		Alabama I	Department of Er	nvironmer	ital Managemen	t Discharge Moni	itoring Report (D	MR)				
PERMITTEE NAME: Enviro S	Services, L.L.C.				MIT NUMBER					MINOR		
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 . Vestavi	ia Hills, Al. 35242		NITORING PO			(	COUNT	TY: Jefferso	n	
	, only i antitay, oa					NG PERIOD:			PROGE		al	
FACILITY: Liberty Park WRRF					YY   MM   DD		DD	*** NO DISCHARGE <sup>[X]</sup> ***				
LOCATION: 13059 Liberty Park	way Vestavia Hill	s Al 35242		From:		To: 17 12 31			NOTE: Read instructions before completing this form			
	vay, vestavia i ili	5, AL 00242									r o	
Parameter		Quantity (	or Loading	Units	Qua	ality or Concentr	ation	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****		10				
Parameter Code: 00610	Permit	****	****	****	****	****	report	19 mg/l				
DOWNSTREAM MONITOR	Requirement						maximum daily	6		Monthly		
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00625 Stage Code: 5	Permit	****	****		****	****	report	mg/l				
UPSTREAM MONITORING	Requirement	1					maximum daily			Monthly		
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****		****	****	dany					
Parameter Code: 00625	Permit	****	****	****	****	****	report	19 mg/l				
Stage Code: 5 DOWNSTREAM MONITOR	Requirement						maximum daily	ing, i		Monthly		
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00630	Permit	****	****		****	****	report	mg/l				
Stage Code: 5 UPSTREAM MONITORING	Requirement						maximum daily			Monthly		
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00630 Stage Code: 5	Permit	****	****		****	****	report	mg/l				
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00665 Stage Code: 5	Permit Requirement	****	****		****	****	report maximum	mg/l		Monthly		
UPSTREAM MONITORING	requirement	1					daily					
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00665 Stage Code: 5	Permit	****	****		****	****	report	mg/l				
DOWNSTREAM MONITOR	Requirement	1					maximum daily			Monthly		
				I				I				
	<del></del>							r	TELED		P	
NAME/TITLE OF PRINCIPAL			ment and all attachments we				IGNATURE OF	TIVE	TELEP	HONE NO DATI	E	

# NAME/ITTLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE Robert Adams Complete information, including the possibility of fine and imprisonment for knowing violations. Signed By E2 205-987-8352 01/23/2018

		Alabama l	Department of E	nvironmen	ntal Management	t Discharge Moni	itoring Report (D	MR)			
PERMITTEE NAME: Envir	ro Services, L.L.C.			PER	MIT NUMBER	. AL0067814				MINOR	
MAILING ADDRESS: 8000	) Liberty Parkway, Su	ite 114 . Vestav	ia Hills, Al. 35242		NITORING PO			(	COUNT	TY: Jefferso	n
	, ea	,				NG PERIOD:			PROGR		al
FACILITY: Liberty Park WRR	F				YY   MM   DD		OD	*** NO DISCHARGE [X] ***			
LOCATION: 13059 Liberty Pa		c AL 25242		From:		To: 18 01 31		NOTE: Read instructions before completing this form.			
20 CT 21 CT CT 13039 Liberty Fa	artway, vestavia i ili	5, AL 33242				100			. Di Itouu i		
Parameter		Quantity or Loading		Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
РН	Sample Measurement	*****	****			****					
Parameter Code: 00400	Permit	****	****	****	6.0	****	9.0	12 S.U.			
Stage Code: 1	Requirement				minimum daily		maximum	5.0.		2X Weekly	
EFFLUENT GROSS VALUE							daily				
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****			10			
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	report	report	19 mg/l			
Stage Code: G	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
RAW SEW/INFLUENT	Cl.	average				average					
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19			
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	30.0	45.0	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average			****	average			-		
NITROGEN, TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00600	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average				average	-		-		+
NITROGEN, AMMONIA TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00610	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	Ū.		2X Weekly	
	Sample	average				average			_		
NITROGEN, NITRATE TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00620	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	_		2X Weekly	
	Sample	average				average					
NITROGEN, KJELDAHL TOTAL (AS N)	Measurement			26	****			10			
Parameter Code: 00625	Permit	report	report	20 lbs/day	*****	20.0	30.0	19 mg/l			
Stage Code: 1	Requirement	monthly	weekly average	2		monthly	weekly average			2X Weekly	
EFFLUENT GROSS VALUE		average				average					
NAME/TITLE OF PRINCIPAL					der my direction or supervi	bion in decordance	IGNATURE OF		TELEP!	HONE NO DAT	E
EXECUTIVE OFFICED OD	with a system design	ed to assure that qualifi	ed personnel properly gath	er and evaluate t	he information submitted	Based on my inquiry D	DINCIDAL EVECU	TIVE			

EXECUTIVE OFFICER OR	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	PRINCIPAL EXECUTIVE	TELEPHONE NO	DATE
AUTHORIZED	of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information	OFFICER OR AUTHORIZED		
AGENT	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.	AGENT		
Robert Adams		Signed By E2	205-987-8352	02/22/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Monit	toring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway, Sui	te 114 . Vestavi	a Hills, Al. 35242		NITORING PO			С	OUNT	TY: Jefferso	n
	, ea.	,			MONITORI				ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D	*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Parky	way Vestavia Hills	s Al 35242		From:		To: 18 01 31		NOTE: Read instructions before completing th			
	, voolavia i iik	,, , <u>, , , , , , , , , , , , , , , , ,</u>									
Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			19			
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	_		2X Weekly	
	Sample	average				average					
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03	****	****	****	*****			
Parameter Code: 50050	Permit	report	report	MGD	****	****	****				
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	maximum							Daily	
	Sample	average	daily								
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement				****	****	****	****			
Parameter Code: 50050	Permit	report	report	03 MGD	****	****	****	*****			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum daily							Daily	
	Sample	average									
E. COLI	Measurement	****	****	****	****			13			
Parameter Code: 51040	Permit	*****	****		****	126	487	col/100mL			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly	maximum daily			2X Weekly	
	Sample				****	average	dally				
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	****			19			
Parameter Code: 80082	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average			****	average					
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	****			19			
Parameter Code: 80082 Stage Code: 1	Permit	report	report	lbs/day	****	45.0	67.5	mg/l			
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
	Sample	average				average					
	Measurement										
	Permit										
	Requirement										
								1			
NAME/TITLE OF PRINCIPAL	I certify under penalt	y of law that this docum	nent and all attachments v	vere prepared up	der my direction or supervis	sion in accordance SI	GNATURE OF		TELEP	HONE NO DAT	E

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	02/22/2018

		Alabama l	Department of E	nvironmen	ntal Management	t Discharge Moni	itoring Report (D	MR)			
PERMITTEE NAME: Envir	ro Services, L.L.C.			PER	MIT NUMBER	. AL0067814				MINOR	
MAILING ADDRESS: 8000	) Liberty Parkway, Su	ite 114 . Vestav	ia Hills, Al. 35242		NITORING PO			(	COUNT	TY: Jefferso	วท
	, ea					NG PERIOD:			PROGR		al
FACILITY: Liberty Park WRR	F				YY   MM   DD		DD	*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Pa		c AL 25242		From:	10 01 01	To: 18 01 31		NOTE: Read instructions before completing this form.			
20 CT 21 CT CT 13039 Elberty Fa	arkway, vestavia i ili	5, AL 33242				100			. Di Iteua		I C
Parameter		Quantity or Loading		Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
РН	Sample Measurement	****	****			****			-		
Parameter Code: 00400	Permit	****	****	****	6.0	****	9.0	12 S.U.			
Stage Code: 1	Requirement	****	*****		minimum daily		maximum	5.0.		2X Weekly	
EFFLUENT GROSS VALUE							daily				
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****						
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	report	report	19 mg/l			
Stage Code: G	Requirement	monthly	weekly average	-		monthly	weekly average			2X Weekly	
RAW SEW/INFLUENT	Cl.	average				average			-		
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19			
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	30.0	45.0	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average			****	average			+	-	
NITROGEN, TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00600	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average				average	-				
NITROGEN, AMMONIA TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00610	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	Ū.		2X Weekly	
	Sample	average				average			+	-	
NITROGEN, NITRATE TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00620	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	_		2X Weekly	
EFFLUENT GROSS VALUE	Sample	average				average					
NITROGEN, KJELDAHL TOTAL (AS N)	Measurement			26	****			10			
Parameter Code: 00625	Permit	report	report	20 lbs/day	*****	10.0	15.0	19 mg/l			
Stage Code: 1	Requirement	monthly	weekly average	2		monthly	weekly average			2X Weekly	
EFFLUENT GROSS VALUE		average				average					
NAME/TITLE OF PRINCIPAL					der my direction or supervi	sion in decordance	IGNATURE OF		TELEP	HONE NO DAT	E
EXECUTIVE OFFICED OP	with a system design	ed to assure that qualifi	ed personnel properly gath	er and evaluate t	he information submitted	Based on my inquiry D	DINCIDAL EVECU	TIVE			

		Alabama I	Department of E	nvironmer	tal Management	t Discharge Monit	oring Report (D	MR)					
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR			
MAILING ADDRESS: 8000 Lib	perty Parkway, Sui	te 114 . Vestavi	a Hills, Al. 35242		NITORING PO			C	OUNT	TY: Jefferso	n		
	, cu					NG PERIOD:		PROGRAM: Municipal					
FACILITY: Liberty Park WRRF					YY   MM   DD YY   MM   DD					*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Parkv	way Vestavia Hille	ο Δ1 352 <i>4</i> 2		From:	10 01 01	To: 18 01 31		NOT		instructions before co			
	way, vestavia i ilit	5, AL 33242									1 8		
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type		
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis			
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			19					
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	mg/l					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	Ū		2X Weekly			
	Sample	average				average							
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03	****	****	****						
Parameter Code: 50050	Permit	report	report	MGD	****	****	****	****					
Stage Code: G	Requirement	monthly	maximum							Daily			
RAW SEW/INFLUENT	Comula	average	daily										
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement				****	****	****	****					
Parameter Code: 50050 Stage Code: 1	Permit	report	report	03 MGD	****	****	****			~			
EFFLUENT GROSS VALUE	Requirement	monthly average	maximum daily							Daily			
E. COLI	Sample Measurement	****	****	****	****			13					
Parameter Code: 51040	Permit	****	****		****	126	487	col/100mL					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly			
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement				****	average	uarry						
Parameter Code: 80082	Permit			26 lbs/day	****			19					
Stage Code: G	Requirement	report monthly	report weekly average	105/uay		report monthly	report weekly average	mg/l		2X Weekly			
RAW SEW/INFLUENT	-	average				average							
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			26	****			19					
Parameter Code: 80082 Stage Code: 1	Permit	report	report	lbs/day	****	10.0	15.0	mg/l					
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly			
	Sample Measurement												
	Permit												
	Requirement												
				1				1					
NAME/TITLE OF PRINCIPAL	L certify under penalty	v of law that this docum	nent and all attachments a	vere prepared up	ler my direction or supervi	sion in accordance SIG	GNATURE OF	Г	TELEP	HONE NO DAT	E		

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	02/22/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Moni	toring Report (L	DMR)			
PERMITTEE NAME: Enviro S	ervices, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	ertv Parkway, Su	ite 114 . Vestavi	a Hills. AL 35242	MON	NITORING PO	INT: 0202		(	COUNT	TY: Jefferso	n
	,,,,,,,	,			MONITORI			PROGRAM: Municipal			
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D	*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Parky	vav Vestavia Hill	s AL 35242		From:	18 01 01	To: 18 01 31		NOTE: Read instructions before completing this form.			
	iay, iootaila imi	0, 712 002 12									1 0
Parameter	$\langle$	Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
	$\frown$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			- 19			
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average				average			-		
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03	****	****	****	*****			
Parameter Code: 50050	Permit	report	report	MGD	****	****	****	*****			
Stage Code: 1	Requirement	monthly	maximum							Daily	
EFFLUENT GROSS VALUE	Sample	average	daily								
CHLORINE, TOTAL RESIDUAL	Measurement	****	****		****			- 19			
Parameter Code: 50060 Stage Code: 1	Permit	****	****	****	****	0.011	0.019	mg/l		AV. 11	
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly	
E. COLI	Sample	****	****		****				-		
	Measurement			****				13			
Parameter Code: 51040 Stage Code: 1	Permit	****	****		****	548	2507	col/100mL		2X Westeles	
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample				****		5		-		
	Measurement			26				19			
Parameter Code: 80082 Stage Code: G	Permit	report	report	lbs/day	****	report	report	mg/l		2X Westeles	
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	average.			****	average					
Parameter Code: 80082	Permit	133	200	26 lbs/day	****	10.0	15.0	19 mg/l			
Stage Code: 1	Requirement	monthly	weekly average			monthly	weekly average	ing/1		2X Weekly	
EFFLUENT GROSS VALUE	0 1	average				average					
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM	Sample Measurement	****	****	****		****	****	23			
Parameter Code: 80091 Stage Code: K	Permit	****	****		85	****	****	%			
PERCENTREMOVAL	Requirement				monthly average					Monthly	
					aronugo						
NAME/TITLE OF PRINCIPAL	Loortify under non-te	y of low that this do	nont and all attachments -	iono monomod	der my direction or supervis	cion in accordance SI	GNATURE OF		TEI EP	HONE NO DAT	F
EXECUTIVE OFFICER OR					he information submitted. I		RINCIPAL EXECU	TIVE			-

AGENT Robert Adams	submitting false information, including the possibility of fine and imprisonment for knowing violations.	Signed By E2	205-987-8352	02/22/2018
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE

FACILITY:       Liberty Park WRR         LOCATION:       13059 Liberty Park         Parameter       E. COLI	MAILING ADDRESS: 8000 Liberty Parkway, Suite 114 , Vestavia Hills, AL 35242 FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Parkway , Vestavia Hills, AL 35242 Parameter Quantity or Loading Average Maximum			PER	MIT NUMBER NITORING PO MONITORI YY   MM   DD 18 01 01 Qua Minimum *****	INT: STM1 NG PERIOD: YY   MM   D To: 18 01 31 lity or Concentra Average *****	D tion Maximum	COUNTY:       Jefferson         PROGRAM:       Municipal         *** NO DISCHARGE [X]:         NOTE: Read instructions before completing thi         Units       No.       Frequency of Analysis         13       col/100mL			al <b>RGE</b> <sup>[X</sup> ] ***
Stage Code: 5 UPSTREAM MONITORING					****	****	report maximum daily	col/100mL		Monthly	
E. COLI Parameter Code: 51040 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****	****	****	****	report maximum daily	13 col/100mL		Monthly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****		****	****		19			
Parameter Code: 80082 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	mg/l		Monthly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****	*****	****	****		- 19			
Parameter Code: 80082 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	
	Sample Measurement							-			
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement Permit										
	Requirement										
NAME/TITLE OF PRINCIPAL	I certify under penalt	y of law that this docur	nent and all attachments w	ere prepared un	der my direction or supervi	sion in accordance SI	GNATURE OF		TELEP	HONE NO DAT	E

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		Alabama I	Department of E			t Discharge Moni	toring Report (D	MR)				
PERMITTEE NAME: Envir	o Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR		
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114, Vestavi	a Hills, AL 35242	MON	NITORING PO	INT: <sup>0054</sup>			COUNT			
				MONITORING PERIOD:					PROGRAM: Municipal			
FACILITY: Liberty Park WRRI				YY   MM   DD YY   MM   DD					*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Pa	arkway , Vestavia Hill	s, AL 35242		From:	From: 18 01 01 To: 18 01 31			NOT	NOTE: Read instructions before completing this form.			
Parameter	$\sim$	Ouantity	or Loading	Units	Oua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
РН	Sample Measurement	****	****			****						
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	6.0 minimum daily	****	9.0 maximum daily	12 S.U.		2X Weekly		
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****							
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	19 mg/l		2X Weekly		
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			10				
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	30.0 monthly average	45.0 weekly average	19 mg/l		2X Weekly		
NITROGEN, TOTAL (AS N)	Sample Measurement			26	****			19				
Parameter Code: 00600 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement			26	****			10				
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	renort weekly average	lbs/day	****	report monthly average	report weekly average	19 mg/l		2X Weekly		
NITROGEN, NITRATE TOTAL (AS N)	Sample Measurement			26	****			19				
Parameter Code: 00620 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly		
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement			26	****			19				
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly		
NAME/TITLE OF PRINCIPAL					der my direction or supervi	bion in accordance	IGNATURE OF	TIVE	TELEPI	HONE NO DAT	E	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	02/22/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Moni	toring Report (D	MR)				
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR		
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 . Vestavi	a Hills. AL 35242		NITORING PO			C	OUNT	TY: Jefferso	n	
	,,,,,,,	,			MONITORI				ROGE		al	
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Parky	way , Vestavia Hill	s, AL 35242		From:	From: 18 01 01 To: 18 01 31			NOT	E: Read	instructions before co	ompleting this form.	
,	~ ~ ~				1			•				
Parameter	$\searrow$	· ·	or Loading	Units		lity or Concentra		Units	No.	Frequency of Analysis	Sample Type	
	$\geq$	Average	Maximum		Minimum	Average	Maximum		Ex.	Anarysis		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****							
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	19 mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly		
EFFLUENT GROSS VALUE	Sample	average				average						
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03	****	****	****	****				
Parameter Code: 50050	Permit	report	report	MGD	****	****	****	*****				
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	maximum							Daily		
	Sample	average	daily		****	****	****					
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement				****	****	****	****				
Parameter Code: 50050	Permit	report	report	03 MGD	****	****	****					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	maximum daily							Daily		
E. COLI	Sample	****	****		****							
	Measurement			****				13				
Parameter Code: 51040 Stage Code: 1	Permit Requirement	****	****		****	126	487	col/100mL		2X Weekly		
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2A WCCKIY		
BOD, CARBONACEOUS 05 DAY, 20C	Sample				****	-						
Parameter Code: 80082	Measurement Permit			26				19				
Stage Code: G	Requirement	report monthly	report weekly average	lbs/day	****	report monthly	report weekly average	mg/l		2X Weekly		
RAW SEW/INFLUENT	requirement	average	weekiy average			average	weekiy average					
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			26	****							
Parameter Code: 80082	Permit	report	report	26 lbs/day	****	10.0	15.0	19 mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	U		2X Weekly		
EFFLUENT GROSS VALUE	Sample	average				average						
	Measurement											
	Permit											
	Requirement											
				I								
NAME/TITLE OF PRINCIPAL	I certify under penalt	ty of law that this docum	nent and all attachments v	were prepared und	der my direction or supervis	sion in accordance SI	GNATURE OF		TELEP	HONE NO DAT	Е	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	02/22/2018

Enviro Services, L.L.C.         MAILING ADDRESS: 8000 Liberty Parkway, Suite 114 , Vestavia Hills, AL 35242         FACILITY: Liberty Park WRRF         LOCATION: 13059 Liberty Parkway , Vestavia Hills, AL 35242         Parameter       Quantity or Loading         OXYGEN, DISSOLVED (DO)       Sample       *****         Parameter Code: 00300       Permit       *****					PERMIT NUMBER: AL0067814 MONITORING POINT: 0201       MONITORING PERIOD: YY  MM   DD       YY  MM   DD     YY  MM   DD       From:     18 01 01     To:       18 01 01     To:     18 01 31       Units     Quality or Concentration       Minimum     Average     Maximum       8.5     *****     *****			Р			al RGE〔〕***
		****	****	****	7.0 minimum daily	****	****	19 mg/l		2X Weekly	Grab
РН	Sample Measurement	****	****	****	6.3	****	7.5	12	0	2X Weekly	Grab
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		6.0 minimum daily	****	8.5 maximum daily	S.U.		2X Weekly	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	816	1320		****	164	260	19	0	2X Weekly	24-Hr Composite
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	24-Hr Composite
SOLIDS, TOTAL SUSPENDED	Sample Measurement	4.43	6.93	26	****	1.00	1.75	19	0	2X Weekly	Grab
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	287 monthly average	431 weekly average	lbs/day	****	30.0 monthly average	45.0 weekly average	mg/l		2X Weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.85	1.15	26	****	0.19	0.29	19	0	2X Weekly	Grab
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	19.1 monthly average	28.7 weekly average	lbs/day	****	2.0 monthly average	3.0 weekly average	mg/l		2X Weekly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	*B	*В	26	****	*В	*В	19	0	Monthly	Grab
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly	Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	39.8	45.8	26	****	8.62	9.66	19	0	Monthly	Grab
Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly	Grab
									TELED		P

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	02/22/2018

PERMITTEE NAME: Enviro : MAILING ADDRESS: 8000 Li FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Park Parameter		PERMIT NUMBER: AL0067814 MONITORING POINT: STM5 MONITORING PERIOD: YY   MM   DD YY   MM   DD From: 18 01 01 To: 18 01 31					MINOR COUNTY: Jefferson PROGRAM: Municipal *** NO DISCHARGE [X] ** TE: Read instructions before completing this for No. Frequency of Sample Typ Ex. Analysis				
OXYGEN, DISSOLVED (DO) Parameter Code: 00300 Stage Code: 5 UPSTREAM MONITORING	Sample Measurement Permit Requirement	*****	****	****	****	****	report maximum daily	- 19 mg/l		Monthly	
OXYGEN, DISSOLVED (DO) Parameter Code: 00300 Stage Code: 5 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	****	*****	****	****	****	report maximum daily	- 19 mg/l		Monthly	
PH Parameter Code: 00400 UPSTREAM MONITORING	Sample Measurement Permit Requirement	*****	*****	****	report minimum daily	****	report maximum daily	12 S.U.		Monthly	
PH Parameter Code: 00400 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	****	****	****	report minimum daily	****	report maximum daily	12 S.U.		Monthly	
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 UPSTREAM MONITORING	Sample Measurement Permit Requirement	****	****	****	****	****	renort maximum daily	- 19 mg/l		Monthly	
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	****	****	****	****	****	renort maximum daily	- 19 mg/l		Monthly	
NITROGEN, AMMONIA TOTAL (AS N) Parameter Code: 00610 UPSTREAM MONITORING	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	- 19 mg/l		Monthly	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	with a system designed of the person or perso submitted is, to the be	d to assure that qualifie ons who manage the sys est of my knowledge an	d personnel properly gathe tem, or those persons direct	er and evaluate t etly responsible I complete. I an	der my direction or supervis he information submitted. E for gathering the informatio aware that there are signif wing violations.	Based on my inquiry on, the information	SIGNATURE OF PRINCIPAL EXECU OFFICER OR AUTH AGENT		TELEP	HONE NO I	DATE

