 24 months is \$422,550.00. The grant application is requesting \$202,500.00 in funding with a match of \$220,050.00. A formal bid will be required to proceed forward and to obtain actual costs.

If you have any questions or comments concerning this matter, please do not hesitate to contact me.

Respectfully,

  
Steven L. Parrish  
Chief of Police

SLP:ts

**POLICE DEPARTMENT**

210 NORTH SAINT ANDREWS STREET • DOTHAN, ALABAMA 36303 • 334-615-3000  
Email: [dpd@dothan.org](mailto:dpd@dothan.org)

**CITY OF DOTHAN**  
Staff Report  
For  
Mayor and City Commissioners

**PROJECT TITLE**     **Body-Worn Camera Policy and Implementation Program**

**(More than 25 Officers) FY 2016 Competitive Grant**

**Department**             Police Department

**Report Prepared on** April 14, 2016     **Admin. Meeting Date** \_\_\_\_\_

**PURPOSE**

To apply for funding from the U.S. Department of Justice, Office of Justice Program, Bureau of Justice Assistance under the FY2016 Body-Worn Camera Policy and Implementation Program (More than 25 Officers). The Dothan Police Department falls into the mid-sized agency category and may request grant funding with 16 awards being made by BJA in this category. The grant requires a 50% match with a maximum funding of \$1,500.00 per camera. The estimated cost for the body-worn camera program for 135 units for the first 24 months is \$422,550.00. The grant application is requesting \$202,500.00 in funding with a match of \$220,050.00. A formal bid will be required to proceed forward and to obtain actual costs.

**BACKGROUND**

The funding category of mid-size police agencies, 26-250 officers, seeking to establish new or expand existing body-worn camera (BWC) program must identify methods, policies and practices, measurements for program success, show funding sustainability, and existing resources. Grant funds cannot be used to extend maintenance and support services or line-item data storage costs. Applicants may request no more than \$1,500.00 for each camera to be deployed in this phase, up to the agency size funding limitations.

**DESCRIPTION**

Dothan Police are currently testing the most current BWC technologies and awaiting the next generation equipment to be released within the next few months. After the testing phase, specifications will be written for a formal bid process. The estimated cost for year one is 268,650.00, year two is \$153,900.00, with following years projected to be about the same as year two costs.

## **DISCUSSION**

As outlined in the Grant guidelines, a Memorandum of Understanding demonstrating a partnership with associated agencies and advocacy groups are necessary to promote the program objectives. The Dothan Police Department will seek and enter agreements with the following agencies:

City of Dothan, City Attorney's Office  
Houston County District Attorney's Office  
Southeast Alabama Child Advocacy Center

**City of Dothan, Alabama  
Dothan Police Department Body-Worn Camera  
Estimated Budget Projection**

<u>Description</u>	<u>Quantity</u>	<u>Estimated Cost Each</u>
BodyWorn System includes HD Body Camera, 2 Vest Carriers or 4 Duty Shirts, BlueTooth, Rocket In-Car Router and Locker, Vehicle Triggers, Range Boosting Antenna, Installation, Training. Bundle package also includes: Unlimited Pro Plan BodyWorn and Communications (YEAR 1) - AVaiLWeb and SmartRedaction SaaS, Training and Configuration, Warranty and Technical Support with Unlimited Video Storage and Download	135	\$ 1,990.00
Unlimited Pro Plan BodyWorn and Communications (YEAR 2)- AVaiLWeb and SmartRedaction SaaS, Warranty and Technical Support with Unlimited Video Storage and Download	135	\$ 1,140.00

**Estimated Cost for the First Two Years**

**Camera-based funding metric formula**

***135 Cameras X \$1,500 maximum per camera on grant = \$202,500.00***

***\$202,500.00 Grant Request + \$220,050.00 Matching Funds = \$422,550.00 Total Program Cost***

The City of Dothan will issue a formal bid for the procurement of the body-worn camera equipment. The Dothan Police Department was able to obtain estimated quotes for the purposes of budgeting for the grant and sustainment of the program by the City of Dothan.

**RESOLUTION NO. \_\_\_\_\_**

**WHEREAS**, the City of Dothan owns certain personal property listed in Exhibit "A" that has been determined to be obsolete and no longer needed for public or municipal purposes, and

**WHEREAS**, the City desires to dispose of the said property through sale, trade, online auction, donation, or the City's landfill.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Commissioners of the City of Dothan, Alabama as follows:

**Section 1.** That the personal property included in Exhibit "A" is hereby declared as obsolete and no longer needed for public or municipal purposes.