Robert Adams

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205-987-8352

02/22/2018

Page 1

Signed By E2

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Mon	itoring Report (L	MR)					
PERMITTEE NAME: Enviro S	ervices, L.L.C.				MIT NUMBER			,		MINOR	1		
MAILING ADDRESS: 8000 Lik	erty Parkway, Sui	ite 114 Vestavi	a Hills Al 35242		NITORING POL			0	COUNT	TY: Jefferso	on		
	intervention of the second s				MONITORING PERIOD:					PROGRAM: Municipal			
FACILITY: Liberty Park WRRF				YY   MM   DD   YY   MM   DD					*** NO DISCHARGE [ ] ***				
LOCATION: 13059 Liberty Parky	vav. Vestavia Hill	s AI 35242		From: 18 01 01 To: 18 01 31				NOT		instructions before c			
		3, AL 33242							1012. Tead instantions cereie compressing and form				
Parameter	$\langle$	Quantity	or Loading	Units	Qual	lity or Concenti	ation	Units	No.	Frequency of	Sample Type		
	$\frown$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis			
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	5.28	6.66		****	1.14	1.36	19	0	2X Weekly	Grab		
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	mg/l			<b>C</b> 1		
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	Grab		
	Sample	average				average							
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement	0.547	0.743	03	****	****	****	****	0	Daily	Continuous		
Parameter Code: 50050	Permit	report	report	MGD	****	****	****	****					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum							Daily	Continuous		
EFFLUENT GROSS VALUE	Sample	average	daily										
CHLORINE, TOTAL RESIDUAL	Measurement	****	****		****	*9	*9	10	0	2X Weekly	Grab		
Parameter Code: 50060	Permit	****	****	****	****	0.011	0.019	19 mg/l					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly	maximum	Ū		2X Weekly	Grab		
	Sample					average	daily						
E. COLI	Measurement	****	****	****	****	*В	*B	13	0	2X Weekly	Grab		
Parameter Code: 51040	Permit	****	****		****	548	2507	col/100mL					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly	maximum			2X Weekly	Grab		
	Sample					average	daily						
BOD, CARBONACEOUS 05 DAY, 20C	Measurement	483	521	26	****	97.2	109	19	0	2X Weekly	24-Hr Composite		
Parameter Code: 80082	Permit	report	report	lbs/day	****	report	report	mg/l					
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	24-Hr Composite		
	Sample	average	5.05		****	average	1.20						
BOD, CARBONACEOUS 05 DAY, 20C	Measurement	5.12	5.95	26	****	1.13	1.28	19	0	2X Weekly	Grab		
Parameter Code: 80082 Stage Code: 1	Permit	95.9	143	lbs/day	****	10.0	15.0	mg/l			Grab		
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	Giab		
	Sample	****	****		98.8	*****	****			N 41	Calculated		
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM	Measurement			****	20.0			23	0	Monthly	Calculated		
Parameter Code: 80091 Stage Code: K	Permit	****	****		85	****	****	%			Calculated		
PERCENTREMOVAL	Requirement				monthly average					Monthly	Calculated		
					average								
NAME/TITLE OF PRINCIPAL	1						IGNATURE OF		TELED	HONE NO DAT	чС.		
NAME/IIILE OF PRINCIPAL	I certify under penalt	y of law that this docur	nent and all attachments y	were prepared une	der my direction or supervis	sion in accordance	IONATUKE OF		I ELEP!	HONE NO DAT	E		

AGENT Robert Adams	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.	AGENT Signed By E2		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE

PERMITTEE NAME: Enviro Services, L.L.C. MAILING ADDRESS: 8000 Liberty Parkway, Suite 114, Vestavia Hills, AL 35242 FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Parkway, Vestavia Hills, AL 35242 Parameter Quantity or Loading Average Maximum SOLIDS, SUSPENDED PERCENT REMOVAL Sample ***** *****					PERMIT NUMBER: AL0067814         MONITORING POINT: 0201         MONITORING PERIOD:         YY   MM   DD       YY   MM   DD         From:       18 01 01       To: 18 01 31         Units       Quality or Concentration       Maximum			C P		n al RGE[]*** ompleting this form. Sample Type	
SOLIDS, SUSPENDED PERCENT REMOVAL		-	+ +		99.4	*****	****		0	Monthly	Calculated
Parameter Code: 81011 Stage Code: K PERCENTREMOVAL	Measurement Permit Requirement	****	****	****	85 monthly average	****	****	23 %		Monthly	Calculated
	Sample Measurement Permit Requirement										
	Sample Measurement Permit										
	Requirement										
	Sample Measurement										
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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted is formation, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	02/22/2018

		Alabama I	Department of E	nvironmei	ntal Management	Discharge Moni	toring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.		-	PER	MIT NUMBER	: AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	oerty Parkway, Sui	ite 114 , Vestavi	ia Hills, AL 35242	MON	NITORING PO	INT: 0202			COUNTY: Jefferson		
				MONITORING PERIOD:					PROGRAM: Municipal		
FACILITY: Liberty Park WRRF				YY   MM   DD YY   MM   DD				**	* NO DISCHA	RGE [X] ***	
LOCATION: 13059 Liberty Park	way , Vestavia Hill	s, AL 35242		From:	From: 18 01 01 To: 18 01 31			NOTE: Read instructions before completing this form.			
Parameter		Quantity	or Loading	Units	Oua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
i arameter	>	Average	Maximum	Units	Minimum	Average	Maximum	Onits	Ex.	Analysis	~
	Sample	*****	****		wiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	*****	*****		LA.	<u> </u>	
OXYGEN, DISSOLVED (DO)	Measurement	****	****			****	****	19			
Parameter Code: 00300	Permit	****	****	*****	7.0	****	****	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	1			minimum daily					2X Weekly	
	Sample	****	****			****					
РН	Measurement	****	****	*****		****		12			
Parameter Code: 00400 Stage Code: 1	Permit	****	****		6.0	****	8.5	S.U.			
EFFLUENT GROSS VALUE	Requirement	1			minimum daily		maximum daily			2X Weekly	
	Sample				****		uary				
SOLIDS, TOTAL SUSPENDED	Measurement	<u> </u>			de de de de de			19		<u> </u>	
Parameter Code: 00530 Stage Code: G	Permit	report	report	26 lbs/day	****	report	report	mg/l			
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
SOLIDS, TOTAL SUSPENDED	Sample				****						
	Measurement	ļ		26			_	19		ļ	
Parameter Code: 00530 Stage Code: 1	Permit Requirement	400	600	lbs/day	****	30.0	45.0	mg/l		2X Weekly	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2A WEEKIY	
NITROGEN, AMMONIA TOTAL (AS N)	Sample				****						
Parameter Code: 00610	Measurement			26				19			
Stage Code: 1	Permit Requirement	26.6	40.0	lbs/day	****	2.0	3.0	mg/l		2X Weekly	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			211 comy	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample				****						
Parameter Code: 00625	Measurement Permit			26 Iba/day	****			19			
Stage Code: 1	Requirement	report monthly	report weekly average	lbs/day		report monthly	report weekly average	mg/l		Monthly	
EFFLUENT GROSS VALUE	-	average				average					
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	l			****						
Parameter Code: 00630	Permit	report	report	26 lbs/day	****	report	report	19 mg/l			
Stage Code: 1	Requirement	monthly	weekly average	100/ day		monthly	weekly average	iiig/1		Monthly	
EFFLUENT GROSS VALUE		average				average				<u> </u>	
NAME/TITLE OF PRINCIPAL					der my direction or supervis	sion in decordance	IGNATURE OF	TIVE	TELEP	HONE NO DATI	Е

EXECUTIVE OFFICER OR		PRINCIPAL EXECUTIVE	IELEPHONE NO	DATE	
AUTHORIZED AGENT	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.	OFFICER OR AUTHORIZED AGENT			l
Robert Adams		Signed By E2	205-987-8352	02/22/2018	l

PERMITTEE NAME: Enviro Services, L.L.C. MAILING ADDRESS: 8000 Liberty Parkway, Suite 114, Vestavia Hills, A FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Parkway, Vestavia Hills, AL 35242 Parameter Quantity or Load Average Maxi SOLIDS, SUSPENDED PERCENT REMOVAL Sample ***** ***				PER	MIT NUMBER NTORING PO MONITORIN YY   MM   DD 18 01 01	INT: <sup>0202</sup>		C P	**	GRAM: Municipal     *** NO DISCHARGE [X]     dinstructions before completing t     Frequency of Sample	
Parameter Code: 81011 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****	****	85 monthly average	****	****	%		Monthly	
	Sample Measurement Permit Requirement Sample Measurement Permit Requirement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Sample Measurement										
	Permit Requirement										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	02/22/2018

		Alabama I	Department of E	nvironmer	atal Management	t Discharge Monit	toring Report (D	MR)					
PERMITTEE NAME: Enviro	o Services, L.L.C.		-	PER	_	MINOR							
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 , Vestavi	ia Hills, AL 35242	MON	NITORING PO	INT: STM1		(	COUNT	TY: Jefferso	n		
						NG PERIOD:		F	PROGR				
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		*** NO DISCHARGE <sup>[X]</sup> ***				
LOCATION: 13059 Liberty Pa	rkway , Vestavia Hill	s, AL 35242		From:	From: 18 01 01 To: 18 01 31				NOTE: Read instructions before completing this form.				
Parameter		Quantity	or Loading	Units	Oua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type		
i ulunotor		Average	Maximum	Cinto	Minimum	Average	Maximum	Cint	Ex.	Analysis			
OXYGEN, DISSOLVED (DO)	Sample Measurement	*****	****		****	****							
Parameter Code: 00300	Permit	****	****	****	****	****	report	19 mg/l					
Stage Code: 5 UPSTREAM MONITORING	Requirement						maximum daily	mg/l		Monthly			
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****	****	****	****		10					
Parameter Code: 00300 Stage Code: 5	Permit	****	****		****	****	report	19 mg/l					
DOWNSTREAM MONITOR	Requirement			Ì			maximum daily			Monthly			
РН	Sample Measurement	****	****			****		12					
Parameter Code: 00400	Permit	****	****	****	report	****	report	12 S.U.					
UPSTREAM MONITORING	Requirement				minimum daily		maximum daily			Monthly			
РН	Sample Measurement	****	****	****		****		12					
Parameter Code: 00400	Permit Requirement	****	****	l	report	****	report	S.U.		Monthly			
DOWNSTREAM MONITOR	Kequitement			l	minimum daily		maximum daily			Montiny			
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****		19					
Parameter Code: 00530	Permit	****	****	l	****	****	report	mg/l		Monthly			
UPSTREAM MONITORING	Requirement						maximum daily			Wontiny			
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	*****	****	****		19					
Parameter Code: 00530	Permit	****	****		****	****	report	mg/l		Manthla			
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly			
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	*****	****	****	****	****		19					
Parameter Code: 00610	Permit	****	****		****	****	report	mg/l		N dl			
UPSTREAM MONITORING	Requirement						maximum daily			Monthly			
			·										
NAME/TITLE OF PRINCIPAL					der my direction or supervis		IGNATURE OF	TIVE	TELEP!	HONE NO DATI	E		

# INAME INTERVITATION INTERVITATION INTERVITATION INTERVITATION IN THE Control of a supervision in accounter of s

		Alabama I	Department of Ei	nvironmer	ital Managemen <sup>4</sup>	t Discharge Monit	toring Report (D	MR)				
PERMITTEE NAME: Enviro S	Services, L.L.C.			PERMIT NUMBER: AL0067814					MINOR			
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 , Vestavi	ia Hills, AL 35242		NITORING PO			COUNTY: Jefferson				
	<b>,</b> ,,			MONITORING PERIOD:					PROGRAM: Municipal			
FACILITY: Liberty Park WRRF				YY   MM   DD YY   MM   DD					*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Park	way , Vestavia Hill	s, AL 35242		From:	18 01 01	To: 18 01 31		NOT	E: Read	instructions before co	ompleting this form.	
Demonster	$\sim$	Orrentita		I Inite	0		<u></u>	T T : 4 -	NI-	Frequency of	Sample Type	
Parameter	$\sim$		or Loading	Units		ality or Concentra		Units	No. Ex.	Analysis	Sample Type	
	Samuela -	Average	Maximum		Minimum	Average	Maximum		EX.			
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****		10				
Parameter Code: 00610	Permit	****	****	****	****	****	report	19 mg/l				
DOWNSTREAM MONITOR	Requirement	1					maximum daily			Monthly		
NITROGEN, KJELDAHL TOTAL (AS N)	Sample	****	****		****	****						
Parameter Code: 00625	Measurement Permit	l		****				19				
Stage Code: 5	Requirement	****	****		****	****	report maximum	mg/l		Monthly		
UPSTREAM MONITORING	requirement	1					daily					
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****		****	****		10				
Parameter Code: 00625	Permit	****	****	****	****	****	report	19 mg/l				
Stage Code: 5 DOWNSTREAM MONITOR	Requirement	1					maximum daily			Monthly		
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****	dully					
Parameter Code: 00630	Permit	****	****	****	****	****	report	19 mg/l				
Stage Code: 5 UPSTREAM MONITORING	Requirement	1					maximum	U		Monthly		
	Sample						daily					
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Measurement	****	****	****	****	****		19				
Parameter Code: 00630 Stage Code: 5	Permit	****	****		****	****	report	mg/l				
DOWNSTREAM MONITOR	Requirement	1					maximum daily			Monthly		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		10				
Parameter Code: 00665	Permit	****	****		****	****	report	19 mg/l				
Stage Code: 5 UPSTREAM MONITORING	Requirement	1					maximum daily	U U		Monthly		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****	uarry	10				
Parameter Code: 00665	Permit	****	****		****	****	report	19 mg/l				
Stage Code: 5 DOWNSTREAM MONITOR	Requirement	1					maximum	U		Monthly		
DOWNSTILEAM MONITOR		l					daily					
NAME/TITLE OF PRINCIPAL	I certify under penalt	ty of law that this docun	ment and all attachments we	ere prepared und	ler my direction or supervi	ision in accordance SIG	GNATURE OF	TIME	TELEP!	HONE NO DATI	E	

# EXECUTIVE OFFICER OR AUTHORIZED AGENT return y match of match match

		Alabama I	Department of Ei	nvironmer	ital Managemen	t Discharge Monit	toring Report (D	MR)					
PERMITTEE NAME: Enviro S	Services, L.L.C.			PERMIT NUMBER: AL0067814					MINOR				
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 , Vestavi	ia Hills, AL 35242		NITORING PO			(	COUNTY: Jefferson				
	<b>,</b> ,,			MONITORING PERIOD:					PROGRAM: Municipal				
FACILITY: Liberty Park WRRF				YY   MM   DD YY   MM   DD					*** NO DISCHARGE <sup>[X]</sup> ***				
LOCATION: 13059 Liberty Park	way , Vestavia Hill	s, AL 35242		From:	From: 18 01 01 To: 18 01 31				NOTE: Read instructions before completing this form.				
Demonster	$\sim$	Orrentita		I Inite	0	1: 1: tau a n Canaan tau	<u></u>	T.T : 4-	N.	Frequency of	Sample Type		
Parameter	$\sim$		or Loading	Units	· · · · · · · · · · · · · · · · · · ·	lity or Concentra		Units	No. Ex.	Analysis	Sample Type		
	Samuela -	Average	Maximum		Minimum	Average	Maximum		EX.				
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****		10					
Parameter Code: 00610	Permit	****	****	****	****	****	report	19 mg/l					
DOWNSTREAM MONITOR	Requirement	1					maximum daily	_		Monthly			
NITROGEN, KJELDAHL TOTAL (AS N)	Sample	****	****		****	****	uuny				-		
. , , ,	Measurement	L		*****	ļ			19					
Parameter Code: 00625 Stage Code: 5	Permit	****	****		****	****	report	mg/l		Monthly			
UPSTREAM MONITORING	Requirement	1					maximum daily			Wontiny			
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****		****	****		10					
Parameter Code: 00625	Permit	****	****	****	****	****	report	19 mg/l					
Stage Code: 5 DOWNSTREAM MONITOR	Requirement	1					maximum daily			Monthly			
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****	dully	10					
Parameter Code: 00630	Permit	****	****		****	****	report	19 mg/l					
Stage Code: 5 UPSTREAM MONITORING	Requirement	1					maximum daily			Monthly			
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****	uary						
Parameter Code: 00630	Permit	****	****		****	****	report	19 mg/l					
Stage Code: 5 DOWNSTREAM MONITOR	Requirement						maximum daily	U		Monthly			
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		19					
Parameter Code: 00665 Stage Code: 5	Permit	****	****		****	****	report	mg/l					
UPSTREAM MONITORING	Requirement	1					maximum daily			Monthly			
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		19					
Parameter Code: 00665 Stage Code: 5	Permit	****	****		****	****	report	mg/l					
DOWNSTREAM MONITOR	Requirement	1					maximum daily			Monthly			
NAME/TITLE OF DDINCIDAL									TELED	HONENO	E		
NAME/TITLE OF PRINCIPAL	I certify under penalt	ty of law that this docun	ment and all attachments we	ere prepared und	ler my direction or supervi	ision in accordance SI	GNATURE OF	TIVE	TELEP	HONE NO DATI	E		

# EXECUTIVE OFFICER OR AUTHORIZED AGENT Fichely match planty of new match ma

PERMITTEE NAME: Enviro Services, L.L.C. MAILING ADDRESS: 8000 Liberty Parkway, Suite 114 , Vestavia Hills, AL 35242 FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Parkway , Vestavia Hills, AL 35242 Parameter Quantity or Loading				PERM MON						MINOR COUNTY: Jefferson PROGRAM: Municipal *** NO DISCHARGE [X] *** NOTE: Read instructions before completing this form.			
Parameter	$\geq$	Quantity of Average	or Loading Maximum	Units	Qua Minimum	lity or Conce Average		Units	No. Ex.	Frequency of Analysis	Sample Type		
E. COLI Parameter Code: 51040	Sample Measurement	****	****		****	****		13					
Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	col/100mL		Monthly			
E. COLI	Sample Measurement	****	****	****	****	****		13					
Parameter Code: 51040 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	*****	report maximum daily	col/100mL		Monthly			
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****		****	****		10					
Parameter Code: 80082 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	19 mg/l		Monthly			
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****	****	****	****		19					
Parameter Code: 80082 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly			
	Sample Measurement												
	Permit Requirement												
	Sample Measurement												
	Permit Requirement												
	Sample Measurement												
	Permit Requirement												
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	with a system design of the person or perso submitted is, to the b	ed to assure that qualifie ons who manage the sys est of my knowledge and	nent and all attachments we d personnel properly gathe tem, or those persons direc d belief, true, accurate, and ssibility of fine and impris	r and evaluate th thy responsible f l complete. I am	he information submitted. If for gathering the information aware that there are signif	Based on my inquiry on, the information	SIGNATURE OF PRINCIPAL EXEC OFFICER OR AUT AGENT		TELEP	HONE NO DAT	Έ		

Robert Adams

205-987-8352

Signed By E2

Page 3

02/22/2018

		Alabama I	Department of E			t Discharge Moni	toring Report (D	MR)				
PERMITTEE NAME:	o Services, L.L.C.				MIT NUMBER			MINOR				
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 , Vestav	ia Hills, AL 35242	MON	NITORING PO			COUNTY: Jefferson				
	F			MONITORING PERIOD:					PROGRAM: Municipal			
FACILITY: Liberty Park WRR					YY   MM   DD	YY   MM   I	DD	*** NO DISCHARGE <sup>[X]</sup> ***				
LOCATION: 13059 Liberty Pa	arkway , Vestavia Hill	s, AL 35242		From:	From: 18 02 01 To: 18 02 28				NOTE: Read instructions before completing this form			
Parameter		Quantity	or Loading	Units	Qua	lity or Concentration	ation	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
PH	Sample Measurement	****	****			****		10				
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	****	****	6.0 minimum daily	****	9.0 maximum daily	12 S.U.		2X Weekly		
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****		duny					
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	19 mg/l		2X Weekly		
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19				
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	30.0 monthly average	45.0 weekly average	ng/l		2X Weekly		
NITROGEN, TOTAL (AS N)	Sample Measurement			26	****			19				
Parameter Code: 00600 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement			26	****			10				
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	19 mg/l		2X Weekly		
NITROGEN, NITRATE TOTAL (AS N)	Sample Measurement			26	****			10				
Parameter Code: 00620 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	19 mg/l		2X Weekly		
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement			26	****			19				
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	20.0 monthly average	30.0 weekly average	mg/l		2X Weekly		
NAME/TITLE OF PRINCIPAL					der my direction or supervi	bion in decordance	IGNATURE OF	TIVE	TELEPI	HONE NO DAT	E	

		Alabama I	Department of E	nvironmen	ntal Management	Discharge Moni	toring Report (D	MR)					
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	PERMIT NUMBER: AL0067814					MINOR			
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 . Vestavi	a Hills, Al. 35242		NITORING PO			COUNTY: Jefferson					
	, eu				MONITORING PERIOD:					PROGRAM: Municipal			
FACILITY: Liberty Park WRRF					YY   MM   DD YY   MM   DD					* NO DISCHA	RGE [X] ***		
LOCATION: 13059 Liberty Parky	way Vestavia Hill	Is AI 35242		From:	10 00 01	To: 18 02 28		NOTE: Read instructions before completing this form.					
	way , vestavia i ili												
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type		
	$\frown$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis			
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			19					
Parameter Code: 00665 Stage Code: 1	Permit Requirement	report	report	26 lbs/day	****	report monthly	report weekly average	mg/l		2X Weekly			
EFFLUENT GROSS VALUE	. 1	monthly average	weekly average			average	weekiy average						
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement			03	****	****	****	****					
Parameter Code: 50050	Permit	report	report	MGD	****	****	****						
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	maximum							Daily			
	Sample	average	daily		****	****	****						
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement				****	****	****	****					
Parameter Code: 50050 Stage Code: 1	Permit	report	report	03 MGD	****	****	****						
EFFLUENT GROSS VALUE	Requirement	monthly average	maximum daily							Daily			
E. COLI	Sample Measurement	****	****	****	****			10					
Parameter Code: 51040	Permit	****	****		****	126	487	13 col/100mL					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly			
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement				****	uterage	uuiy						
Parameter Code: 80082	Permit	report	report	26 lbs/day	****	report	report	19 mg/l					
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average	5		monthly average	weekly average	iiig/1		2X Weekly			
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			25	****								
Parameter Code: 80082	Permit	report	report	26 lbs/day	****	45.0	67.5	19 mg/l					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly			
	Sample Measurement												
	Permit Requirement												
NAME/TITLE OF PRINCIPAL	I certify under penal	ty of law that this docur	nent and all attachments y	were prepared un	der my direction or supervis	sion in accordance SI	GNATURE OF		TELEP	HONE NO DAT	Е		

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	03/26/2018

		Alabama l	Department of E	nvironmen	ntal Management	t Discharge Moni	itoring Report (D	MR)				
PERMITTEE NAME: Envir	ro Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR		
MAILING ADDRESS: 8000	) Liberty Parkway, Su	ite 114 . Vestav	ia Hills, Al. 35242		NITORING PO			COUNTY: Jefferson				
	, ea			MONITORING PERIOD:					PROGRAM: Municipal			
FACILITY: Liberty Park WRR	F			YY   MM   DD YY   MM   DD				*** NO DISCHARGE <sup>[X]</sup> ***				
LOCATION: 13059 Liberty Pa		c AL 25242		From:		To: 18 02 28		NOTE: Read instructions before completing this form.				
20 CT 21 CT CT 13039 Liberty Fa	artway, vestavia i ili	5, AL 33242				100			. Di Itouu i		inpreung uns form	
Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
РН	Sample Measurement	****	****			****						
Parameter Code: 00400	Permit	****	****	****	6.0	****	9.0	12 S.U.				
Stage Code: 1	Requirement				minimum daily		maximum	5.0.		2X Weekly		
EFFLUENT GROSS VALUE							daily					
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****			10				
Parameter Code: 00530	Permit	report	report	lbs/day	****	report	report	19 mg/l				
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average	U		2X Weekly		
RAW SEW/INFLUENT	Sample	average				average						
SOLIDS, TOTAL SUSPENDED	Measurement				****			19				
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	30.0	45.0	mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly		
	Sample	average			****	average			-			
NITROGEN, TOTAL (AS N)	Measurement			26	****			19				
Parameter Code: 00600	Permit	report	report	lbs/day	****	report	report	mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly		
	Sample	average				average			_			
NITROGEN, AMMONIA TOTAL (AS N)	Measurement			26	****			19				
Parameter Code: 00610	Permit	report	report	lbs/day	****	report	report	mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	Ū.		2X Weekly		
	Sample	average				average			_			
NITROGEN, NITRATE TOTAL (AS N)	Measurement			26	****			19				
Parameter Code: 00620	Permit	report	report	lbs/day	****	report	report	mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly		
	Sample	average				average						
NITROGEN, KJELDAHL TOTAL (AS N)	Measurement			26	****			10				
Parameter Code: 00625	Permit	report	report	lbs/day	****	10.0	15.0	19 mg/l				
Stage Code: 1	Requirement	monthly	weekly average			monthly	weekly average	0		2X Weekly		
EFFLUENT GROSS VALUE		average				average						
NAME/TITLE OF PRINCIPAL					der my direction or supervi	bion in decordance	IGNATURE OF		TELEP	HONE NO DAT	E	
EVECUTIVE OFFICED OD	with a system design	ed to assure that qualifi	ed personnel properly gath	er and evaluate t	he information submitted	Based on my inquiry D	DINCIDAL EVECU	TIVE				

EXECUTIVE OFFICER OR	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	PRINCIPAL EXECUTIVE	TELEPHONE NO	DATE
AUTHORIZED AGENT	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.	OFFICER OR AUTHORIZED AGENT		
Robert Adams		Signed By E2	205-987-8352	03/26/2018

		Alabama I	Department of E	nvironmer	ital Management	Discharge Monit	oring Report (D	OMR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	. AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 . Vestavi	a Hills, Al. 35242	MON	NITORING PO	INT: 0053		C	OUNT	TY: Jefferso	n
	, ea	,			MONITORI				ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD		D			** NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Park	way Vestavia Hill	s Al 35242		From:		To: 18 02 28		NOT		instructions before co	
	way, vestavia i ili	3, AL 33242									
Parameter	$\searrow$	Quantity of	or Loading	Units	Qual	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			10			
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	- 19 mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
EFFLUENT GRUSS VALUE	Samula	average				average		-			
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement			0.2	****	****	****				
Parameter Code: 50050	Permit	report	report	03 MGD	****	****	****	****			
Stage Code: G	Requirement	monthly	maximum	-						Daily	
RAW SEW/INFLUENT	0 1	average	daily								
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement				****	****	****	****			
Parameter Code: 50050	Permit	report	report	03 MGD	****	****	****				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	maximum daily							Daily	
	Sample	*****	****		****						
E. COLI	Measurement		alle de alle de	****	de de de de de			13			
Parameter Code: 51040	Permit	****	****		****	126	487	col/100mL			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly	
	Sample				****	average	dairy				
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	****			19			
Parameter Code: 80082	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average			****	average					
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	****			19			
Parameter Code: 80082	Permit	report	report	lbs/day	****	10.0	15.0	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average				average					
	Measurement										
	Permit							]			
	Requirement										
NAME/TITLE OF PRINCIPAL	I certify under penalt	y of law that this docun	nent and all attachments v	vere prepared und	ler my direction or supervis	sion in accordance SI	GNATURE OF		TELEP	HONE NO DAT	Е

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	03/26/2018

		Alabama I	Department of E	nvironmen	ntal Management	t Discharge Moni	toring Report (L	MR)			
PERMITTEE NAME: Enviro S	ervices, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	ertv Parkway, Su	ite 114 . Vestavi	a Hills. AL 35242	MON	NITORING PO	INT: 0202		(	COUNT	TY: Jefferso	n
	,	,				NG PERIOD:			ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		**	** NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Parky	vav Vestavia Hill	s AL 35242		From:	18 02 01	To: 18 02 28		NOT		instructions before co	
	iay, iootaila imi	0, 712 002 12									1 0
Parameter	$\langle$	Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
	$\frown$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			19			
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	U U		2X Weekly	
	Sample	average				average			_		
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03	****	****	****	****			
Parameter Code: 50050	Permit	report	report	MGD	****	****	****	*****			
Stage Code: 1	Requirement	monthly	maximum							Daily	
EFFLUENT GROSS VALUE	Sample	average	daily								
CHLORINE, TOTAL RESIDUAL	Measurement	****	****		****			19			
Parameter Code: 50060 Stage Code: 1	Permit	****	****	****	****	0.011	0.019	mg/l		AV. 11	
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly	
E. COLI	Sample	****	****		****				-		
	Measurement			****				13			
Parameter Code: 51040 Stage Code: 1	Permit	****	****		****	548	2507	col/100mL		OV Westeles	
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample				****				-		
	Measurement			26				19			
Parameter Code: 80082 Stage Code: G	Permit	report	report	lbs/day	****	report	report	mg/l		2X Weekly	
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			2A WEEKIY	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			26	****						
Parameter Code: 80082	Permit	133	200	26 lbs/day	****	10.0	15.0	19 mg/l			
Stage Code: 1	Requirement	monthly	weekly average	-		monthly	weekly average	g/1		2X Weekly	
EFFLUENT GROSS VALUE	C	average				average			_		
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM	Sample Measurement	****	****	*****		****	****	23			
Parameter Code: 80091 Stage Code: K	Permit	****	****		85	****	****	%			
PERCENTREMOVAL	Requirement				monthly					Monthly	
					average						
	1										
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR					ler my direction or supervis he information submitted. I		GNATURE OF	TIVE	TELEP	HONE NO DAT	E

## EXECUTIVE OFFICER OR AUTHORIZED AGENT For the person of persons who manage the system, or those persons directly responsible for gathering the information, the information, the information submitted. Based on my inquire 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 submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for ACENT PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED ACENT Robert Adams Signed By E2 205-987-8352 03/26/2018

FACILITY: Liberty Park WRR         LOCATION: 13059 Liberty Par         Parameter         E. COLI	F arkway , Vestavia Hill Sample Measurement	ite 114 , Vestavi s, AL 35242		PER	MIT NUMBER NITORING PO MONITORI YY   MM   DD 18 02 01	Discharge Monit AL0067814 INT: STM1 NG PERIOD: YY   MM   D To: 18 02 28 lity or Concentra Average *****	D	C P			on al <b>RGE</b> <sup>[X</sup> ] ***
Parameter Code: 51040 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	col/100mL		Monthly	
E. COLI Parameter Code: 51040 Stage Code: 5 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	13 col/100mL		Monthly	
BOD, CARBONACEOUS 05 DAY, 20C Parameter Code: 80082	Sample Measurement Permit	****	****	****	****	****	report	19 mg/l			
UPSTREAM MONITORING BOD, CARBONACEOUS 05 DAY, 20C	Requirement Sample	****	****		*****	****	maximum daily	6		Monthly	
Parameter Code: 80082 DOWNSTREAM MONITOR	Measurement Permit Requirement	****	****	****	****	****	report maximum daily	- 19 mg/l		Monthly	
	Sample Measurement Permit Requirement							-			
	Sample Measurement Permit Requirement										
	Sample Measurement Permit Requirement										
NAME/TITLE OF PRINCIPAL	I certify under penal	ty of law that this docum	nent and all attachments we	ere prepared un	der my direction or supervi	sion in accordance SIG	GNATURE OF		TELEP	HONE NO DAT	E

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Robert Adams		Signed By E2	205-987-8352	03/26/2018

		Alabama I	Department of E			t Discharge Moni	toring Report (D	MR)			
PERMITTEE NAME: Envir	o Services, L.L.C.				MIT NUMBER					MINOR	
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 , Vestavi	a Hills, AL 35242	MON	NITORING PO				COUNT		
	-				MONITORI	NG PERIOD:		P	PROGR		
FACILITY: Liberty Park WRR					YY   MM   DD		D			* NO DISCHA	
LOCATION: 13059 Liberty Pa	arkway , Vestavia Hill	s, AL 35242		From:	18 02 01	To: 18 02 28		NOT	E: Read i	instructions before co	ompleting this form.
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PH	Sample Measurement	****	****			****		10			
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	6.0 minimum daily	****	9.0 maximum daily	12 S.U.		2X Weekly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****						
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	19 mg/l		2X Weekly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19			
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	30.0 monthly average	45.0 weekly average	ng/l		2X Weekly	
NITROGEN, TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00600 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement			26	****			10			
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	19 mg/l		2X Weekly	
NITROGEN, NITRATE TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00620 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly	
NAME/TITLE OF PRINCIPAL					der my direction or supervi	bion in accordance	IGNATURE OF	TIVE	TELEPI	HONE NO DAT	E

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	03/26/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Moni	toring Report (L	DMR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 . Vestavi	a Hills. AL 35242		NITORING PO			C	OUNT	TY: Jefferso	on
	,,,,,,,	,			MONITORI				ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		**	* NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Parky	way , Vestavia Hill	s, AL 35242		From:	18 02 01	To: 18 02 28		NOT	E: Read	instructions before co	ompleting this form.
,	~ ~ ~				1						
Parameter	$\searrow$	· ·	or Loading	Units		lity or Concentra		Units	No.	Frequency of Analysis	Sample Type
	$\geq$	Average	Maximum		Minimum	Average	Maximum		Ex.	Anarysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			10			
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	19 mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	8		2X Weekly	
EFFLUENT GROSS VALUE	Sample	average				average					
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03	****	****	****	*****			
Parameter Code: 50050	Permit	report	report	MGD	****	****	****	*****			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	maximum							Daily	
	Sample	average	daily		****	****	****				
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement				****	****	****	*****			
Parameter Code: 50050	Permit	report	report	03 MGD	****	****	****				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	maximum daily							Daily	
	Sample	*****	****		****						
E. COLI	Measurement			*****				13			
Parameter Code: 51040 Stage Code: 1	Permit	****	****		****	126	487	col/100mL		OV Westeler	
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample				****						
Parameter Code: 80082	Measurement			26				19			
Stage Code: G	Permit Requirement	report	report	lbs/day	****	report	report	mg/l		2X Weekly	
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			271 (CORIY	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement				****						
Parameter Code: 80082	Permit			26 lbs/day	****	10.0	15.0	19			
Stage Code: 1	Requirement	report monthly	renort weekly average	105/uay		10.0 monthly	15.0 weekly average	mg/l		2X Weekly	
EFFLUENT GROSS VALUE		average	, ,			average	, , ,				
	Sample Measurement										
	Permit							1			
	Requirement										
				<u> </u>							
NAME/TITLE OF PRINCIPAL	I certify under penalt	ty of law that this docum	nent and all attachments v	were prepared und	der my direction or supervis	sion in accordance SI	GNATURE OF		TELEP	HONE NO DAT	Е

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	03/26/2018

FACILITY: Liberty Park WRRF		te 114 , Vestavi	•	PERI MON	MIT NUMBER NTORING PO MONITORIE YY   MM   DD	INT: <sup>0201</sup>		C P		RAM: Municip ** NO DISCHA	al RGE [ ] ***
LOCATION: 13059 Liberty Park	way , Vestavia Hills	s, AL 35242		From:	10 02 01	10: 10 02 20		NOT	E: Read	instructions before co	ompleting this form.
Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		8.1	****	****	19	0	2X Weekly	Grab
Parameter Code: 00300 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	7.0 minimum daily	****	****	mg/l		2X Weekly	Grab
РН	Sample Measurement	****	****	****	6.8	****	7.3	12	0	2X Weekly	Grab
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		6.0 minimum daily	****	8.5 maximum daily	S.U.		2X Weekly	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	1056	1111		****	149	186	19	0	2X Weekly	24-Hr Composite
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	24-Hr Composite
SOLIDS, TOTAL SUSPENDED	Sample Measurement	7.99	10.2	26	****	1.07	1.25	19	0	2X Weekly	Grab
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	287 monthly average	431 weekly average	lbs/day	****	30.0 monthly average	45.0 weekly average	mg/l		2X Weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.78	1.24	26	****	0.12	0.21	19	0	2X Weekly	Grab
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	19.1 monthly average	28.7 weekly average	lbs/day	****	2.0 monthly average	3.0 weekly average	mg/l		2X Weekly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	*B	*В	26	****	*В	*В	19	0	Monthly	Grab
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	*****	report monthly average	renort weekly average	mg/l		Monthly	Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	38.5	43.7	26	****	5.46	6.40	19	0	Monthly	Grab
Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly	Grab

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	03/26/2018

Envi	ro Services, L.L.C.	Alabama I	Department of El				onitoring Report (L A	DMR)		MINC	R
				PERI	MIT NUMBER NITORING PO	$\frac{1}{1000}$	-	. "			
MAILING ADDRESS: 8000	) Liberty Parkway, Su	ite 114, Vestavi	a Hills, AL 35242	MON				COUNTY: Jefferson PROGRAM: Municipal			
FACILITY: Liberty Park WRF	F			MONITORING PERIOD:           YY   MM   DD         YY   MM   DD			*** NO DISCHARGE [X] ***				
LOCATION: 13059 Liberty P		c AL 25242		From:		To: 18 02 28	3	NO			completing this form.
20 CT 2 CT 15059 Elberty F	artway, vestavia i ili	5, AL 33242		110111				110	I Di Iteau		compreting this form
Parameter		Quantity or Loading			Units Quality or Concentra			Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		****	****		- 19			
Parameter Code: 00300 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	mg/l		Monthly	
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****	****	****	****		- 19			
Parameter Code: 00300 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	
РН	Sample Measurement	****	****			****		12			
Parameter Code: 00400 UPSTREAM MONITORING	Permit Requirement	****	****	****	report minimum daily	****	report maximum daily	S.U.		Monthly	
PH	Sample Measurement	****	****	****		****		12			
Parameter Code: 00400 DOWNSTREAM MONITOR	Permit Requirement	****	****		report minimum daily	****	report maximum daily	S.U.		Monthly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****		- 19			
Parameter Code: 00530 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****		- 19			
Parameter Code: 00530 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	renort maximum daily	mg/l		Monthly	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****	****	****	****		- 19			
Parameter Code: 00610 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR			nent and all attachments we				SIGNATURE OF PRINCIPAL EXECU	TIVE	TELEP	HONE NO DA	TE

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.

AUTHORIZED

AGENT

Robert Adams

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03/26/2018

Page 1

205-987-8352

OFFICER OR AUTHORIZED

Signed By E2

AGENT

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Mo	nitoring Report (L	OMR)			
PERMITTEE NAME: Enviro S	ervices, L.L.C.		•		MIT NUMBER			,		MINO	R
MAILING ADDRESS: 8000 Lib	erty Parkway, Sui	te 114 . Vestavi	a Hills, Al. 35242		NITORING PO			COUNTY: Jefferson			
	, e a.				MONITORIN			PROGRAM: Municipal			
FACILITY: Liberty Park WRRF				YY   MM   DD YY   MM   DD				*** NO DISCHARGE [ ] ***			
LOCATION: 13059 Liberty Parkv	vay , Vestavia Hills	s, AL 35242		From:	From: 18 02 01 To: 18 02 28			NOT	E: Read	instructions before	completing this form.
								I			
Parameter	$\searrow$	Quantity	or Loading	Units		lity or Concen		Units	No.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	7 mary 515	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	7.68	10.5		****	1.07	1.29	19	0	2X Weekly	Grab
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.850	0.996	03	****	****	****	****	0	Daily	Continuous
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	MGD	****	****	****	*****		Daily	Continuous
CHLORINE, TOTAL RESIDUAL	Sample Measurement	****	****		****	*9	*9	10	0	2X Weekly	Grab
Parameter Code: 50060 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	0.011 monthly average	0.019 maximum daily	19 mg/l		2X Weekly	Grab
E. COLI	Sample Measurement	****	****	****	****	*B	*В	13	0	2X Weekly	Grab
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	548 monthly average	2507 maximum daily	col/100mL		2X Weekly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	560	613	26	****	79.2	98.8	19	0	2X Weekly	24-Hr Composite
Parameter Code: 80082 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	24-Hr Composite
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	8.54	9.87	26	****	1.25	1.75	- 19	0	2X Weekly	Grab
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	95.9 monthly average	143 weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly	Grab
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM\	Sample Measurement	****	****	****	98.4	****	****	23	0	Monthly	Calculated
Parameter Code: 80091 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****		85 monthly average	****	****	23 %		Monthly	Calculated
NAME/TITLE OF PRINCIPAL	I certify under penalty	y of law that this docum	nent and all attachments	were prepared und	der my direction or supervis	sion in accordance	SIGNATURE OF		TELEP	HONE NO DA	TE

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	03/26/2018

SOLIDS, SUSPENDED PERCENT REMOVAL     Sample Measurement     *****     *****       Parameter Code: 81011     Permit     *****     *****				 Minimum         Average         Maximum           99.3         *****         *****			COUNTY:       Jefferson         PROGRAM:       Municipal         *** NO DISCHARGE []*         NOTE: Read instructions before completing this         Units       No.       Frequency of Analysis       Sample T         0       Monthly       Calculat			
Stage Code: K PERCENTREMOVAL	Requirement Sample			 monthly average			%		Monthly	Calculated
	Measurement Permit Requirement									
	Sample Measurement Permit Requirement									
	Sample Measurement Permit									
	Requirement Sample Measurement									
	Permit Requirement									
	Sample Measurement Permit Requirement									
	Sample Measurement Permit Requirement									