**Section 2.** That the City of Dothan disposes of the said property by whatever means determined to be in the best interest of the City.

**PASSED, ADOPTED AND APPROVED** on \_\_\_\_\_.

**ATTEST:**

\_\_\_\_\_  
**City Clerk**

\_\_\_\_\_  
**Mayor**

\_\_\_\_\_  
**Associate Commissioner District 1**

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**Associate Commissioner District 2**

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**Associate Commissioner District 3**

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**Associate Commissioner District 4**

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**Associate Commissioner District 5**

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**Associate Commissioner District 6**  
**BOARD OF CITY COMMISSIONERS**



**RESOLUTION NO. \_\_\_\_\_**

**WHEREAS**, the term of Teresa McKissic Smith as a member of the Dothan Municipal Housing Code Abatement Board expired November 14, 2013.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Commissioners of the City of Dothan, Alabama as follows:

**Section 1.** That Anita Dawkins is hereby appointed as a member of the Dothan Municipal Housing Code Abatement Board to serve a four year term beginning April 13, 2016 and expiring April 12, 2020.

**Section 2.** The above stated member shall serve until a successor has been duly appointed and qualified.

**PASSED, ADOPTED AND APPROVED** on \_\_\_\_\_.

**ATTEST:**

\_\_\_\_\_

**City Clerk**

\_\_\_\_\_  
**Mayor**

\_\_\_\_\_  
**Associate Commissioner District 1**

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**Associate Commissioner District 2**

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**Associate Commissioner District 3**

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**Associate Commissioner District 4**

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**Associate Commissioner District 5**

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**Associate Commissioner District 6**  
**BOARD OF CITY COMMISSIONERS**

RESOLUTION NO. \_\_\_\_\_

**WHEREAS**, under provisions of Sec. 2-41, Code of Ordinances of the City of Dothan, all disbursements of funds from the treasury of the City shall be authorized by resolution of the Commission,

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Commissioners of the City of Dothan, Alabama, as follows:

**Section 1.** That the Board of Commissioners does hereby approve payment of invoices for the month of March, 2016 in the amount of \$13,995,395.37.

**PASSED, ADOPTED AND APPROVED** on \_\_\_\_\_.

**ATTEST:**

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
**Mayor**

\_\_\_\_\_  
**Associate Commissioner District 1**

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**Associate Commissioner District 2**

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**Associate Commissioner District 3**

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**Associate Commissioner District 4**

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**Associate Commissioner District 5**

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**Associate Commissioner District 6**  
**BOARD OF CITY COMMISSIONERS**



**RESOLUTION NO. \_\_\_\_\_**

**BE IT RESOLVED** by the Board of Commissioners of the City of Dothan, Alabama, as follows:

**Section 1.** That the Board of Commissioners does hereby award bids and approve other purchases over \$15,000.00 by the City, which are attached to and made a part of this Resolution.

**Section 2.** That the sum of \$911,166.00 be appropriated to the General Fund/Public Works/Environmental Services/Capital Outlay/Transportation Vehicles & Equipment, Account Number 001-2560-525.60-66, Project Number 251013, for the purchase of landfill equipment: a 30 ton articulating dump truck, 29 ton hydraulic excavator, and a 24-26 ton hydraulic excavator. This appropriation is to be funded by increasing the General Fund/Non-Revenue Receipts/Utilization of Fund Balance, Account Number 001-0000-391.01-00 by the sum of \$911,166.00.

**PASSED, ADOPTED AND APPROVED** on \_\_\_\_\_.

**ATTEST:**

\_\_\_\_\_  
**City Clerk**

\_\_\_\_\_  
**Mayor**

\_\_\_\_\_  
**Associate Commissioner District 1**

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**Associate Commissioner District 6**  
**BOARD OF CITY COMMISSIONERS**