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	03/26/2018

		Alabama I	Department of E	nvironmer	ital Management	Discharge Moni	itoring Report (D	MR)					
PERMITTEE NAME: Enviro S	Services, L.L.C.		_	PER	MIT NUMBER	AL0067814				MINOR			
MAILING ADDRESS: 8000 Lik	berty Parkway, Su	ite 114 , Vestavi	ia Hills, AL 35242		NITORING PO	INT: 0202		COUNTY: Jefferson					
	··· , ·· , ···	,				NG PERIOD:		PROGRAM: Municipal					
FACILITY: Liberty Park WRRF					YY   MM   DD		DD	*** NO DISCHARGE <sup>[X]</sup> ***					
LOCATION: 13059 Liberty Parky	wav . Vestavia Hill	s. AL 35242		From:	From: 18 02 01 To: 18 02 28				NOTE: Read instructions before completing this form.				
									<u> </u>				
Parameter		Quantity	or Loading	Units		lity or Concentra	ation	Units	No.	Frequency of	Sample Type		
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis			
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****			****	****	19					
Parameter Code: 00300	Permit	****	****	****	7.0	****	****	mg/l					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	1			minimum daily			-		2X Weekly			
	Sample	·	-								-		
PH	Measurement	****	****	****		****		10					
Parameter Code: 00400	Permit	****	****		6.0	****	8.5	12 S.U.					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	1			minimum daily		maximum			2X Weekly			
EFFLUENT GROSS VALUE	Sample			[]			daily						
SOLIDS, TOTAL SUSPENDED	Measurement	l		ļ	****								
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	report	report	19 mg/l					
Stage Code: G	Requirement	monthly	weekly average	- 1		monthly	weekly average	ing/1		2X Weekly			
RAW SEW/INFLUENT		average	1	ا ا		average			!				
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****			19					
Parameter Code: 00530 Stage Code: 1	Permit	400	600	lbs/day	****	30.0	45.0	mg/l		01/ 11/ 11			
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly			
	Sample	average			****	average			+				
NITROGEN, AMMONIA TOTAL (AS N)	Measurement	<u>                                     </u>		26	an ala ala ala ala			19					
Parameter Code: 00610	Permit	26.6	40.0	lbs/day	****	2.0	3.0	mg/l					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly			
	Sample	average		I	****	average							
NITROGEN, KJELDAHL TOTAL (AS N)	Measurement	l		26	****			19					
Parameter Code: 00625	Permit	report	report	lbs/day	****	report	report	mg/l					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	-		Monthly			
	Sample	average				average		<u> </u>					
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Measurement	l		26	****			10					
Parameter Code: 00630	Permit	report	report	lbs/day	****	report	report	19 mg/l					
	Requirement	monthly	weekly average			monthly	weekly average	Ŭ		Monthly			
EFFLUENT GROSS VALUE		average			<u> </u>	average		L		<u> </u>			
NAME/TITLE OF PRINCIPAL					der my direction or supervis	sion in decordance	IGNATURE OF		TELEPI	HONE NO DAT	E		

EXECUTIVE OFFICER OR with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry OFINCIPAL EXECUTIVE of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information of the person or persons who manage the system, or those persons directly responsible for gathering the information the information of the person or persons who manage the system, or those persons directly responsible for gathering the information of the person of persons who manage the system, or those persons directly responsible for gathering the information of the person of persons who manage the system.	ł	1
ACENT submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for ACENT	ļ	l
AGEN1 submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Robert Adams         Signed By E2         205-987-8352         03/26	6/2018	J

Average         Maximum           SOLIDS, SUSPENDED PERCENT REMOVAL         Sample Measurement         *****         *****           Parameter Code: 81011         Permit         *****         *****				MON	Minimum         Average         Maximum           *****         *****         *****			MINOR COUNTY: Jefferson PROGRAM: Municipal *** NO DISCHARGE [X] ** NOTE: Read instructions before completing this f Units No. Frequency of Sample Type Ex. Analysis			
Stage Code: K PERCENTREMOVAL	Requirement Sample Measurement				monthly average			%		Monthly	
	Permit Requirement										
	Sample Measurement Permit										
	Requirement										
	Measurement Permit Requirement										
	Sample Measurement										
	Permit Requirement										
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	Sample Measurement Permit Permit										
	Requirement										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	03/26/2018

PERMITTEE NAME: Enviro MAILING ADDRESS: 8000 L FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Park	Nironmental Management Discharge Monitoring Report (DA         PERMIT NUMBER:       AL0067814         MONITORING POINT:       STM1         MONITORING PERIOD:       YY   MM   DD         YY   MM   DD       YY   MM   DD         From:       18 02 01       To:				(	MINOR COUNTY: Jefferson PROGRAM: Municipal *** NO DISCHARGE [X] *** NOTE: Read instructions before completing this form.					
Parameter	$\searrow$	· ·	or Loading	Units		ity or Conce		Units	No.	Frequency Analysis	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Anarysis	
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		****	****		- 19			
Parameter Code: 00300 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	mg/l		Monthly	
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****	****	****	****		- 19			
Parameter Code: 00300 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	
PH	Sample Measurement	****	****			****		10			
Parameter Code: 00400 UPSTREAM MONITORING	Permit Requirement	****	****	****	report minimum daily	****	report maximum daily	12 S.U.		Monthly	
PH	Sample Measurement	****	****	****		****		12			
Parameter Code: 00400 DOWNSTREAM MONITOR	Permit Requirement	****	****		report minimum daily	****	report maximum daily	S.U.		Monthly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	*****		10			
Parameter Code: 00530 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	19 mg/l		Monthly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****		10			
Parameter Code: 00530 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	19 mg/l		Monthly	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****	****	****	****		- 19			
Parameter Code: 00610 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	with a system design of the person or person	ed to assure that qualifie ons who manage the sys	ed personnel properly gathe tem, or those persons direct	er and evaluate t ctly responsible	der my direction or supervis the information submitted. B for gathering the informatio	Based on my inquiry n, the information	SIGNATURE OF PRINCIPAL EXECU OFFICER OR AUTH		TELEPI	HONE NO	DATE
AGENT				d complete. I am aware that there are significant penalties for sonment for knowing violations.			AGENT				

Robert Adams

### Alah at of English tol M + Diach Monitoring Donort (DMD) D. .

03/26/2018

Page 1

205-987-8352

Signed By E2

		Alabama I	Department of Ei	nvironmer	ntal Managemen <sup>1</sup>	t Discharge Mon	itoring Report (D	MR)				
PERMITTEE NAME: Enviro S	Services, L.L.C.			PERMIT NUMBER: AL0067814					MINOR			
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 . Vestavi	ia Hills, Al. 35242		NITORING PO			COUNTY: Jefferson				
	, only i antinay, ou			MONITORING PERIOD:					PROGRAM: Municipal			
FACILITY: Liberty Park WRRF				YY  MM   DD   YY   MM   DD						** NO DISCHAI	RGE [X] ***	
LOCATION: 13059 Liberty Parky	way Vestavia Hill	e Al 35242		From:						instructions before co		
	vay, vestavia i ilit	5, AL 33242						1101			inpreting this form	
Parameter	$\searrow$	Quantity (	or Loading	Units	Qua	ality or Concentr	ration	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****		10				
Parameter Code: 00610	Permit	****	****	****	****	****	report	19 mg/l				
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly		
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	*****	****	****	****		19				
Parameter Code: 00625 Stage Code: 5	Permit	****	****		****	****	report	mg/l				
UPSTREAM MONITORING	Requirement	1					maximum daily			Monthly		
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****		****	****	dairy					
Parameter Code: 00625	Permit	****	****	****	****	****	report	19 mg/l				
Stage Code: 5 DOWNSTREAM MONITOR	Requirement						maximum daily	iiig/1		Monthly		
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00630 Stage Code: 5	Permit	****	****		****	****	report	mg/l				
UPSTREAM MONITORING	Requirement						maximum daily			Monthly		
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00630 Stage Code: 5	Permit	****	****		****	****	report	mg/l		N di		
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00665 Stage Code: 5	Permit Requirement	****	****		****	****	report	mg/l		Monthly		
UPSTREAM MONITORING	requirement	1					maximum daily			wonding		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00665 Stage Code: 5	Permit	****	****		****	****	report	mg/l				
DOWNSTREAM MONITOR	Requirement	1					maximum daily			Monthly		
								1				
NAME/TITLE OF PRINCIPAL			ment and all attachments we				IGNATURE OF		TELEP	HONE NO DATI	E	

# EXECUTIVE OFFICER OR AUTHORIZED AGENT Fichely linket planty of new that qualified personel property 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 submitted gathering the information, the information submitted gathering the information is apprecision. PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Robert Adams Signed By E2 205-987-8352 03/26/2018

		Alabama I	Department of Ei	nvironmer	ital Management	t Discharge Monit	toring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814		MINOR			
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 , Vestavi	a Hills, AL 35242		<b>NITORING PO</b>			COUNTY: Jefferson			
	<b>, , , ,</b>		,		MONITORI	NG PERIOD:		PROGRAM: Municipal			
FACILITY: Liberty Park WRRF				YY   MM   DD YY   MM   DD				*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Park	way , Vestavia Hill	s, AL 35242		From:	From: 18 02 01 To: 18 02 28					instructions before co	mpleting this form.
	~ ~		<b>.</b>				<b>TT T</b>		Engguaratiof	Somala Tuna	
Parameter	$\sim$		or Loading	Units	<u></u>	lity or Concentra		Units	No.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****		19			
Parameter Code: 00610	Permit	****	****	****	****	****	report	mg/l			
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	****	****	****					
Parameter Code: 00625	Permit	****	****	*****	****	****	report	19 mg/l			
Stage Code: 5	Requirement	1				1	maximum	g.i		Monthly	
UPSTREAM MONITORING	Sampla						daily				
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****		****	****		19			
Parameter Code: 00625 Stage Code: 5	Permit	****	****	****	****	****	report	mg/l			
DOWNSTREAM MONITOR	Requirement	1					maximum daily			Monthly	
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 00630	Permit	****	****		****	****	report	mg/l			
Stage Code: 5 UPSTREAM MONITORING	Requirement	1				1	maximum daily			Monthly	
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample	****	****		****	****	dairy				
Parameter Code: 00630	Measurement Permit		<u> </u>	*****				19			
Stage Code: 5	Requirement	****	****		****	****	report maximum	mg/l		Monthly	
DOWNSTREAM MONITOR							daily				
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 00665 Stage Code: 5	Permit	****	****		****	****	report	mg/l			
UPSTREAM MONITORING	Requirement						maximum daily			Monthly	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 00665 Stage Code: 5	Permit	****	****		****	****	report	mg/l			
DOWNSTREAM MONITOR	Requirement	1					maximum daily			Monthly	
				I							
NAME/TITLE OF PRINCIPAL	I certify under penalt	ty of law that this docum	nent and all attachments we	ere prepared unc	ler my direction or supervi	ision in accordance SI	GNATURE OF		TELEP!	HONE NO DATI	E

# EXECUTIVE OFFICER OR AUTHORIZED AGENT Ficher function and the dualities of the person of personal property gather and evaluate the information submitted. Based on my inquire 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 submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted is and the penalties for the penaltis of the penalties for the penalties for the penalties for the pe

PERMITTEE NAME:       Enviro Services, L.L.C.         MAILING ADDRESS:       8000 Liberty Parkway, Suite 114, Vestavia Hills, AL 35242         FACILITY:       Liberty Park WRRF         LOCATION:       13059 Liberty Parkway, Vestavia Hills, AL 35242         Parameter       Quantity or Loading         Average       Maximum         E. COLI       Sample       *****         Parameter       Device				PER	MIT NUMBER NTORING PO MONITORI YY  MM DD 18 02 01	AL00678	1   DD 8 Intration	( I NOT		RAM: Municip ** NO DISCHA	on oal
E. COLI Parameter Code: 51040 Stage Code: 5 UPSTREAM MONITORING	1	****	****	****	****	****	report maximum daily	13 col/100mL		Monthly	
E. COLI Parameter Code: 51040 Stage Code: 5 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	13 col/100mL		Monthly	
BOD, CARBONACEOUS 05 DAY, 20C Parameter Code: 80082 UPSTREAM MONITORING	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	19 mg/l		Monthly	
BOD, CARBONACEOUS 05 DAY, 20C Parameter Code: 80082 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement Sample	****	****	****	****	****	report maximum daily	19 mg/l		Monthly	
	Measurement Permit Requirement Sample Measurement Permit Requirement										
	Sample Measurement Permit Requirement										
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT         I certify under penalty of law that this document and all attachments were with a system designed to assure that qualified personnel properly gather a of the person or persons who manage the system, or those persons directly submitted is, to the best of my knowledge and belief, true, accurate, and c submitting false information, including the possibility of fine and imprisor				er and evaluate the ctly responsible for the complete. I am	he information submitted. I for gathering the information aware that there are signi	Based on my inquiry on, the information	SIGNATURE OF PRINCIPAL EXEC OFFICER OR AU AGENT		TELEP	HONE NO DAT	Έ

Robert Adams

Signed By E2

03/26/2018

205-987-8352

		Alabama I	Department of E	nvironmei	ntal Management	t Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: Envir	o Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 , Vestavi	ia Hills, AL 35242		NITORING PO			(	COUNT	TY: Jefferso	on
		,			MONITORI	NG PERIOD:		F	PROGE	RAM: Municip	al
FACILITY: Liberty Park WRR	F				YY   MM   DD	YY   MM   D	D		**	** NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Pa	arkway , Vestavia Hill	s, AL 35242		From:	18 03 01	To: 18 03 31		NOT	E: Read	instructions before co	ompleting this form.
	<u> </u>								1	En mar of	Comula Trune
Parameter	$\sim$	· ·	or Loading	Units		lity or Concentra	1	Units	No.	Frequency of Analysis	Sample Type
	Carrier la	Average	Maximum		Minimum	Average	Maximum		Ex.	-	
PH	Sample Measurement	****	****			****		12			
Parameter Code: 00400 Stage Code: 1	Permit	****	****	*****	6.0	****	9.0	S.U.		0X XX 11	
EFFLUENT GROSS VALUE	Requirement				minimum daily		maximum daily			2X Weekly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****			19			
Parameter Code: 00530	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average			****	average					
SOLIDS, TOTAL SUSPENDED	Measurement							19			
Parameter Code: 00530 Stage Code: 1	Permit	report	report	26 lbs/day	****	30.0	45.0	mg/l			
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
NITROGEN, TOTAL (AS N)	Sample Measurement			26	****						
Parameter Code: 00600	Permit	report	report	26 lbs/day	****	report	report	19 mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average	5		monthly	weekly average	8		2X Weekly	
	Sample	average				average					
NITROGEN, AMMONIA TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00610	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
NITROGEN, NITRATE TOTAL (AS N)	Sample	average			****	average					
Parameter Code: 00620	Measurement Permit			26 Iba/day	****			19			
Stage Code: 1	Requirement	report monthly	report weekly average	lbs/day		report monthly	report weekly average	mg/l		2X Weekly	
EFFLUENT GROSS VALUE	-	average				average					
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00625 Stage Code: 1	Permit	report	report	lbs/day	****	20.0	30.0	mg/l			
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted is formation, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

		Alabama D	Department of E	nvironmer	ntal Management	Discharge Monit	oring Report (L	OMR)				
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR		
MAILING ADDRESS: 8000 Lik		ite 114 , Vestavi	a Hills, AL 35242		MONITORING POINT: 0013				OUN	TY: Jefferso	on	
					MONITORI	NG PERIOD:		Р	ROGI			
FACILITY: Liberty Park WRRF					YY   MM   DD YY   MM   DD				**	** NO DISCHA	RGE [X] ***	
LOCATION: 13059 Liberty Parky	way , Vestavia Hill	s, AL 35242		From:	From: 18 03 01 To: 18 03 31				NOTE: Read instructions before completing this form			
Parameter	$\searrow$	Quantity of	or Loading	Units	Qua	lity or Concentrat	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			- 19				
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly		
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement			03	****	****	****	****				
Parameter Code: 50050 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report maximum daily	MGD	****	****	****			Daily		
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement				****	****	****	****				
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily		
E. COLI	Sample Measurement	****	****	****	****			- 13				
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	126 monthly average	487 maximum daily	col/100mL		2X Weekly		
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			26	****			19				
Parameter Code: 80082 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	renort weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly		
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			26	****			- 19				
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	45.0 monthly average	67.5 weekly average	mg/l		2X Weekly		
	Sample Measurement											
	Permit Requirement											

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted islase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

		Alabama I	Department of E			t Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: Enviro	o Services, L.L.C.			PER	MIT NUMBER	AL0067814			MINOR		
MAILING ADDRESS: 8000	l iberty Parkway, Su	ite 114 . Vestavi	a Hills, Al. 35242	MON	<b>NITORING PO</b>	INT: 0053		(	COUNT	TY: Jefferso	n
	, •					NG PERIOD:			ROGE		al
FACILITY: Liberty Park WRRF	=				YY   MM   DD		D	-		** NO DISCHA	RCE [X] ***
LOCATION: 13059 Liberty Pa				From: 18 03 01 To: 18 03 31				NOT		instructions before co	
LOCATION 13059 Liberty Pa	rkway, vestavia Hili	IS, AL 35242		From.		10.		1101	L. Reau	instructions before et	mpicting this form.
Parameter	$\sim$	Ouantity (	or Loading	Units	Оца	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
	$\rightarrow$	Average	Maximum	enne	Minimum	Average	Maximum	e mus	Ex.	Analysis	
	Sample	*****	****		Willingth	*****	Maximum		2		
PH	Measurement	****	****			****		12			
Parameter Code: 00400	Permit	*****	****	*****	6.0	****	9.0	12 S.U.			
Stage Code: 1	Requirement				minimum daily		maximum			2X Weekly	
EFFLUENT GROSS VALUE	G 1						daily				
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****			19			
Parameter Code: 00530	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average				average					
SOLIDS, TOTAL SUSPENDED	Measurement				****			19			
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	30.0	45.0	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
ETTEDENT GROSS VALUE	Sample	average				average					
NITROGEN, TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00600 Stage Code: 1	Permit	report	report	lbs/day	****	report	report	mg/l		01/ 11/ 11	
EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly average	weekly average			2X Weekly	
	Sample	average				average					
NITROGEN, AMMONIA TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00610	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	-		2X Weekly	
EFFLUEINI GRUSS VALUE	Sample	average				average					
NITROGEN, NITRATE TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00620	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
EFFLUEINI GRUSS VALUE	Sample	average				average					
NITROGEN, KJELDAHL TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00625	Permit	report	report	lbs/day	****	10.0	15.0	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	-		2X Weekly	
EFFLUENT GRUSS VALUE		average				average					

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

		Alabama L	Department of E			t Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	pertv Parkwav. Sui	ite 114 . Vestavi	a Hills. AL 35242	MON	<b>NITORING PO</b>	INT: 0053		C	OUN	TY: Jefferso	n
		,	,			NG PERIOD:		Р	ROGE	RAM: Municip	al
FACILITY: Liberty Park WRRF				YY   MM   DD YY   MM   DD						** NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Park		0 AL 25242		From:						instructions before co	
20 Shirion 15059 Liberty Park	way, vestavia mili	5, AL 33242		110111					E. Roud	instructions before et	inpleting this form.
Parameter	$\smallsetminus$	Ouantity of	or Loading	Units	Oua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
	$\nearrow$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
	Sample	TTTTT			****	11,010,80					
PHOSPHORUS, TOTAL (AS P)	Measurement							19			
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average				average					
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03	****	****	****	****			
Parameter Code: 50050	Permit	report	report	MGD	****	****	****			~	
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	maximum							Daily	
	Sample	average	daily								
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement				****	****	****				
Parameter Code: 50050	Permit	report	report	03 MGD	****	****	****	****			
Stage Code: 1	Requirement	monthly	maximum daily							Daily	
EFFLUENT GROSS VALUE	<u> </u>	average									
E. COLI	Sample Measurement	****	****	****	****			13			
Parameter Code: 51040	Permit	****	****		****	126	487	col/100mL			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly	maximum			2X Weekly	
	Sample					average	daily				
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	****			19			
Parameter Code: 80082	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average	Ū		2X Weekly	
RAW SEW/INFLOENT	Sample	average				average					
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	****			19			
Parameter Code: 80082	Permit	report	report	lbs/day	****	10.0	15.0	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
LITEOLINI GROSS VALUE	Sample	average				average					
	Measurement										
	Permit										
	Requirement										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted islase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

		Alabama I	Department of E			t Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: Enviro	o Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 . Vestavi	a Hills, Al. 35242	MON	<b>NITORING PO</b>	INT: 0054		(	COUNT	TY: Jefferso	n
	, •					NG PERIOD:			ROGE		al
FACILITY: Liberty Park WRRF	=				YY   MM   DD YY   MM   DD					** NO DISCHA	RCE [X] ***
LOCATION: 13059 Liberty Pa				From: 18 03 01 To: 18 03 31				NOT		instructions before co	
LOCATION 13059 Liberty Pa	rkway, vestavia Hili	IS, AL 35242		From.		10.		1101	L. Reau	instructions before et	mpicting this form.
Parameter	$\overline{}$	Ouantity (	or Loading	Units	Оца	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
	$\rightarrow$	Average	Maximum	enne	Minimum	Average	Maximum	e mus	Ex.	Analysis	
	Sample	*****	****		Willingth	*****	Maximum		2		
PH	Measurement	****	****			****		12			
Parameter Code: 00400	Permit	*****	****	*****	6.0	****	9.0	12 S.U.			
Stage Code: 1	Requirement				minimum daily		maximum			2X Weekly	
EFFLUENT GROSS VALUE	<u> </u>						daily				
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****			19			
Parameter Code: 00530	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average				average					
SOLIDS, TOTAL SUSPENDED	Measurement				****			19			
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	30.0	45.0	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
ETTEDENT GROSS VALUE	Sample	average				average					
NITROGEN, TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00600 Stage Code: 1	Permit	report	report	lbs/day	****	report	report	mg/l		01/ 11/ 11	
EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly average	weekly average			2X Weekly	
	Sample	average				average					
NITROGEN, AMMONIA TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00610	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	-		2X Weekly	
EFFLUEINI GRUSS VALUE	Sample	average				average					
NITROGEN, NITRATE TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00620	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	-		2X Weekly	
LIT LUENT GROSS VALUE	Sampla	average				average					
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00625	Permit	report	report	lbs/day	****	10.0	15.0	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	-		2X Weekly	
EFFLUENT GRUSS VALUE		average				average					

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

Enviro	Services, L.L.C.	Alabama I	Department of E			t Discharge Monit	oring Report (D	MR)		MINOR	
					MIT NUMBER			0			n
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 , Vestavi	a Hills, AL 35242	MON	NITORING PO						
FACILITY: Liberty Park WRRF						NG PERIOD:		P	ROGE	** NO DISCHA	
				From:	YY   MM   DD         YY   MM   DD           From:         18 03 01         To:         18 03 31					instructions before co	
LOCATION: 13059 Liberty Park	way, Vestavia Hill	s, AL 35242		F rom:					E: Reau	instructions before co	Supreung uns form.
Parameter	$\searrow$	Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			19			
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement			03	****	****	****	****			
Parameter Code: 50050 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report maximum daily	MGD	****	****	****			Daily	
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement				****	****	****	*****			
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily	
E. COLI	Sample Measurement	****	****	****	****			13			
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	126 monthly average	487 maximum daily	col/100mL		2X Weekly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			26	****			19			
Parameter Code: 80082 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	renort weekly average	lbs/day	****	report monthly average	renort weekly average	mg/l		2X Weekly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			26	****			19			
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly	
	Sample Measurement										
	Permit Requirement										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted islase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