**CITY OF DOTHAN, ALABAMA**  
**April 19, 2016**  
**EXHIBIT "A"**  
**BIDS TO BE AWARDED**

DEPARTMENT	BID#	#ITB	ITEM	VENDOR	AMOUNT
General Services for Dothan Utilities Electric	16-024	16	<b>Compact Track Loader, per City Bid Specifications:</b> Unit Price: <u>\$75,822.00</u> 2016 Bobcat T870 Quantity 1 (or more)	Rental Inc. Bobcat of Dothan Dothan, AL.	\$ 75,822.00
General Services for Public Works Landfill	16-025	19	<b>Landfill Equipment: 29 Ton Hydraulic Excavator, with Optional Full Machine Five (5) Years/ 6,000 Hours Warranty, per City Bid Specifications: 2016 CAT 329F, Quantity 1 (or more)</b>	Thompson Tractor Dothan, AL.	\$284,000.00
General Services for Public Works Landfill	16-025	19	<b>Landfill Equipment: 30 Ton Articulating Dump Truck, with Optional Full Machine Five (5) Years/ 6,000 Hours Warranty, per City Bid Specifications: 2016 CAT 730C2, Quantity 1 (or more)</b>	Thompson Tractor Dothan, AL.	\$439,500.00
General Services for Public Works Landfill	16-025	19	<b>Landfill Equipment: 24-26 Ton Hydraulic Excavator, with Optional Full Machine Five (5) Years/ 6,000 Hours Warranty, per City Bid Specifications: 2016 Doosan Model DX255LC-5, Quantity 1 (or more)</b>	Rental Inc. DBA Bobcat of Dothan Dothan, AL.	\$187,665.31
Dothan Utilities Electric	16-029	58	<b>3 Phase Underground Padmount Transformers, per City Bid Specifications:</b>  <b>1500 kVA/Secondary Voltage 120/208</b> Unit Price: <u>\$25,157.00</u> Quantity 2 (or more) Brand: ABB	Irby Dothan, AL	See Price in Description



**CITY OF DOTHAN, ALABAMA**  
**April 19, 2016**  
**EXHIBIT "A"**  
**BIDS TO BE AWARDED**

DEPARTMENT	BID#	#ITB <sup>1</sup>	ITEM	VENDOR	AMOUNT
Dothan Utilities Electric	16-029	58	<b>3 Phase Underground Padmount Transformers, per City Bid Specifications:</b>  <b>1500 kVA/Secondary Voltage 277/480</b> Unit Price: \$ <u>19,214.00</u> Quantity 1 (or more) Brand: C G Power Solutions  <b>2500 kVA/Secondary Voltage 277/480</b> Unit Price: \$ <u>32,319.00</u> Quantity 3 (or more) Brand: Cooper Power	Gresco Capstone Utility Supply Inc. Dothan, AL.	See Price in Description

**OTHER PURCHASES over \$15,000**

DEPARTMENT	ITEM	VENDOR	AMOUNT
General Services For Dothan Utilities Electric & Water and For Public Works Street	<b>2016 John Deere 310 SL Backhoe:</b> Unit Price: \$ <u>91,561.55</u> Quantity 3 Purchase off National Joint Purchasing Alliance (NJPA) contract # 032515-JDC Replacing Units 2164, 3210 & 9116	John Deere Construction Retail Sales c/o Flint Equipment Dothan, AL.	\$274,684.65
DEPARTMENT	ITEM	VENDOR	AMOUNT
Administration Legal	<b>Professional Legal Services</b> through 2/29/16 Claim Number 2003124, ReaMonica Carney v City of Dothan <sup>2</sup>	Maynard, Cooper & Gale, Birmingham, AL	\$ 111.15

Notes:

<sup>1</sup>ITB-Invitations to Bid

<sup>2</sup> Legal expenses have exceeded \$15,000 for this case.

**RESOLUTION NO. \_\_\_\_\_**

**BE IT RESOLVED** by the Board of Commissioners of the City of Dothan, Alabama, as follows:

**Section 1.** That the Board of Commissioners does hereby approve advance travel requests for individual City employees as stated in Exhibit "A", which is attached and made a part of this Resolution.