Enviro Services, L.L.C.         MAILING ADDRESS: 8000 Liberty Parkway, Suite 114 , Vestavia Hills, AL 35242         FACILITY: Liberty Park WRRF         LOCATION: 13059 Liberty Parkway , Vestavia Hills, AL 35242         Parameter       Quantity or Loading         Average Maximum         PH       Sample         Yestavia Hills, AL 35242				MON From: Units	Units         Quality or Concentration           Minimum         Average           7.7         *****			MINOR COUNTY: Jefferson PROGRAM: Municipal *** NO DISCHARGE []** NOTE: Read instructions before completing this Units No. Frequency of Ex. Analysis Sample Ty 0 Quarterly Grab			al RGE[]*** ompleting this form. Sample Type
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	****	****	****	report minimum daily	****	report maximum daily	S.U.		Quarterly	Grab
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	17.0 report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab
NITROGEN, AMMONIA TOTAL (AS N) Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	0.78 report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab Grab
NITROGEN, KJELDAHL TOTAL (AS N) Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	0.43 report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	0.72 report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab Grab
PHOSPHORUS, TOTAL (AS P) Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	0.12 report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab Grab
FLOW, IN CONDUIT OR THRU TREATMENT PL Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	1.549 report maximum daily	03 MGD	****	****	****	****	0	Quarterly Quarterly	Grab Grab

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Robert Adams		Signed By E2	205-987-8352	04/21/2018

		Alabama I	Department of E	nvironmer	ntal Managemen	t Discharge Mor	nitoring Report (1	DMR)			
PERMITTEE NAME: Envi	ro Services, L.L.C.			PER	MIT NUMBEF	AL0067814				MINOR	
MAILING ADDRESS: 8000	) Liberty Parkway, Su	ite 114 . Vestavi	ia Hills. AL 35242	MON	NITORING PO	INT: 006S		C	OUNT	TY: Jefferso	on
	, <u> </u>					NG PERIOD:			ROGE		al
FACILITY: Liberty Park WRR	RF				YY   MM   DD	YY   MM	DD			** NO DISCHA	RGE [ ] ***
LOCATION: 13059 Liberty P		Is AI 35242		From:		To: 18 03 31		NOT		instructions before co	
Parameter		Quantity	or Loading	Units	Qua	lity or Concent	ration	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
E. COLI	Sample Measurement	****	****		****	****	700	- 13	0	Quarterly	Grab
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	****	report maximum daily	col/100mL		Quarterly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****	****	****	****	0.4	- 19	0	Quarterly	Grab
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Quarterly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
NAME/TITLE OF PRINCIPAL	I certify under penal	ty of law that this docur	nent and all attachments w	vere prepared und	ler my direction or superv	ision in accordance	SIGNATURE OF		TELEP	HONE NO   DAT	E

## NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 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 abuinitied is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE Robert Adams Under the person of persons who manage the system, or those persons billity of fine and imprisonment for knowing violations. Signed By E2 205-987-8352 04/21/2018

PERMITTEE NAME: Enviro S MAILING ADDRESS: 8000 Lii	Services, L.L.C. berty Parkway, Su		-	PER	MIT NUMBER NITORING PO	INT: 007S	oring Report (D	C	COUNT PROGR		
FACILITY: Liberty Park WRRF				MONITORING PERIOD:			D	*** NO DISCHARGE [ ] ***			
	. <i>.</i>			YY   MM   DD         YY   MM   DD           From:         18 01 01         To:         18 03 31				NOTE: Read instructions before completing this form.			
LOCATION: 13059 Liberty Park	way, Vestavia Hill	s, AL 35242		FIOIII:		10. 10 00 01		NOI	E. Keau	instructions before co	mpieting this form.
Parameter	$\sim$	Ouantity (	or Loading	Units	Oua	lity or Concentration		Units	No.	Frequency of	Sample Type
	$\rightarrow$	Average	Maximum	emis	Minimum	Average	Maximum	Child	Ex.	Analysis	
211	Sample	*****	****		8.2	*****	8.2			0 1	Grab
РН	Measurement				0.2		0.2	12	0	Quarterly	Grab
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	report minimum daily	****	report maximum daily	S.U.		Quarterly	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	*****	36.0	19	0	Quarterly	Grab
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Quarterly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****	0.021	19	0	Quarterly	Grab
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	****	report maximum daily	mg/l		Quarterly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	****	****	****	*B	19	0	Quarterly	Grab
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Quarterly	Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****	0.25	19	0	Quarterly	Grab
Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Quarterly	Grab
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****	0.073	19	0	Quarterly	Grab
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Quarterly	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	****	1.549	03	****	****	****	****	0	Quarterly	Grab
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	report maximum daily	MGD	****	****	****			Quarterly	Grab

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Robert Adams		Signed By E2	205-987-8352	04/21/2018

		Alabama I	Department of E				nitoring Report (1	DMR)			
PERMITTEE NAME: Envi	ro Services, L.L.C.			PER	MIT NUMBER	AL0067814	Ļ			MINOR	
MAILING ADDRESS: 8000	) Libertv Parkwav. Su	ite 114 . Vestav	ia Hills. AL 35242	MON	NITORING PO	INT: 007S		C	COUNT	TY: Jefferso	on
	·, ·, , ·, , , ·	,				NG PERIOD:			ROGE		al
FACILITY: Liberty Park WRR	RF				YY   MM   DD	YY   MM	DD			** NO DISCHA	RGE[]***
LOCATION: 13059 Liberty P		ls Al 35242		From:	18 01 01	To: 18 03 31		NOT		instructions before c	
Parameter		Quantity	or Loading	Units	Qua	lity or Concent	ration	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
E. COLI	Sample Measurement	****	****		****	****	840	- 13	0	Quarterly	Grab
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	****	report maximum daily	col/100mL		Quarterly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****	****	****	****	0.4	- 19	0	Quarterly	Grab
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	*****	report maximum daily	mg/l		Quarterly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
NAME/TITLE OF PRINCIPAL	- I water and - I	to of here that this h			daa aa dha ah aa a		SIGNATURE OF		TEI ED	HONE NO   DAT	F
MAINL/ TITLE OF TRINCIPAL	I certify under penal	ty of law that this docur	ment and all attachments w	ere prepared und	ier iny direction or superv	ision in accordance	SIGNATORE OF		דידידי	DAI	L

## NAME/TITLE OF PRINCIPAL<br/>EXECUTIVE OFFICER OR<br/>AUTHORIZED<br/>AGENTI certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance<br/>with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry<br/>of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information<br/>submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for<br/>submitting false information, including the possibility of fine and imprisonment for knowing violations.SIGNATURE OF<br/>PRINCIPAL EXECUTIVE<br/>OFFICER OR AUTHORIZED<br/>AGENTTELEPHONE NODATERobert AdamsConstruction of the person or persons who manage the system.Construction or supervision in accordance<br/>principal executive<br/>of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information<br/>submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for<br/>AGENTSIGNATURE OF<br/>PRINCIPAL EXECUTIVE<br/>OFFICER OR AUTHORIZED<br/>AGENTDATE<br/>PRINCIPAL EXECUTIVE<br/>OFFICER OR AUTHORIZED<br/>AGENTRobert AdamsConstruction of the person or penalty of fine and imprisonment for knowing violations.Signed By E2205-987-835204/21/2018

Average     Maximum       PH     Sample Measurement     *****       Parameter Code: 00400     Permit     *****				MON From: Units	Minimum         Average         Maximum           8.6         *****         8.6			C P NOT Units	Ex. Analysis 0 Quarterly Grab			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement				report minimum daily		report maximum daily	S.U.		Quarterly	Grab	
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	103 report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab	
NITROGEN, AMMONIA TOTAL (AS N) Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	***	****	****	****	****	0.015 report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab Grab	
NITROGEN, KJELDAHL TOTAL (AS N) Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	*B report maximum daily	- 19 mg/l	0	Quarterly Quarterly	Grab	
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	*B report maximum daily	- 19 mg/l	0	Quarterly Quarterly	Grab Grab	
PHOSPHORUS, TOTAL (AS P) Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	0.097 report maximum daily	- 19 mg/l	0	Quarterly Quarterly	Grab Grab	
FLOW, IN CONDUIT OR THRU TREATMENT PL Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	1.549 report maximum daily	03 MGD	****	****	****	****	0	Quarterly Quarterly	Grab Grab	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted lase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

		Alabama I	Department of E				onitoring Report ()	DMR)			
PERMITTEE NAME: Envir	o Services, L.L.C.			PER	MIT NUMBEF	. AL006781	4			MINOR	
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 . Vestavi	a Hills, Al. 35242	MON	NITORING PO	INT: 016S		(	COUNT	TY: Jefferso	n
		,				NG PERIOD:			ROGE		al
FACILITY: Liberty Park WRR	F			YY   MM   DD YY   MM   D		I   DD			** NO DISCHA	RGE[]***	
LOCATION: 13059 Liberty Pa		s Al 35242		From:	10 01 01	To: 18 03 3		NOT		instructions before co	
		5, AE 00242									
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concer	ntration	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
E. COLI	Sample Measurement	****	****		****	****	25	13	0	Quarterly	Grab
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	****	report maximum daily	col/100mL		Quarterly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****	****	****	****	0.8	19	0	Quarterly	Grab
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Quarterly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement							]			
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
NAME/TITLE OF PRINCIPAL	I certify under penal	ty of law that this docur	nent and all attachments w	ere prepared und	der my direction or superv	ision in accordance	SIGNATURE OF		TELEP	HONE NO DAT	E

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted islase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

		Alabama I	Department of E			t Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 . Vestavi	a Hills, Al. 35242		<b>NITORING PO</b>	INT: 0201		COUNTY: Jefferson			
					MONITORI				ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD YY   MM   DD			*** NO DISCHARGE [ ] ***			
LOCATION: 13059 Liberty Park				From	From: 18 03 01 To: 18 03 31			NOT		instructions before co	-
Localito 13059 Liberty Park	way, vestavia Hill	IS, AL 35242		From.		10.		noi	L. Reau	instructions before et	Simpleting this form.
Parameter	$\sim$	Ouantity	or Loading	Units	Units Quality or Concentration			Units	No.	Frequency of	Sample Type
	$\searrow$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		8.3	****	****		0	2X Weekly	Grab
Parameter Code: 00300 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	7.0 minimum daily	****	****	19 mg/l		2X Weekly	Grab
РН	Sample Measurement	****	****	****	6.8	****	7.1	12	0	2X Weekly	Grab
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		6.0 minimum daily	****	8.5 maximum daily	S.U.		2X Weekly	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	1084	1858		****	146	223	19	0	2X Weekly	24-Hr Composite
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	24-Hr Composite
SOLIDS, TOTAL SUSPENDED	Sample Measurement	7.81	14.6	26	****	1.00	2.00	19	0	2X Weekly	Grab
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	287 monthly average	431 weekly average	lbs/day	****	30.0 monthly average	45.0 weekly average	mg/l		2X Weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.58	0.86	26	****	0.073	0.11	19	0	2X Weekly	Grab
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	19.1 monthly average	28.7 weekly average	lbs/day	****	2.0 monthly average	3.0 weekly average	mg/l		2X Weekly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	2.85	6.81	26	****	0.35	0.84	19	0	Monthly	Grab
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly	Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	48.2	51.5	26	****	6.04	6.40	19	0	Monthly	Grab
Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly	Grab

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams	Signed By E2	205-987-8352	04/21/2018

PERMITTEE NAME: Enviro S	ervices, L.L.C.	Alabailla L	repartment of E		MIT NUMBER	t Discharge Monit	oring Report (D	(MIK)		MINOR		
					MIT NUMBER NTORING PO			0	OUNI	Jefferso	on	
MAILING ADDRESS: 8000 Lib	erty Parkway, Sui	ite 114, Vestavi	a Hills, AL 35242	MOR					ROGE	11.		
FACILITY: Liberty Park WRRF						NG PERIOD:		r				
					YY   MM   DD 18 03 01	YY   MM   D To: 18 03 31	<u> </u>	NOT	*** NO DISCHARGE [ ] ***			
LOCATION: 13059 Liberty Parkw	vay , Vestavia Hills	s, AL 35242		From:	10 03 01	10: 10:00:01		NOTE: Read instructions before completing this form				
Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	6.18	11.2		****	0.79	1.42	19	0	2X Weekly	Grab	
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	Grab	
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.948	1.041	03	****	****	****	****	0	Daily	Continuous	
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	MGD	****	****	****			Daily	Continuous	
CHLORINE, TOTAL RESIDUAL	Sample Measurement	****	****		****	*9	*9	19	0	2X Weekly	Grab	
Parameter Code: 50060 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	0.011 monthly average	0.019 maximum daily	mg/l		2X Weekly	Grab	
E. COLI	Sample Measurement	****	****	*****	****	*B	*B	13	0	2X Weekly	Grab	
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	548 monthly average	2507 maximum daily	col/100mL		2X Weekly	Grab	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	633	956	26	****	89.3	120	19	0	2X Weekly	24-Hr Composite	
Parameter Code: 80082 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	renort weekly average	lbs/day	****	report monthly average	renort weekly average	mg/l		2X Weekly	24-Hr Composite	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	12.5	17.1	26	****	1.56	2.13	19	0	2X Weekly	Grab	
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	95.9 monthly average	143 weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly	Grab	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM\	Sample Measurement	****	****	****	98.3	****	****	23	0	Monthly	Calculated	
Parameter Code: 80091 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****		85 monthly average	****	****	%		Monthly	Calculated	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

		Alabama L	Department of El			t Discharge Monit	oring Report (D	MK)			
PERMITTEE NAME: Enviro	Services, L.L.C.			PER	MIT NUMBER	<b>AL0067814</b>				MINOR	
MAILING ADDRESS: 8000 L	iberty Parkway, Su	ite 114 . Vestavi	a Hills. AL 35242	MON	NITORING PO	INT: STM1		С	OUNT	TY: Jefferso	n
						NG PERIOD:			ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   DI	)			** NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Park	way Vestavia Hill	e Al 35242		From:	10 00 01	To: 18 03 31		NOT		instructions before co	
	way, vestavia i ili	3, AL 33242									
Parameter	$\searrow$	Quantity of	or Loading	Units	Qua	lity or Concentrat	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
E. COLI	Sample Measurement	*****	****		****	****		12			
Parameter Code: 51040	Permit	****	****	****	****	****	report	13 col/100mL			
Stage Code: 5 UPSTREAM MONITORING	Requirement						maximum			Monthly	
	Samula						daily				
E. COLI	Sample Measurement	****	****	****	****	****		13			
Parameter Code: 51040 Stage Code: 5	Permit Demoissent	****	****		****	****	report	col/100mL		Monthly	
DOWNSTREAM MONITOR	Requirement						maximum daily			wonuny	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****		****	****		10			
Parameter Code: 80082	Permit	****	****	****	****	****	report	19 mg/l			
	Requirement						maximum	Ũ		Monthly	
UPSTREAM MONITORING	Sample						daily				
BOD, CARBONACEOUS 05 DAY, 20C	Measurement	****	****	****	****	****		19			
Parameter Code: 80082	Permit	****	****		****	****	report	mg/l		Manthla	
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly	
	Sample										
	Measurement										
	Permit										
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	Requirement										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

		Alabama I	Department of En	nvironmen	ital Management	t Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR		
MAILING ADDRESS: 8000 Lil	berty Parkway, Sui	ite 114 , Vestavi	a Hills, AL 35242	MON	<b>ITORING PO</b>	INT: 0201		C	OUNT	TY: Jefferso	n	
	<b>,</b>					NG PERIOD:		Р	ROGE	RAM: Municip	al	
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   DI	)		**	** NO DISCHA	RGE[]***	
LOCATION: 13059 Liberty Park	way Vestavia Hill	ς ΔI 35242		From:	10.00.01	To: 18 03 31		NOT	NOTE: Read instructions before completing this form.			
		3, AL 33242										
Parameter	$\searrow$	Quantity of	or Loading	Units	Qua	lity or Concentrat	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
SOLIDS, SUSPENDED PERCENT REMOVAL	Sample Measurement	*****	****		99.3	****	****		0	Monthly	Calculated	
Parameter Code: 81011	Permit	****	****	****	85	****	****	23 %				
Stage Code: K	Requirement				monthly			,0		Monthly	Calculated	
PERCENTREMOVAL	0 1				average							
	Sample Measurement											
	Permit											
	Requirement											
	Sample											
	Measurement											
	Permit Requirement											
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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

Enviro S	Services, L.L.C.	Alabailia L	repartment of E		ntal Management MIT NUMBER		oring Report (D	MIK)		MINOR		
I ENNILL LEE NAME.				PER.	MIT NUMBER NTORING PO	$\frac{1}{10000000000000000000000000000000000$		ſ	OUNI	Jefferso	on	
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114, Vestavi	a Hills, AL 35242	MOP					ROGE	11.		
FACILITY: Liberty Park WRRF					MONITORI		D	r				
				From:	YY   MM   DD 18 03 01	YY   MM   D To: 18 03 31	<u>D</u>	NOT	*** NO DISCHARGE [X] *** NOTE: Read instructions before completing this form.			
LOCATION: 13059 Liberty Parky	way, Vestavia Hill	s, AL 35242		FIOIII:		10. 10 00 01		NOT	E. Keau	instructions before co	Supreung uns form.	
Parameter	$\searrow$	Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****			****	****	19				
Parameter Code: 00300 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	7.0 minimum daily	****	****	mg/l		2X Weekly		
PH	Sample Measurement	****	****	****		****						
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		6.0 minimum daily	****	8.5 maximum daily	12 S.U.		2X Weekly		
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19				
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly		
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****			19				
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	400 monthly average	600 weekly average	lbs/day	****	30.0 monthly average	45.0 weekly average	mg/l		2X Weekly		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement			26	****			19				
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	26.6 monthly average	40.0 weekly average	lbs/day	****	2.0 monthly average	3.0 weekly average	mg/l		2X Weekly		
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement			26	****			19				
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	renort weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly		
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement			26	****			19				
Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly		

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

		Alabama I	Department of <b>E</b>	Invironmer	tal Management	t Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.		-	PER	MIT NUMBER	. AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	erty Parkway, Sui	te 114 Vestavi	a Hills Al 35242		ITORING PO			C	OUNT	Jefferso	n
	only Funday, Our		a 1 mio, 7 i 002 42			NG PERIOD:			ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD		D	-		* NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Parky	way Vestavia Hills	ο Δ1 352 <i>1</i> 2		From:	18 03 01	To: 18 03 31		NOT		instructions before co	
		5, AL 33242									
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	-			****			19			
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement			03	****	****	****	****			
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	MGD	****	****	****			Daily	
CHLORINE, TOTAL RESIDUAL	Sample Measurement	****	****		****			19			
Parameter Code: 50060 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	0.011 monthly average	0.019 maximum daily	mg/l		2X Weekly	
E. COLI	Sample Measurement	****	****	****	****			13			
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	548 monthly average	2507 maximum daily	col/100mL		2X Weekly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			26	****			19			
Parameter Code: 80082 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			26	****			19			
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	133 monthly average	200 weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM\	Sample Measurement	****	****	****		****	****	23			
Parameter Code: 80091 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****		85 monthly average	****	****	%		Monthly	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

		Alaballia I	Department of Ei				oring Report (D	WIN)				
PERMITTEE NAME: Envi	ro Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR		
MAILING ADDRESS: 8000	) Liberty Parkway, Su	ite 114, Vestavi	ia Hills, AL 35242	MON	NITORING PO	INT: STM5		C	COUNT	TY: Jefferso	n	
		,			MONITORI	NG PERIOD:		Р	ROGE	RAM: Municip	al	
FACILITY: Liberty Park WRR	RF				YY   MM   DD	YY   MM   D	D		*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Pa		s. Al. 35242		From:	18 03 01	To: 18 03 31		NOT		instructions before co		
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		****	****		19				
Parameter Code: 00300	Permit	****	****	****	****	****	report	mg/l				
Stage Code: 5 UPSTREAM MONITORING	Requirement						maximum daily			Monthly		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00300 Stage Code: 5	Permit	****	****		****	****	report	mg/l		N 41		
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly		
РН	Sample Measurement	****	****			****		10				
Parameter Code: 00400	Permit	****	****	****	report	****	report	12 S.U.				
UPSTREAM MONITORING	Requirement				minimum daily		maximum daily			Monthly		
РН	Sample Measurement	****	****	****		****		12				
Parameter Code: 00400	Permit	****	****		report	****	report	S.U.				
DOWNSTREAM MONITOR	Requirement				minimum daily		maximum daily			Monthly		
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	*****	*****	****	****		19				
Parameter Code: 00530	Permit	****	****		****	****	report	mg/l				
UPSTREAM MONITORING	Requirement						maximum daily			Monthly		
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	*****	****	****	****		10				
Parameter Code: 00530	Permit	****	****		****	****	report	19 mg/l				
DOWNSTREAM MONITOR	Requirement						maximum daily	_		Monthly		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****	****	****	*****		10				
Parameter Code: 00610	Permit	****	****		****	****	report	19 mg/l				
UPSTREAM MONITORING	Requirement						maximum daily			Monthly		