**PASSED, ADOPTED AND APPROVED on \_\_\_\_\_.**

**ATTEST:**

\_\_\_\_\_

**City Clerk**

\_\_\_\_\_  
**Mayor**

\_\_\_\_\_  
**Associate Commissioner District 1**

\_\_\_\_\_  
**Associate Commissioner District 2**

\_\_\_\_\_  
**Associate Commissioner District 3**

\_\_\_\_\_  
**Associate Commissioner District 4**

\_\_\_\_\_  
**Associate Commissioner District 5**

\_\_\_\_\_  
**Associate Commissioner District 6**

**BOARD OF CITY COMMISSIONERS**

**EXHIBIT "A"**

<b><u>NAME</u></b>	<b><u>CONFERENCE</u></b>	<b><u>AMOUNT</u></b>
Jinri Jiang	Panama City Swim Meet Panama City, FL	\$ 270.00
Jinri Jiang	GPAC Swim Meet Pensacola, FL	\$ 270.00
Jinri Jiang	ATAC Swim Meet Tallahassee, FL	\$ 295.00
Jinri Jiang	Southeastern Long Course Championships Nashville, TN	\$ 540.00
Jinri Jiang Natalie Faulk	ARPA State Meet Birmingham, AL	\$ 540.00
Kelly Speigner	2016 AAPP Conference & Pre-Conference Eufaula, AL	\$ 967.48
Clint Ludlam Randy Prine	Wavetronix Training and Networking Event Nashville, TN	\$ 1,006.88
Bubba Ott	FBINAA Annual Re-Trainer Orange Beach, AL	\$ 375.00
Will Benny	FBI National Academy (NA264) Graduation Quantico, VA	\$ 630.00
Todd McDonald Bob Wilkerson Valerie Judah Wes Grant Michael Jackson Warren Reeves	2016 National Association of Preservation Commissioners (NAPC) Conference Mobile, AL	\$ 6,470.80

Grantee: City of Dothan  
P.O. Box 2128  
Dothan, AL 36302

## RIGHT-OF-WAY DEED FOR PUBLIC ROAD

### THE STATE OF ALABAMA, HOUSTON COUNTY

KNOW ALL MEN BY THESE PRESENTS, THAT We, Triple S Services LLC, an Alabama Limited Liability Company, the owners of the hereinafter described real estate, for and in consideration of Two Hundred Fifty Dollars (\$250.00) and other valuable consideration, to us, in hand, paid by the City of Dothan, Alabama, a Municipal Corporation, receipt of which is hereby acknowledged, do hereby grant, bargain, sell, and convey unto the said City of Dothan, Alabama, the following property for Right of Way for a Public street or road and being more particularly described as follows:

**An irregular shaped parcel of land being more particularly described as follows: Commencing at an existing iron pin (EIP) marking the Southeast corner of Lot 5 Block "A" of First Addition to Southgate Industrial Park Subdivision as recorded in the Office of the Judge of Probate, Houston County, Alabama in Plat Book 7 at page 80, said point being the Southeast corner of grantor's property as recorded in Deed Book 736 at page 175 in the Office of the Judge of Probate, Houston County, Alabama; thence along the North Right of Way (ROW) of Southgate Road (60' ROW) North 89°30'57" West a distance of 259.73 feet to a set concrete monument(marked CITY OF DOTHAN) and the Point of Beginning of ROW herein described; thence continuing along existing North ROW North 89°30'57" West a distance of 40.00 feet; thence along existing ROW along a curve concave Northeast having a radius of 23.75 feet, a chord bearing of North 37°56'11" West and a chord distance of 37.02 feet, to an existing concrete monument marking the East ROW of Campbellton Highway (80'ROW); thence departing said ROW South 64°47'46" East a distance of 69.36 feet to the Point of Beginning.**

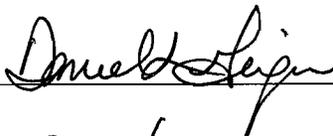
Said ROW is located in Section 2, T2N, R26E in Dothan, Houston County, Alabama containing 0.02 acres, more or less.

The City of Dothan agrees to move grantor's sign and also work with grantor on driveway turnouts and additional curbing, including material and labor, to help with ease of access.

To have and to hold, unto the City of Dothan, Alabama, it's successors and assigns in fee simple forever.

IN WITNESS WHEREOF, We, Triple S Services LLC, hereunto set our hands

and seal this 30 day of March, 2016.

  
\_\_\_\_\_  
(L. S.)  
  
\_\_\_\_\_  
Official Title

Prepared by: Lance Holloway, Professional Land Surveyor, City of Dothan, P.O. Box 2128, Dothan, AL 36302

**THE STATE OF ALABAMA, HOUSTON COUNTY  
ACKNOWLEDGMENT FOR CORPORATION**

I Nina B. Walker, a Notary Public in and for said County in said State hereby certify that  
Daniel L Geiger, whose is Secretary of  
Triple S Services L.L.C. a corporation, is signed to the foregoing conveyance, and who is known  
to me, acknowledged before me on this day, that being informed of the contents of the conveyance has, as such  
officer and with full authority, executed the same voluntarily for and as the act of said corporation.

Given under my hand and seal of office this 3<sup>th</sup> day of March, 2016.

Nina B. Walker  
Notary Public  
My Commission Expires 9-12-17