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

		Alabama L	Department of El	nvironmen	ital Management	t Discharge Monit	oring Report (D	OMR)				
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR		
MAILING ADDRESS: 8000 Lil	berty Parkway, Sui	te 114 Vestavi	a Hills Al 35242	MON	<b>ITORING PO</b>	INT: 0202		C	OUNT	TY: Jefferso	on	
	borty i antitay, ea					NG PERIOD:			ROGE		al	
FACILITY: Liberty Park WRRF					YY   MM   DD		D	-		** NO DISCHA		
LOCATION: 13059 Liberty Park				From:	10.00.01	To: 18 03 31		NOT	NOTE: Read instructions before completing this form.			
Localition 13059 Liberty Park	way, vestavia mili	S, AL 30242		TTOM.		10.		1101	L. Reau	instructions before et	supretting this form.	
Parameter	$\sim$	Quantity of	or Loading	Units	Оца	lity or Concentrat	tion	Units	No.	Frequency of	Sample Type	
	$\rightarrow$	Average	Maximum	emis	Minimum	Average	Maximum	omo	Ex.	Analysis		
	Sample	*****	*****		IVIIIIIIIII	*****	****					
SOLIDS, SUSPENDED PERCENT REMOVAL	Measurement							23				
Parameter Code: 81011	Permit	****	****	****	85	****	****	23 %				
Stage Code: K PERCENTREMOVAL	Requirement				monthly					Monthly		
PERCENTREMOVAL	Sample				average							
	Measurement											
	Permit											
	Requirement											
	a i											
	Sample Measurement											
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	Sample											
	Measurement											
	Permit							1				
	Requirement											

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

		Alabaina 1	Department of Ei				oring Keport (D	MIN)				
PERMITTEE NAME: Envir	ro Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR		
MAILING ADDRESS: 8000	) Liberty Parkway, Su	ite 114 , Vestavi	ia Hills, AL 35242	MON	NITORING PO	INT: STM1		C	COUNT	TY: Jefferso	n	
		,			MONITORI	NG PERIOD:		Р	PROGRAM: Municipal			
FACILITY: Liberty Park WRR	RF				YY   MM   DD	YY   MM   D	D		*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Pa		s. Al. 35242		From:	18 03 01	To: 18 03 31		NOTE: Read instructions before completing this for				
	antraj și rootaria rim	0, / 12 002 12										
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		****	****		19				
Parameter Code: 00300	Permit	****	****	****	****	****	report	mg/l				
Stage Code: 5 UPSTREAM MONITORING	Requirement						maximum daily			Monthly		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00300 Stage Code: 5	Permit	****	****		****	****	report	mg/l		N		
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly		
РН	Sample Measurement	****	****			****		10				
Parameter Code: 00400	Permit	****	****	****	report	****	report	12 S.U.				
UPSTREAM MONITORING	Requirement				minimum daily		maximum daily			Monthly		
РН	Sample Measurement	****	****	****		****		12				
Parameter Code: 00400	Permit	****	****		report	****	report	S.U.				
DOWNSTREAM MONITOR	Requirement				minimum daily		maximum daily			Monthly		
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00530	Permit	****	****		****	****	report	mg/l				
UPSTREAM MONITORING	Requirement						maximum daily			Monthly		
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****		10				
Parameter Code: 00530	Permit	****	****		****	****	report	19 mg/l				
DOWNSTREAM MONITOR	Requirement						maximum daily	_		Monthly		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****	****	****	****		10				
Parameter Code: 00610	Permit	****	****		****	****	report	19 mg/l				
UPSTREAM MONITORING	Requirement						maximum daily	Ũ		Monthly		

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

		Alabama I	Department of Ei			t Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR		
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 , Vestavi	a Hills, AL 35242	MON	NITORING PO	INT: STM1		COUNTY: Jefferson				
					MONITORI	NG PERIOD:		PROGRAM: Municipal				
FACILITY: Liberty Park WRRF					YY   MM   DD YY   MM   DD				*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Park	way , Vestavia Hill	s, AL 35242		From:	From: 18 03 01 To: 18 03 31					instructions before co	ompleting this form.	
								1	1		~	
Parameter	$\searrow$	Quantity	or Loading	Units	· · · ·	lity or Concentra	1	Units	No.	Frequency of Analysis	Sample Type	
	$\langle \rangle$	Average	Maximum		Minimum	Average	Maximum		Ex.	Anarysis		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****		19				
Parameter Code: 00610	Permit	****	****	****	****	****	report	mg/l				
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly		
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00625 Stage Code: 5	Permit	****	****		****	****	report	mg/l		N		
UPSTREAM MONITORING	Requirement						maximum daily			Monthly		
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****		****	*****		10				
Parameter Code: 00625	Permit	****	****	****	****	****	report	19 mg/l				
Stage Code: 5 DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly		
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00630	Permit	****	****		****	****	report	mg/l				
Stage Code: 5 UPSTREAM MONITORING	Requirement						maximum daily			Monthly		
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	*****	****	****		19				
Parameter Code: 00630 Stage Code: 5	Permit	****	****		****	****	report	mg/l		N		
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00665	Permit	****	****		****	****	report	mg/l				
Stage Code: 5 UPSTREAM MONITORING	Requirement						maximum daily			Monthly		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00665 Stage Code: 5	Permit	****	****		****	****	report	mg/l				
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly		
								I				

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted islase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

		Alabama L	Department of En			t Discharge Monit	oring Report (D	MR)					
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	<b>AL0067814</b>				MINOR			
MAILING ADDRESS: 8000 Lil	perty Parkway, Su	ite 114 , Vestavi	a Hills, AL 35242	MON	<b>NITORING PO</b>	INT: STM5		COUNTY: Jefferson					
	<b>y</b>	,		MONITORING PERIOD:					PROGRAM: Municipal				
FACILITY: Liberty Park WRRF					YY   MM   DD YY   MM   DD					*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Park	way Vestavia Hill	s Al 35242		From:	From: 18 03 01 To: 18 03 31					instructions before co			
		3, AL 33242											
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type		
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis			
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****		- 19					
Parameter Code: 00610	Permit	****	****	****	****	****	report	mg/l					
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly			
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	****	****	****		19					
Parameter Code: 00625 Stage Code: 5	Permit	****	****		****	****	report	mg/l		Manthla			
UPSTREAM MONITORING	Requirement						maximum daily			Monthly			
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****		****	****		19					
Parameter Code: 00625	Permit	****	****	****	****	****	report	mg/l					
Stage Code: 5 DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly			
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****	uuuy	10					
Parameter Code: 00630	Permit	****	****		****	****	report	19 mg/l					
Stage Code: 5 UPSTREAM MONITORING	Requirement						maximum	U		Monthly			
	Sample						daily						
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Measurement	****	****	****	****	****		10					
Parameter Code: 00630	Permit	****	****		****	****	report	19 mg/l					
Stage Code: 5 DOWNSTREAM MONITOR	Requirement						maximum			Monthly			
	Sample	****	****		*****	****	daily						
PHOSPHORUS, TOTAL (AS P)	Measurement	****	****	****	****	****		19					
Parameter Code: 00665 Stage Code: 5	Permit	****	****		****	****	report	mg/l					
UPSTREAM MONITORING	Requirement						maximum daily			Monthly			
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	ababab 1 1	****	****	dury						
Parameter Code: 00665	Permit	****	****	****	****	****	report	19 mg/l					
Stage Code: 5 DOWNSTREAM MONITOR	Requirement						maximum daily	ing/i		Monthly			

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted lase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

		Alabama I	Department of Ei	nvironmer	ntal Managemen	t Discharge Monit	oring Report (L	DMR)				
PERMITTEE NAME: Environment	o Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR		
MAILING ADDRESS: 8000	Liberty Parkway, Sui	te 114 Vestavi	a Hills Al 35242	MON	NITORING PO	INT: STM5		C	COUNTY: Jefferson			
	Liberty Fantway, Ou		a 1 mio, 7 i 00242			NG PERIOD:		PROGRAM: Municipal				
FACILITY: Liberty Park WRR	F				YY   MM   DD		<u> </u>	•	*** NO DISCHARGE <sup>[X]</sup> ***			
				From:	10 00 01	To: 18 03 31		NOTE: Read instructions before completing this form				
LOCATION: 13059 Liberty Pa	irkway, Vestavia Hill	s, AL 35242		FIOIII:	10 00 01	10. 10 00 01		NOT	E. Keau	lisu ucuons before co	Supretting this form.	
Parameter	$\sim$	Quantity	or Loading	Units	Oua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
i urumeter	$\rightarrow$	Average	Maximum	Onits	Minimum	Average	Maximum	Onto	Ex.	Analysis	1 91	
	Sample	-	1			<u> </u>	Waxiiiuiii		LA.			
E. COLI	Measurement	****	****		****	****						
Parameter Code: 51040	Permit	****	****	*****	****	****	report	13 col/100mL				
Stage Code: 5	Requirement						maximum	col/ roomL		Monthly		
UPSTREAM MONITORING							daily					
E. COLI	Sample Measurement	****	****	****	****	****		13				
Parameter Code: 51040	Permit	****	****		*****	****	report	col/100mL				
Stage Code: 5 DOWNSTREAM MONITOR	Requirement						maximum			Monthly		
DOWINGTREAM MONITOR	Sampla						daily					
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****		****	****		19				
Parameter Code: 80082	Permit	****	****	****	****	****	report	mg/l				
UPSTREAM MONITORING	Requirement						maximum			Monthly		
	Sample						daily					
BOD, CARBONACEOUS 05 DAY, 20C	Measurement	****	****	****	****	****		19				
Parameter Code: 80082	Permit	****	****		****	****	report	mg/l		N 41		
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly		
	Sample						duity					
	Measurement											
	Permit											
	Requirement											
	Sample											
	Measurement											
	Permit											
	Requirement											
	Sample											
	Measurement Permit											
	Requirement											
	requirement											

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted islae information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	04/21/2018

<b>F</b> -1-1		Alabama I	Department of E			Discharge Moni	toring Report (D	MR)		MINOR		
PERMITTEE NAME:	o Services, L.L.C.				MIT NUMBER					1. ((		
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 , Vestav	ia Hills, AL 35242	MON	NITORING PO				COUNTY:			
FACILITY: Liberty Park WRR	F				MONITORI	1		ł	PROGRAM: Municipal *** NO DISCHARGE <sup>[X]</sup> ***			
				From:	YY   MM   DD         YY   MM   DD           From:         18 04 01         To:         18 04 30							
LOCATION: 13059 Liberty Pa	arkway , Vestavia Hill	s, AL 35242		From:	10 04 01	10: 10 04 00		NOI	E: Read 1	instructions before co	impleting this form.	
Parameter		Quantity	or Loading	Units	Qua	lity or Concentration	ation	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
PH	Sample Measurement	****	****			****		10				
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	6.0 minimum daily	****	9.0 maximum daily	12 S.U.		2X Weekly		
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****							
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	19 mg/l		2X Weekly		
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19				
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	30.0 monthly average	45.0 weekly average	mg/l		2X Weekly		
NITROGEN, TOTAL (AS N)	Sample Measurement			26	****			19				
Parameter Code: 00600 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement			26	****			10				
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	19 mg/l		2X Weekly		
NITROGEN, NITRATE TOTAL (AS N)	Sample Measurement			26	****			19				
Parameter Code: 00620 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly		
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement			26	****			19				
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	20.0 monthly average	30.0 weekly average	mg/l		2X Weekly		
NAME/TITLE OF PRINCIPAL					der my direction or supervi	Sion in accordance	IGNATURE OF	TIVE	TELEPI	HONE NO DAT	E	

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Monit	toring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway, Sui	te 114 . Vestavi	a Hills, Al. 35242		NITORING PO			C	OUN	TY: Jefferso	n
	, ea.	,			MONITORI				ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		**	** NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Parky	way Vestavia Hills	s Al 35242		From:	10 01 01	To: 18 04 30		NOT		instructions before co	
	, voolavia i iik	,, , <u>, , , , , , , , , , , , , , , , ,</u>									
Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			19			
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly average	weekly average			2X Weekly	
	Sample	average			****	*****	****				
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03	****	****	****	****			
Parameter Code: 50050	Permit	report	report	MGD	****	****	****				
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	maximum daily							Daily	
	Sample	average	dally		****	****	****				
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement							****			
Parameter Code: 50050 Stage Code: 1	Permit	report	report	03 MGD	****	****	****				
EFFLUENT GROSS VALUE	Requirement	monthly average	maximum daily							Daily	
E. COLI	Sample	****	****		****						
	Measurement			****				13			
Parameter Code: 51040 Stage Code: 1	Permit	****	****		****	126	487	col/100mL		OV Westeles	
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement				****						
Parameter Code: 80082	Permit	report	report	26 lbs/day	****	report	report	19			
Stage Code: G	Requirement	monthly	weekly average	105/043		monthly	weekly average	mg/l		2X Weekly	
RAW SEW/INFLUENT	a 1	average	, ,			average	, ,				
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			26	****			19			
Parameter Code: 80082 Stage Code: 1	Permit	report	report	lbs/day	****	45.0	67.5	mg/l		2V Weekly	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
	Sample										
	Measurement										
	Permit Requirement										
	Requirement										
							•				<u> </u>
NAME/TITLE OF PRINCIPAL	I certify under penalt	y of law that this docun	nent and all attachments v	vere prepared und	der my direction or supervis	sion in accordance SI	GNATURE OF		TELEP	HONE NO DAT	Е

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	05/25/2018

		Alabama I	Department of E			t Discharge Moni	toring Report (D	MR)			
PERMITTEE NAME:	o Services, L.L.C.				MIT NUMBER					MINOR	_
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 , Vestav	a Hills, AL 35242	MON	NITORING PO				COUNT		
	-				MONITORI	1		P	PROGR		
FACILITY: Liberty Park WRR					YY   MM   DD	YY   MM   I	DD			* NO DISCHA	
LOCATION: 13059 Liberty Pa	arkway , Vestavia Hill	s, AL 35242		From:	18 04 01	To: 18 04 30		NOT	E: Read i	instructions before co	ompleting this form.
Parameter		Quantity	or Loading	Units	Qua	lity or Concentration	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PH	Sample Measurement	****	****			****		10			
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	****	****	6.0 minimum daily	****	9.0 maximum daily	12 S.U.		2X Weekly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****		dany				
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	19 mg/l		2X Weekly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19			
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	30.0 monthly average	45.0 weekly average	ng/l		2X Weekly	
NITROGEN, TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00600 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement			26	****			10			
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	19 mg/l		2X Weekly	
NITROGEN, NITRATE TOTAL (AS N)	Sample Measurement			26	****			10			
Parameter Code: 00620 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	19 mg/l		2X Weekly	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly	
NAME/TITLE OF PRINCIPAL					der my direction or supervi	bion in decordance	IGNATURE OF	TIVE	TELEPI	HONE NO DAT	E

AGENT Robert Adams	submitting false information, including the possibility of fine and imprisonment for knowing violations.	AGENT Signed By E2	205-987-8352	05/25/2018	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE	

		Alabama I	Department of E	nvironmer	ital Management	Discharge Monit	oring Report (D	OMR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	. AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway, Sui	ite 114 . Vestavi	a Hills, Al. 35242	MON	NITORING PO	INT: 0053		C	OUNT	TY: Jefferso	n
	, ea.,	,			MONITORI				ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		**	** NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Parky	way Vestavia Hill	s AL 35242		From:	18 04 01	To: 18 04 30		NOT		instructions before co	
	, voolavia i iii	0, 7 12 002 12									
Parameter		Quantity of	or Loading	Units	Qual	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
	$\frown$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			19			
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average				average					
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03	****	****	****	****			
Parameter Code: 50050	Permit	report	report	MGD	****	****	****				
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	maximum							Daily	
	Sample	average	daily		****	****	****				
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement				****	****	****	****			
Parameter Code: 50050	Permit	report	report	03 MGD	****	****	****				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum daily							Daily	
	Sample	average	****		****						
E. COLI	Measurement		alle de alle de	****	de de de de de			13			
Parameter Code: 51040 Stage Code: 1	Permit	****	****		****	126	487	col/100mL			
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample				****	average	uuny				
	Measurement			26				19			
Parameter Code: 80082 Stage Code: G	Permit	report	report	lbs/day	****	report	report	mg/l		2X Weekly	
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			2A weekiy	
BOD, CARBONACEOUS 05 DAY, 20C	Sample	interna e		-	****						
	Measurement			26				19			
Parameter Code: 80082 Stage Code: 1	Permit Requirement	report	report	lbs/day	****	10.0	15.0	mg/l		2X Weekly	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2A WCCRIY	
	Sample					<u> </u>					
	Measurement										
	Permit Requirement										
	requirement										
			· · · · · · · · · · · · · · · · · · ·	-			· · · · · · · · · · · · · · · · · · ·				<u> </u>
NAME/TITLE OF PRINCIPAL	I certify under penalt	y of law that this docun	nent and all attachments v	vere prepared und	ler my direction or supervis	sion in accordance SI	GNATURE OF		TELEP	HONE NO DAT	Е

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted islase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	05/25/2018

		Alabama l	Department of E	nvironmer	ntal Management	t Discharge Moni	toring Report (L	OMR)			
PERMITTEE NAME: Enviro S	ervices, L.L.C.			PER	MIT NUMBER	. AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	erty Parkway, Su	ite 114 Vestav	ia Hills Al 35242		NITORING PO	INT: 0202		(	COUNT	TY: Jefferso	on
	forty i antway, ou		10 T 1110, 7 12 00242			NG PERIOD:			ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD			-		** NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Park		a AL 25242		From:	10.01.01	To: 18 04 30		NOT		instructions before co	
Localition 13059 Liberty Park	vay, vestavia mili	S, AL 35242		Trom.		10.		1101	L. Read	instructions before ex	sinpleting this form.
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****						
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	0.2	report	19 mg/l			
Stage Code: 1	Requirement	monthly	weekly average			monthly	weekly average	ing/1		2X Weekly	
EFFLUENT GROSS VALUE	0 1	average				average					
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement			03	****	****	****	*****			
Parameter Code: 50050	Permit	report	report	MGD	****	****	****			~	
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum							Daily	
CHLORINE, TOTAL RESIDUAL	Sample Measurement	average ****	daily ****		****						
Parameter Code: 50060	Permit	****	****	****	****	0.011	0.019	19			
Stage Code: 1	Requirement					monthly	maximum	mg/l		2X Weekly	
EFFLUENT GROSS VALUE	-					average	daily				
E. COLI	Sample Measurement	****	****	****	****			- 13			
Parameter Code: 51040	Permit	****	****		****	548	2507	col/100mL			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly	maximum			2X Weekly	
	Sample					average	daily				
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	****			10			
Parameter Code: 80082	Permit	report	report	lbs/day	****	report	report	19 mg/l			
Stage Code: G	Requirement	monthly	weekly average	-		monthly	weekly average	8		2X Weekly	
RAW SEW/INFLUENT	Commis	average				average			_		
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			26	****			19			
Parameter Code: 80082 Stage Code: 1	Permit	133	200	lbs/day	****	10.0	15.0	mg/l			
EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average ****	****			average ****	****				
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM	Measurement	****	****	****		****	****	22			
Parameter Code: 80091	Permit	****	****		85	****	****	23 %			
Stage Code: K	Requirement				monthly					Monthly	
PERCENTREMOVAL					average						
NAME/TITLE OF PRINCIPAL					der my direction or supervis		GNATURE OF		TELEP	HONE NO DAT	Е
EXECUTIVE OFFICER OR	with a system designed	ed to assure that qualifi	ed personnel properly gath	er and evaluate t	he information submitted. I	Based on my inquiry PI	RINCIPAL EXECU	TIVE			

EXECUTIVE OFFICER OR AUTHORIZED AGENT	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.	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEFIIONE NO	DATE	
Robert Adams	submitting raise mortification, including the possionity of the and imprisonment for knowing violations.	Signed By E2	205-987-8352	05/25/2018	

	<b>.</b>	Alabama I	Department of Ei			t Discharge Moni	toring Report (L	OMR)			
PERMITTEE NAME: Envir	o Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 , Vestavi	a Hills, AL 35242	MON	ITORING PO	INT: STM1			COUNT		n
					MONITORI	NG PERIOD:		Р	ROGE		
FACILITY: Liberty Park WRR					YY   MM   DD	YY   MM   D	D		**	* NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Pa	arkway , Vestavia Hill	s, AL 35242		From:	18 04 01	To: 18 04 30		NOT	E: Read	instructions before co	ompleting this form.
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
E. COLI	Sample Measurement	****	****		****	****		13			
Parameter Code: 51040 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	col/100mL		Monthly	
E. COLI	Sample Measurement	****	****	****	****	****		13			
Parameter Code: 51040 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	col/100mL		Monthly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****		****	****		19			
Parameter Code: 80082 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	mg/l		Monthly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****	****	****	****		- 19			
Parameter Code: 80082 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
NAME/TITLE OF PRINCIPAL			nent and all attachments w			Sion in decordance	GNATURE OF		TELEP	HONE NO DAT	E
EXECUTIVE OFFICER OR	with a system design	ed to assure that qualifie	ed personnel properly gathe	er and evaluate the	he information submitted.	Based on my inquiry PF	RINCIPAL EXECU	TIVE			

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.

AUTHORIZED

AGENT

Robert Adams

205-987-8352

05/25/2018

Page 3

OFFICER OR AUTHORIZED

Signed By E2

AGENT

		Alabama l	Department of E	nvironmen	ntal Management	t Discharge Moni	toring Report (D	MR)			
PERMITTEE NAME: Enviro	o Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 . Vestav	ia Hills, Al. 35242		NITORING PO			(	COUNT	Y: Jefferso	n
	, •	,				NG PERIOD:			ROGR		al
FACILITY: Liberty Park WRR	=				YY   MM   DD	YY   MM   I	DD		**	* NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Pa		s Al 35242		From:		To: 18 04 30		NOT		instructions before co	
		3, AL 33242									1 8
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
РН	Sample Measurement	****	****			****		12			
Parameter Code: 00400	Permit	*****	****	*****	6.0	****	9.0	12 S.U.			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement				minimum daily		maximum			2X Weekly	
	Sample						daily		-		
SOLIDS, TOTAL SUSPENDED	Measurement			26	****						
Parameter Code: 00530	Permit	report	report	20 lbs/day	****	report	report	19 mg/l			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average	8		2X Weekly	
RAW SEW/INFLOENT	Sample	average				average					
SOLIDS, TOTAL SUSPENDED	Measurement				****			19			
Parameter Code: 00530 Stage Code: 1	Permit	report	report	26 lbs/day	****	30.0	45.0	mg/l			
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
	Sample	average			****	average					
NITROGEN, TOTAL (AS N)	Measurement			26				19			
Parameter Code: 00600 Stage Code: 1	Permit	report	report	lbs/day	****	report	report	mg/l			
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
NITROGEN, AMMONIA TOTAL (AS N)	Sample	average			****	uveruge			+		
	Measurement			26	an an an an			19			
Parameter Code: 00610 Stage Code: 1	Permit	report	report	lbs/day	****	report	report	mg/l		017 W. 11	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
NITROGEN, NITRATE TOTAL (AS N)	Sample Measurement	average			****	uvoluge					
Parameter Code: 00620	Permit			26 lbs/day	****			19			
Stage Code: 1	Requirement	report monthly	report weekly average	105/ day		report monthly	report weekly average	mg/l		2X Weekly	
EFFLUENT GROSS VALUE		average	, ,			average					
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00625	Permit	report	report	lbs/day	****	10.0	15.0	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	0		2X Weekly	
LIT LOLINI GROSS VALUE		average				average					
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR					der my direction or supervi he information submitted.		IGNATURE OF RINCIPAL EXECU	TIVE	TELEPI	HONE NO DAT	E

EXECUTIVE OFFICER OR AUTHORIZED AGENT	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.	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Robert Adams		Signed By E2	205-987-8352	05/25/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Moni	toring Report (L	DMR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	. AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	pertv Parkwav. Sui	ite 114 . Vestavi	a Hills. AL 35242		NITORING PO			C	COUNT	TY: Jefferso	n
	- , ,	,			MONITORI			Р	ROGE	RAM: Municip	al
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		**	** NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Parky	way , Vestavia Hill	s, AL 35242		From:	18 04 01	To: 18 04 30		NOT	E: Read	instructions before co	ompleting this form.
Demonstern	$\sim$	Orrentitar	T	L Luite	0			T.T:4-	NI-	Frequency of	Sample Type
Parameter	>	· ·	or Loading Maximum	Units	Minimum	lity or Concentra	Maximum	Units	No. Ex.	Analysis	Sample Type
	Sample	Average	Maximum		-	Average	Maximum		LA.		
PHOSPHORUS, TOTAL (AS P)	Measurement				****			19			
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average			****	average	****				
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03	****	****	****	****			
Parameter Code: 50050	Permit	report	report	MGD	****	****	****				
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	maximum daily							Daily	
	Sample	average	dany		****	****	****				
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement				de de de de de	ato de ato de	al a de al a de al a	*****			
Parameter Code: 50050 Stage Code: 1	Permit	report	report	03 MGD	****	****	****				
EFFLUENT GROSS VALUE	Requirement	monthly average	maximum daily							Daily	
E. COLI	Sample	****	****		****						
Parameter Code: 51040	Measurement Permit	****	****	****	****	10.6	407	13			
Stage Code: 1	Requirement	****	****		****	126 monthly	487 maximum	col/100mL		2X Weekly	
EFFLUENT GROSS VALUE						average	daily				
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			26	****			19			
Parameter Code: 80082	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average	-		2X Weekly	
	Sample	average			****	average					
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26				19			
Parameter Code: 80082 Stage Code: 1	Permit	report	report	lbs/day	****	10.0	15.0	mg/l		AV W 11	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
	Sample										
	Measurement							1			
	Permit Requirement										
	riequiteitiette										
NAME/TITLE OF PRINCIPAL	I certify under penalt	ty of law that this docum	nent and all attachments	were prepared une	der my direction or supervis	sion in accordance SI	GNATURE OF		TELEP	HONE NO DAT	E

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	05/25/2018

FERMITTEE NAME:         MAILING ADDRESS: 8000 Lit         FACILITY: Liberty Park WRRF         LOCATION: 13059 Liberty Park         Parameter         OXYGEN, DISSOLVED (DO)	way , Vestavia Hill: Sample Measurement	ite 114 , Vestavi s, AL 35242	•	PER MON From: Units	MIT NUMBER NITORING PO MONITORI YY   MM   DD 18 04 01	INT: <sup>0201</sup>	D	C P			on al RGE[]***
Parameter Code: 00300 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	7.0 minimum daily	****	****	mg/l		2X Weekly	Grab
РН	Sample Measurement	****	****	****	6.6	****	7.1	10	0	2X Weekly	Grab
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	6.0 minimum daily	****	8.5 maximum daily	12 S.U.		2X Weekly	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	864	993		****	144	156	10	0	2X Weekly	24-Hr Composite
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	19 mg/l		2X Weekly	24-Hr Composite
SOLIDS, TOTAL SUSPENDED	Sample Measurement	12.0	15.3	26	****	1.63	2.00	19	0	2X Weekly	Grab
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	287 monthly average	431 weekly average	lbs/day	****	30.0 monthly average	45.0 weekly average	mg/l		2X Weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.47	0.79	26	****	0.064	0.10	19	0	2X Weekly	Grab
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	19.1 monthly average	28.7 weekly average	lbs/day	****	2.0 monthly average	3.0 weekly average	mg/l		2X Weekly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	0.84	1.79	26	****	0.13	0.29	19	0	Monthly	Grab
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly	Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	44.4	53.5	26	****	6.08	6.93	19	0	Monthly	Grab
Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly	Grab
						GI			TELED		P

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	05/25/2018

PERMITTEE NAME: Envir	o Services, L.L.C.	Alabama I	Department of E		ital Management		nitoring Report ( <i>L</i> 4	OMR)		MINO	R
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 Vestavi	a Hills Al 35242	MON	ITORING PO	INT: STM5			COUNT	TY: Jeffer	son
	Liberty Funkway, Ou		a 1 1110, 7 12 002 42			NG PERIOD:			PROGE		ipal
FACILITY: Liberty Park WRR	F				YY   MM   DD	YY   MM	DD				<b>ARGE</b> [X] ***
LOCATION: 13059 Liberty Pa		s, AL 35242		From:		To: 18 04 30	)	NO			completing this form.
Parameter		Ouantity	or Loading	Units	Oua	lity or Concen	tration	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		****	****		19			
Parameter Code: 00300 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	mg/l		Monthly	
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 00300 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	
РН	Sample Measurement	****	****			****		12			
Parameter Code: 00400 UPSTREAM MONITORING	Permit Requirement	****	****	****	report minimum daily	****	report maximum daily	S.U.		Monthly	
PH	Sample Measurement	****	****	****		****		12			
Parameter Code: 00400 DOWNSTREAM MONITOR	Permit Requirement	****	****		report minimum daily	****	report maximum daily	S.U.		Monthly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****		10			
Parameter Code: 00530 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	renort maximum daily	19 mg/l		Monthly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 00530 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 00610 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR			nent and all attachments were personnel properly gathe				SIGNATURE OF PRINCIPAL EXECU	TIVE	TELEP	HONE NO DA	TE

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.

AUTHORIZED

AGENT

Robert Adams

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05/25/2018

Page 1

205-987-8352

OFFICER OR AUTHORIZED

Signed By E2

AGENT

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Mon	itoring Report (L	MR)			
PERMITTEE NAME: Enviro S	ervices, L.L.C.		•		MIT NUMBER			,		MINOR	R
MAILING ADDRESS: 8000 Lik	erty Parkway, Sui	te 114 Vestavi	a Hills Al 35242		NITORING POL			0	COUNT	TY: Jeffers	on
	iony rannay, ea				MONITORIN				ROGE		bal
FACILITY: Liberty Park WRRF					YY   MM   DD		DD			** NO DISCHA	RGE [ ] ***
LOCATION: 13059 Liberty Parky	vav. Vestavia Hill	ο ΔI 35242		From:	10 01 01	To: 18 04 30		NOT			completing this form.
		3, AL 33242									1 . 6
Parameter		Quantity	or Loading	Units	Qual	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0.56	0.85		****	0.080	0.11	19	0	2X Weekly	Grab
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	0.2	report	mg/l			<b>C</b> 1
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	Grab
	Sample	average				average					
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement	0.866	1.030	03	****	****	****	****	0	Daily	Continuous
Parameter Code: 50050	Permit	report	report	MGD	****	****	****	****			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum							Daily	Continuous
	Sample	average	daily		****						
CHLORINE, TOTAL RESIDUAL	Measurement	****	****		****	*9	*9	10	0	2X Weekly	Grab
Parameter Code: 50060	Permit	****	****	****	****	0.011	0.019	19 mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly	maximum			2X Weekly	Grab
	Sample	****	****		****	average	daily				
E. COLI	Measurement	****	****	****	****	*B	*B	13	0	2X Weekly	Grab
Parameter Code: 51040	Permit	*****	****		****	548	2507	col/100mL			G 1
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly	maximum daily			2X Weekly	Grab
	Sample				****	average	-				
BOD, CARBONACEOUS 05 DAY, 20C	Measurement	484	511	26	***	81.6	83.8	19	0	2X Weekly	24-Hr Composite
Parameter Code: 80082	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	24-Hr Composite
	Sample	average	18.0		****	average	2.22				Grah
BOD, CARBONACEOUS 05 DAY, 20C	Measurement	13.1	18.0	26		1.79	2.33	19	0	2X Weekly	Grab
Parameter Code: 80082 Stage Code: 1	Permit	95.9	143	lbs/day	****	10.0	15.0	mg/l			Grab
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	Giab
	Sample	*****	****		97.8	*****	****			Manthla	Calculated
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM	Measurement			****	97.0			23	0	Monthly	Calculated
Parameter Code: 80091 Stage Code: K	Permit	****	****		85	****	****	%		N	Calculated
PERCENTREMOVAL	Requirement				monthly average					Monthly	Calculated
					u. orago						
NAME/TITLE OF PRINCIPAL							IGNATURE OF		TELED	HONE NO DAT	סי
MAINE/ TITLE OF PRINCIPAL	I certify under penalt	y of law that this docur	nent and all attachments v	were prepared und	der my direction or supervis	sion in accordance	NONATORE OF		I ELEP	DAI DAI	ъ

AGENT Robert Adams	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.	AGENT Signed By E2		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE

Parameter SOLIDS, SUSPENDED PERCENT REMOVAL Parameter Code: 81011	ACILITY: Liberty Park WRRF OCATION: 13059 Liberty Parkway , Vestavia Hills, AL 35242 Parameter          Quantity or Loading         Average       Maximum         IDS, SUSPENDED PERCENT REMOVAL       Sample Measurement       *****       *****         rameter Code: 81011 age Code: K ERCENTREMOVAL       Permit Requirement       *****       *****			 Minimum         Average         Maxir           98.9         *****         ****           85         *****         ****			PROGRAM:       Municip         *** NO DISCHAN       Municip         NOTE:       Read instructions before co         Units       No.       Frequency of Analysis         1       0       Monthly         23       %       0			RGE [ ] *** ompleting this form Sample Type Calculated
Stage Code: K PERCENTREMOVAL	-			monthly average					Monthly	Calculated
	Permit Requirement									
	Sample Measurement Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement Permit									
	Requirement Sample Measurement									
	Permit Requirement									
	Sample Measurement Permit Requirement									

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	05/25/2018

		Alabama I	Department of E	nvironmer	atal Management	Discharge Moni	itoring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.		_	PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	berty Parkway, Su	ite 114 , Vestavi	ia Hills, AL 35242		NITORING PO	INT: 0202		(	COUNT	TY: Jefferso	n
	··· , ·· , ···	,				NG PERIOD:			ROGR		al
FACILITY: Liberty Park WRRF					YY   MM   DD		DD		**	** NO DISCHAI	RGE [X] ***
LOCATION: 13059 Liberty Park	wav . Vestavia Hill	s. AL 35242		From:	18 04 01	To: 18 04 30		NOT	E: Read	instructions before co	ompleting this form.
											1
Parameter		Quantity	or Loading	Units		lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****			****	****	19			
Parameter Code: 00300	Permit	****	****	****	7.0	****	****	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	1			minimum daily					2X Weekly	
	Sample	****	****			****		┢─────			
PH	Measurement	****	****	****		****		12			
Parameter Code: 00400	Permit	****	****		6.0	****	8.5	S.U.			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	1			minimum daily		maximum			2X Weekly	
	Sample	·	-				daily				1
SOLIDS, TOTAL SUSPENDED	Measurement	l			****			10			
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	report	report	19 mg/l			
Stage Code: G	Requirement	monthly	weekly average			monthly	weekly average	8		2X Weekly	
RAW SEW/INFLUENT	Sample	average	-	[]		average	4				
SOLIDS, TOTAL SUSPENDED	Measurement	l		26	****			10			
Parameter Code: 00530	Permit	400	600	lbs/day	****	30.0	45.0	19 mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	Ŭ		2X Weekly	
	Sample	average		[]		average				-	
NITROGEN, AMMONIA TOTAL (AS N)	Measurement	l		26	****						
Parameter Code: 00610	Permit	26.6	40.0	20 lbs/day	****	2.0	3.0	19 mg/l			
Stage Code: 1	Requirement	monthly	weekly average	-		monthly	weekly average			2X Weekly	
EFFLUENT GROSS VALUE	Sample	average				average		├────			
NITROGEN, KJELDAHL TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00625 Stage Code: 1	Permit	report	report	lbs/day	****	report	report	mg/l			
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average	ļ		monthly average	weekly average			Monthly	
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	average.			****	uvorago					
Parameter Code: 00630	Permit			26 lbs/day	****			19			
Stage Code: 1	Requirement	report monthly	report weekly average	105/ duy	1.1.1.1.1	report monthly	report weekly average	mg/l		Monthly	
EFFLUENT GROSS VALUE		average	, ,	ا ــــــــــــــــــــــــــــــــــــ		average		<u> </u>			
NAME/TITLE OF PRINCIPAL	I certify under penalt	ty of law that this docur	ment and all attachments w	vere prepared un	der my direction or supervis	sion in accordance S	IGNATURE OF		TELEP	HONE NO DATI	E
EXECUTIVE OFFICED OD	with a system design(	ed to assure that qualific	ed personnel properly gath	er and evaluate t	the information submitted. H	Based on my inquiry D	DINCIDAL EVECU	TIVE			

NAME/IIILE OF PRINCIPAL	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance	SIGNATURE OF	TELEPHONE NO	DATE	1
EXECUTIVE OFFICER OR	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	PRINCIPAL EXECUTIVE			1
AUTHORIZED	or the person of persons who manage the system, or more persons ancever response to gattering the information, the mormation submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for	OFFICER OR AUTHORIZED			1
AGENT	submitting false information, including the possibility of fine and imprisonment for knowing violations.	AGENT			1
Robert Adams		Signed By E2	205-987-8352	05/25/2018	ł

PERMITTEE NAME: Enviro S MAILING ADDRESS: 8000 Li FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Park Parameter SOLIDS, SUSPENDED PERCENT REMOVAL Parameter Code: 81011	berty Parkway, Sui way , Vestavia Hills Sample Measurement Permit	s, AL 35242	ia Hills, AL 35242 or Loading Maximum *****	Minimum         Average         Maximum           *****         *****         *****           85         *****         *****					COUNTY:       Jefferson         PROGRAM:       Municipal         *** NO DISCHARGE [X] ***         NOTE:       Read instructions before completing this for         Units       No.         Frequency of Ex.       Sample Type         23 %       23 %			
Stage Code: K PERCENTREMOVAL	Requirement Sample Measurement			monthly average					Monthly			
	Permit Requirement											
	Sample Measurement Permit Requirement											
	Sample Measurement Permit Requirement											
	Sample Measurement Permit Requirement											
	Sample Measurement Permit Requirement											
	Sample Measurement Permit Requirement											

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted is performation, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	05/25/2018

PERMITTEE NAME: Enviro MAILING ADDRESS: 8000 Li FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Park	-	NVIFORMENTAL Management Discharge Monitoring Report (L PERMIT NUMBER: AL0067814 MONITORING POINT: STM1 MONITORING PERIOD: YY  MM   DD YY   MM   DD From: 18 04 01 To: 18 04 30					MINOR COUNTY: Jefferson PROGRAM: Municipal *** NO DISCHARGE [X] *** NOTE: Read instructions before completing this form.				
Parameter	$\searrow$	<b>,</b>	or Loading	Units		ity or Conce		Units	No.	Frequency o Analysis	f Sample Type
	Sample	Average	Maximum		Minimum	Average	Maximum		Ex.	,	
OXYGEN, DISSOLVED (DO)	Measurement	****	****		****	****		19			
Parameter Code: 00300 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	mg/l		Monthly	
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****	****	****	****		10			
Parameter Code: 00300 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	19 mg/l		Monthly	
PH	Sample Measurement	****	****			****		10			
Parameter Code: 00400 UPSTREAM MONITORING	Permit Requirement	****	****	****	report minimum daily	****	report maximum daily	12 S.U.		Monthly	
РН	Sample Measurement	****	****	****		****		12			
Parameter Code: 00400 DOWNSTREAM MONITOR	Permit Requirement	****	****		report minimum daily	****	report maximum daily	S.U.		Monthly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****		10			
Parameter Code: 00530 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	19 mg/l		Monthly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****		10			
Parameter Code: 00530 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	19 mg/l		Monthly	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 00610 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	with a system design of the person or perso submitted is, to the b	ed to assure that qualifie ons who manage the sys est of my knowledge an	d personnel properly gathe tem, or those persons direct	er and evaluate t etly responsible I complete. I an	der my direction or supervis the information submitted. B for gathering the informatio n aware that there are signifi	Based on my inquiry n, the information	SIGNATURE OF PRINCIPAL EXECU OFFICER OR AUTH AGENT		TELEPI	HONE NO D	DATE

Robert Adams

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205-987-8352

05/25/2018

Page 1

Signed By E2

		Alabama I	Department of Ei	nvironmer	ital Management	t Discharge Monit	toring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 . Vestavi	ia Hills. AL 35242		NITORING PO			(	COUNT	TY: Jefferso	n
		,	-,			NG PERIOD:		P	PROGR	RAM: Municip	al
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		**	** NO DISCHAI	RGE [X] ***
LOCATION: 13059 Liberty Park	wav . Vestavia Hill	s. AL 35242		From:	18 04 01	To: 18 04 30		NOT		instructions before co	
			T					•	·	•	·
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Anarysis	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****		19			
Parameter Code: 00610	Permit	****	****	****	****	****	report	mg/l			
DOWNSTREAM MONITOR	Requirement						maximum daily	Ū		Monthly	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	*****	****	****	****		10			
Parameter Code: 00625	Permit	****	****		****	****	report	19 mg/l			
Stage Code: 5 UPSTREAM MONITORING	Requirement	1				1	maximum daily			Monthly	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample	****	****		****	****	dany				
Parameter Code: 00625	Measurement Permit	****	****	****	****	****		19			
Stage Code: 5 DOWNSTREAM MONITOR	Requirement	*****	*****		****	****	report maximum daily	mg/l		Monthly	
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 00630 Stage Code: 5	Permit	****	****		****	****	report	mg/l			
UPSTREAM MONITORING	Requirement						maximum daily			Monthly	
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 00630	Permit	****	****		****	****	report	mg/l			
Stage Code: 5 DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		10			
Parameter Code: 00665 Stage Code: 5	Permit	****	****		****	****	report	19 mg/l			
UPSTREAM MONITORING	Requirement						maximum daily			Monthly	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 00665 Stage Code: 5	Permit	****	****		****	****	report	mg/l			
DOWNSTREAM MONITOR	Requirement	1					maximum daily			Monthly	
				<b>!</b>				•			
NAME/TITLE OF PRINCIPAL	I certify under penalt	ty of law that this docun	ment and all attachments we	ere prepared und	ler my direction or supervi	sion in accordance SIG	GNATURE OF		TELEP!	HONE NO DATI	E

## EXECUTIVE OFFICER OR AUTHORIZED AGENT For the person of persons who manage the system, or those persons directly responsible for gathering the information, the information, the information submitted. Based on my inquity 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 submitted false information, including the possibility of fine and imprisonment for knowing violations. PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Robert Adams Signed By E2 205-987-8352 05/25/2018

		Alabama I	Department of Ei	nvironmer	ital Managemen <sup>4</sup>	t Discharge Monit	toring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	pertv Parkwav. Su	ite 114 . Vestavi	a Hills. AL 35242		NITORING PO			(	COUNT	TY: Jefferso	'n
	, , , , , , , , , , , , , , , , , , ,	,				NG PERIOD:		P	ROGE	RAM: Municipa	al
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		**	** NO DISCHAI	RGE [X] ***
LOCATION: 13059 Liberty Parky	wav . Vestavia Hill	s. AL 35242		From:	18 04 01	To: 18 04 30		NOT		instructions before co	
								•			
Parameter		Quantity of	or Loading	Units	Qua	ality or Concentra	tion	Units	No.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****		19			
Parameter Code: 00610	Permit	****	****	****	****	****	report	mg/l			
DOWNSTREAM MONITOR	Requirement						maximum daily	Ū		Monthly	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 00625	Permit	****	****		****	****	report	mg/l			
Stage Code: 5 UPSTREAM MONITORING	Requirement	1					maximum daily			Monthly	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample	****	****		****	****	dany				
Parameter Code: 00625	Measurement Permit	****	****	****	****	****		19			
Stage Code: 5 DOWNSTREAM MONITOR	Requirement	****	****		****	*****	report maximum daily	mg/l		Monthly	
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 00630 Stage Code: 5	Permit Requirement	****	****		****	****	report	mg/l		Monthly	
UPSTREAM MONITORING	Requirement						maximum daily			Wontiny	
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****		10			
Parameter Code: 00630	Permit	****	****		****	****	report	19 mg/l			
Stage Code: 5 DOWNSTREAM MONITOR	Requirement						maximum daily	_		Monthly	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		10			
Parameter Code: 00665 Stage Code: 5	Permit Pequirement	****	****		****	****	report	19 mg/l		Monthly	
UPSTREAM MONITORING	Requirement						maximum daily			Monthly	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 00665 Stage Code: 5	Permit Requirement	****	****		****	****	report	mg/l		Monthly	
DOWNSTREAM MONITOR	Requirement						maximum daily			Wolldhy	
NAME/TITLE OF PRINCIPAL	I certify under penalt	ty of law that this docum	nent and all attachments we	ere prepared unc	der my direction or supervi	ision in accordance SI	GNATURE OF		TELEP	HONE NO DATI	E

### EXECUTIVE OFFICER OR AUTHORIZED AGENT Ficher function and the dualities of the person of personal property gather and evaluate the information submitted. Based on my inquire 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 submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted is and the penalties for the penaltis of the penalties for the penalties for the penalties for the pe

FACILITY: Liberty Park WRR	MAILING ADDRESS: 8000 Liberty Parkway, Suite 114 , Vestavia Hills, AL 35242         FACILITY: Liberty Park WRRF         LOCATION: 13059 Liberty Parkway , Vestavia Hills, AL 35242         Parameter       Quantity or Loading         Average       Maximum         E. COLI       Sample         *****       *****			PER	MIT NUMBER NITORING PO MONITORI YY   MM   DD 18 04 01	INT: STM5	D	C P	MINOR COUNTY: Jefferson PROGRAM: Municipal *** NO DISCHARGE [X] *** NOTE: Read instructions before completing this form Units No. Frequency of Ex. Sample Type			
E. COLI Parameter Code: 51040 Stage Code: 5 UPSTREAM MONITORING		****	****	****	****	*****	report maximum daily	13 col/100mL		Monthly		
E. COLI Parameter Code: 51040 Stage Code: 5 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	13 col/100mL		Monthly		
BOD, CARBONACEOUS 05 DAY, 20C Parameter Code: 80082 UPSTREAM MONITORING	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	19 mg/l		Monthly		
BOD, CARBONACEOUS 05 DAY, 20C Parameter Code: 80082 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	19 mg/l		Monthly		
	Sample Measurement Permit Requirement Sample Measurement											
	Permit Requirement Sample Measurement Permit Requirement											
NAME/TITLE OF PRINCIPAL	I certify under penal	ty of law that this docur	ment and all attachments w	vere prepared und	der my direction or supervi	ision in accordance SI	GNATURE OF	······	TELEP	HONE NO DAT	E	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	05/25/2018

PREMIFTEE NAME.       Enviro Services, LLC.       PREMIF VUMBER.       AL0067814       Services       MUNICAL Serv			Alabama I	Department of E	nvironmer	ntal Management	t Discharge Monit	oring Report (D	MR)				
MAILING ADDRESS: 8000 Loory Parkway, Suite 114, Vastavia Hils, AL 3524       MONTORING POINTS WEIT       COUNTY: WEIT         SPACIFIEST Local Parkway, Vestavia Hils, AL 3524       MONTORING POINTS FERDOR:       COUNTY: WEIT         VIMITORING POINTS FERDOR:       VIMITORING POINTS FERDOR:       VIMITORING POINTS FERDOR:       VIET COUNTY: WEIT         VIET COLSPAN:       VIET VIET       VIET VIET       VIET VIET       VIET COUNTY: WEIT         VIET VIET       VIET VIET VIET       VIET VIET       VIET VIET       VIET VIET VIET       VIET VIET       VIET VIET VIET       VIET VIET VIET       VIET VIET VIET       VIET VIET VIET       VIET VIET VIET       VIET VIET VIET       VIET VIET VIET       VIET VIET VIET       VIET VIET VIET       VIET VIET VIET       VIET VIET VIET       VIET VIET VIET       VIET VIET VIET VIET	PERMITTEE NAME: Enviro	Services, L.L.C.									MINOR		
MONTONE FERIOR:       PROCETING: UNIT INTERS FERIOR:       PROCETING: MURCE Law:       PROCETING: MURCE Law: <th co<="" td=""><td></td><td></td><td>ite 114 Vestavi</td><td>a Hills Al 35242</td><td>MON</td><td>NITORING PO</td><td>INT: WEL1</td><td></td><td>C</td><td>OUNT</td><td>TY: Jefferso</td><td>on</td></th>	<td></td> <td></td> <td>ite 114 Vestavi</td> <td>a Hills Al 35242</td> <td>MON</td> <td>NITORING PO</td> <td>INT: WEL1</td> <td></td> <td>C</td> <td>OUNT</td> <td>TY: Jefferso</td> <td>on</td>			ite 114 Vestavi	a Hills Al 35242	MON	NITORING PO	INT: WEL1		C	OUNT	TY: Jefferso	on
$\begin{aligned} & \text{Figures: Likety Parkwark Warks} \\ & \text{CCATION: 13069 Likety Parkwark Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & \text{Figures: 13069 Likety Parkwark, Vestavia Hills, AL 3223} \\ & Figures: 13069 Likety Parkwark, Vestavia Hills, $		iberty r antway, ou		a 1 1110, 7 12 002 42								al	
LOCATION:       13:09 Liberty Patware, Vestavia Hills, AL 35242       Fram:       18:04:01       To:       19:40:10       NOTE::::::::::::::::::::::::::::::::::::	FACILITY. Liberty Park WRRF						1		-			RGE [ ]***	
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Autoria (a)Verrage (a)Maximum (a)Minimum (a)Average (a)Maximum (a)Control (b)Ex.AnalysisControl (b)NIRCORN (VTAL (AS N)Sample (b)Permit Requirement** <td>Localition 13059 Liberty Park</td> <td>way, vestavia nii</td> <td>IS, AL 35242</td> <td></td> <td>TTOM.</td> <td></td> <td>10.</td> <td></td> <td>nor</td> <td>L. Read</td> <td>instructions before et</td> <td>sinpleting this form.</td>	Localition 13059 Liberty Park	way, vestavia nii	IS, AL 35242		TTOM.		10.		nor	L. Read	instructions before et	sinpleting this form.	
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Stage Code: 1 EFFLUENT GROSS VALUE     Requirement     Requirement     Resuirement     Resuirement     Resuirement     See Permit Resuirements     See Permit Resuirements     See Permit Resuirements     Grab       CARBON, TOT ORGANIC (TOC)     Sample Measurement     *****     *****     *****     *****     *****     1.0	Parameter Code: 00665		*****	*****	****	****	****	non out	-		Parmiramante		
EFFLUENT GROSS VALUE       Image: constraint of the section of the sect	Stage Code: 1	Requirement		1.1.1.1.1.1					mg/1		See Permit	Grab	
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Parameter Code: 00680 Stage Code: 1 EFFLUENT GROSS VALUEPermit Requirement********************renort maximum dailymg/lkRegGrabMETHYLENE BLUE ACTIVE SUBSTANCES Parameter Code: 47021 Stage Code: 1Sample Measurement********************0.04Mg/l0.04See Permit Parameter Code: 47021 Measurement0.0410See Permit Parameter Code: 47021 MeasurementMeasurement********************menort maximum0.0410See Permit Parameter Code: 47021 Measurement0.041010See Permit Parameter Code: 47021 Measurement0.041010See Permit Parameter Code: 47021 Measurement0.0410	CARBON, TOT ORGANIC (TOC)	1	****	****	****	****	****	1.0	10	0		Grab	
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Parameter Code: 4/02 f     Permit     *****     *****     report     mg/l       Stage Code: 1     Requirement     *****     *****     report     mg/l	METHYLENE BLUE ACTIVE SUBSTANCES	Measurement	****	****	****	****	****	0.04	19	0		Grab	
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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted is formation, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	05/25/2018

PERMITTEE NAME: Enviro S MAILING ADDRESS: 8000 Life FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Parky		ite 114 , Vestavi		PER	MIT NUMBER NITORING PO MONITORI YY   MM   DD	: AL0067814 INT: <sup>WEL1</sup>	itoring Report (I	C P			n al RGE[]***
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Parameter	$\sim$		or Loading	Units		lity or Concentr		Units	No.	Frequency of Analysis	Sample Type
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COLIFORM, FECAL GENERAL	Sample Measurement	****	****		****	****	*В	12	0	See Permit Requirements	Grab
Parameter Code: 74055 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	****	report maximum daily	13 col/100mL		See Permit Requirements	Grab
WATER LEVEL AT SAMP. COLLECTION TIME	Sample Measurement	****	27.9	Z7	****	****	****	*****	0	See Permit	Grab
Parameter Code: 85327 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	report maximum daily	feet	****	****	****			See Permit Reauirements	Grab
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NAME/TITLE OF PRINCIPAL	I certify under penalt	y of law that this docum	nent and all attachments w	ere prepared und	ler my direction or supervi	sion in accordance S	IGNATURE OF		TELEP	HONE NO DAT	E

# NAME/TITLE OF PRINCIPAL 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 admetted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information admetted. Based on my inquiry additions. SIGNATURE OF TELEPHONE NO DATE Robert Adams 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, the information admetted there are significant penalties for submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for admetter are significa

		Alabama I	Department of En	ivironmei	ntal Management	Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: Enviro	Services, L.L.C.				MIT NUMBER					MINOR	
MAILING ADDRESS: 8000 L		ite 114 Vestavi	a Hills Al 35242	MON	NITORING PO	INT: WEL2		C	COUNT	TY: Jefferso	on
	iberty i antway, ou		a 1 mio, 7 i 00242		MONITORI				ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD			-		* NO DISCHA	RGE[]***
LOCATION: 13059 Liberty Park	·······	- 41.05040		From:		To: 18 04 30	<u> </u>	NOT		instructions before co	
LOCITION 13059 Liberty Park	way, vestavia Hill	s, al 35242		riom.		10.		NOI	L. Reau	instructions before et	Simpleting this form.
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
NITROGEN, TOTAL (AS N)	Sample Measurement	****	****		****	****	*В	19	0	See Permit Requirements	Grab
Parameter Code: 00600	Permit	*****	****	*****	****	****	report	mg/l			
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EFFLUENT GROSS VALUE	Commute						daily			Keunnemenis	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****	****	****	****	0.034	19	0	See Permit	Grab
Parameter Code: 00610 Stage Code: 1	Permit	****	****		****	****	report	mg/l		6 D	Grab
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	Sample						daily			recuirements	
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Parameter Code: 00615	Permit	****	****	****	****	****	report	mg/l			
Stage Code: 1	Requirement						maximum	U		See Permit	Grab
EFFLUENT GROSS VALUE	C						daily			Requirements	
NITROGEN, NITRATE TOTAL (AS N)	Sample Measurement	****	****	*****	****	****	*B	19	0	See Permit	Grab
Parameter Code: 00620	Permit	****	****		****	****	report	mg/l			Carl
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement						maximum daily			See Permit Requirements	Grab
	Sample				****	****	5				
PHOSPHORUS, TOTAL (AS P)	Measurement	****	****	****	****	****	0.021	19	0	See Permit	Grab
Parameter Code: 00665	Permit	****	****		****	*****	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement						maximum			See Permit Requirements	Grab
EFFLUEINI GROSS VALUE	Sample						daily			Requirements	
CARBON, TOT ORGANIC (TOC)	Measurement	****	****	****	****	****	1.6	10	0	See Permit	Grab
Parameter Code: 00680	Permit	****	****		****	****	report	19 mg/l			
Stage Code: 1	Requirement						maximum	g/1		See Permit	Grab
EFFLUENT GROSS VALUE							daily			Requirements	
METHYLENE BLUE ACTIVE SUBSTANCES	Sample Measurement	****	****	****	****	****	0.03	19	0	See Permit	Grab
Parameter Code: 47021	Permit	****	****		****	****	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement						maximum	-		See Permit Requirements	Grab
LIT LOLINI GROSS VALUE							daily			Requirements	
NAME/TITLE OF DDINGIDAL						OI/	INATUDE OF	1	TELED	UONE NO DAT	E

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted islase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	05/25/2018

		Alabama I	Department of E	nvironmen	ital Management	Discharge Mo	nitoring Report (1	DMR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	. AL0067814				MINOR	1
MAILING ADDRESS: 8000 Lit	herty Parkway, Su	ite 114 Vestavi	a Hills Al 35242	MON	ITORING PO	INT: WEL2		C	COUNT	Jefferso	on
	oerty i antway, ou		u 1 millio, 7 il 002 il 2		MONITORI				ROGE		bal
FACILITY: Liberty Park WRRF					YY   MM   DD		DD	-		* NO DISCHA	
LOCATION: 13059 Liberty Park	way Veetavia Hill	e Al 35242		From:	10 01 01	To: 18 04 30		NOT			ompleting this form.
	way, vestavia i ili	3, AL 33242									
Parameter	$\geq$	Quantity of	or Loading	Units	Qua	lity or Concent	ration	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
COLIFORM, FECAL GENERAL	Sample Measurement	****	****		****	****	292	12	0	See Permit Requirements	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	****	****	****	****	****	report maximum	13 col/100mL		See Permit	Grab
EFFLUENT GROSS VALUE							daily			Requirements	
WATER LEVEL AT SAMP. COLLECTION TIME	Sample Measurement	****	8.0	Z7	****	****	****	*****	0	See Permit	Grab
Parameter Code: 85327 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	report maximum daily	feet	****	****	****			See Permit Requirements	Grab
	Sample Measurement		uuny								
	Permit										
	Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample										
	Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement							1			
NAME/TITLE OF PRINCIPAL	Leartify under popula	ty of law that this door	nant and all attachments w	ere prepared une	ler my direction or supervi	sion in accordance	SIGNATURE OF	-	TELEP	HONE NO DAT	Ē
NAME/TITLE OF PRINCIPAL	I certify under penalt	ty of law that this docum	nent and all attachments w	ere prepared und	ler my direction or supervi	sion in accordance	SIGNATURE OF		TELEP	HONE NO DAT	Е

# NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 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 an aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Signed By E2 205-987-8352 05/25/2018

		Alabama I	Department of E	nvironmer	ntal Management	t Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: Enviro	Services, L.L.C.				MIT NUMBER					MINOR	
MAILING ADDRESS: 8000 L		iite 114 Vestavi	a Hills Al 35242	MON	NITORING PO	INT: WEL3		C	OUNT	TY: Jefferso	on
	iberty i antway, ee		a 1 1110, 7 12 002 42			NG PERIOD:			ROGE		al
FACILITY: Liberty Park WRRF				-	YY   MM   DD		0	-		* NO DISCHA	RGE [ ]***
LOCATION: 13059 Liberty Park	way Voetavia Hil	lc AL 25242		From:		To: 18 04 30		NOT		instructions before co	
20 CT22CT 15059 Liberty Fair	way, vestavia i iii	15, AL 33242		110111		100					simpleting this form
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
NITROGEN, TOTAL (AS N)	Sample Measurement	****	****		****	****	1.46	10	0	See Permit	Grab
Parameter Code: 00600	Permit	*****	*****	*****	****	****	report	19 mg/l			
Stage Code: 1	Requirement						maximum			See Permit	Grab
EFFLUENT GROSS VALUE	Compania.						daily			Requirements	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****	****	****	****	0.48	19	0	See Permit	Grab
Parameter Code: 00610 Stage Code: 1	Permit	****	****		****	****	report	mg/l		C Damait	Grab
EFFLUENT GROSS VALUE	Requirement						maximum daily			See Permit Requirements	Giab
NITROGEN, NITRITE TOTAL (AS N)	Sample	****	****		****	****	*B		0	See Permit	Grab
Parameter Code: 00615	Measurement Permit	****	****	****	****	****		19		Domiromante	
Stage Code: 1	Requirement	****	****		****	****	report maximum	mg/l		See Permit	Grab
EFFLUENT GROSS VALUE	-						daily			Requirements	
NITROGEN, NITRATE TOTAL (AS N)	Sample Measurement	****	****	****	****	****	*В	19	0	See Permit	Grab
Parameter Code: 00620	Permit	****	****		****	*****	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement						maximum daily			See Permit Requirements	Grab
PHOSPHORUS, TOTAL (AS P)	Sample	*****	****		****	****	0.034		0	See Permit	Grab
Parameter Code: 00665	Measurement Permit			*****				19	0	Pamiramante	
Stage Code: 1	Requirement	****	****		****	****	report maximum	mg/l		See Permit	Grab
EFFLUENT GROSS VALUE	requirement						daily			Requirements	
CARBON, TOT ORGANIC (TOC)	Sample Measurement	****	****	****	****	****	1.0	19	0	See Permit	Grab
Parameter Code: 00680	Permit	****	****		****	*****	report	mg/l			
Stage Code: 1	Requirement						maximum	U		See Permit Requirements	Grab
EFFLUENT GROSS VALUE	Camala						daily			Reduirements	
METHYLENE BLUE ACTIVE SUBSTANCES	Sample Measurement	****	****	****	****	****	0.02	19	0	See Permit	Grab
Parameter Code: 47021 Stage Code: 1	Permit	****	****		****	****	report	mg/l		a p ii	Grab
EFFLUENT GROSS VALUE	Requirement						maximum daily			See Permit Requirements	Giab
								1			
NAME/TITLE OF PRINCIPAL					a		NATURE OF		TELED	HONE NO DAT	E

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	05/25/2018

PERMITTEE NAME: Enviro S MAILING ADDRESS: 8000 Lik FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Parkw Parameter	way , Vestavia Hill	ite 114 , Vestavi s, AL 35242	-	PER	MIT NUMBER NTORING PO MONITORI YY  MM DD 18 04 01	<b>a:</b> AL006781	DD )	C P			on al RGE[]***
COLIFORM, FECAL GENERAL	Sample Measurement	****	****		****	****	58	- 13	0	See Permit	Grab
Parameter Code: 74055 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	****	report maximum daily	col/100mL		See Permit Requirements	Grab
WATER LEVEL AT SAMP. COLLECTION TIME	Sample Measurement	****	4.6	Z7	****	****	****	****	0	See Permit	Grab
Parameter Code: 85327 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	report maximum daily	feet	****	****	****	*****		See Permit Requirements	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement							]			
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR			nent and all attachments w ed personnel properly gathe				SIGNATURE OF PRINCIPAL EXECU	JTIVE	TELEP	HONE NO DAT	E

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.

AUTHORIZED

AGENT

Robert Adams

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05/25/2018

Page 2

205-987-8352

OFFICER OR AUTHORIZED

Signed By E2

AGENT

		Alabama l	Department of E	nvironmen	ntal Management	t Discharge Moni	itoring Report (D	MR)			
PERMITTEE NAME: Envir	ro Services, L.L.C.			PER	MIT NUMBER	. AL0067814				MINOR	
MAILING ADDRESS: 8000	) Liberty Parkway, Su	ite 114 . Vestav	ia Hills, Al. 35242		NITORING PO			(	COUNT	TY: Jefferso	n
	, ea	,				NG PERIOD:			PROGR		al
FACILITY: Liberty Park WRR	F				YY   MM   DD		DD			* NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Pa		c AL 25242		From:	10 05 01	To: 18 05 31		NOT		instructions before co	
20 CT 21 CT CT 13039 Liberty Fa	artway, vestavia i ili	5, AL 33242				100			. Di Itouu i		inpreting this form
Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
РН	Sample Measurement	*****	****			****					
Parameter Code: 00400	Permit	****	****	****	6.0	****	9.0	12 S.U.			
Stage Code: 1	Requirement				minimum daily		maximum	5.0.		2X Weekly	
EFFLUENT GROSS VALUE							daily				
SOLIDS, TOTAL SUSPENDED	Sample Measurement			24	****						
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	report	report	19 mg/l			
Stage Code: G	Requirement	monthly	weekly average	2		monthly	weekly average			2X Weekly	
RAW SEW/INFLUENT	0 1	average				average			_		
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19			
Parameter Code: 00530 Stage Code: 1	Permit	report	report	26 lbs/day	****	30.0	45.0	mg/l			
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
	Sample	average			****	average					
NITROGEN, TOTAL (AS N)	Measurement			26				19			
Parameter Code: 00600	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly average	weekly average			2X Weekly	
	Sample	average			****	average					
NITROGEN, AMMONIA TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00610	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	_		2X Weekly	
	Sample	average			****	average			+		
NITROGEN, NITRATE TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00620	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	_		2X Weekly	
	Sample	average				average					
NITROGEN, KJELDAHL TOTAL (AS N)	Measurement			26	****			10			
Parameter Code: 00625	Permit	report	report	lbs/day	*****	20.0	30.0	19 mg/l			
Stage Code: 1	Requirement	monthly	weekly average	-		monthly	weekly average	0		2X Weekly	
EFFLUENT GROSS VALUE		average				average					
NAME/TITLE OF PRINCIPAL					der my direction or supervi	sion in decordance	IGNATURE OF		TELEP	HONE NO DAT	Е
EVECUTIVE OFFICED OD	with a system decign	ed to assure that qualify	ed personnel properly gath	er and evaluate t	he information submitted	Based on my inquiry D	DINCIDAL EVECU	TIVE			

EXECUTIVE OFFICER OR	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	PRINCIPAL EXECUTIVE	TELEPHONE NO	DATE
AUTHORIZED AGENT	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.	OFFICER OR AUTHORIZED AGENT		
Robert Adams		Signed By E2	205-987-8352	06/26/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Monit	toring Report (L	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway, Sui	te 114 . Vestavi	a Hills, Al. 35242		NITORING PO			C	OUN	TY: Jefferso	n
	, ea.	,			MONITORI				ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		**	** NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Parky	way Vestavia Hills	s Al 35242		From:	18 05 01	To: 18 05 31		NOT		instructions before co	
	, voolavia i iik	,, , <u>, , , , , , , , , , , , , , , , ,</u>									
Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			19			
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly average	weekly average			2X Weekly	
	Sample	average			****	****	****				
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03	****	****	****	****			
Parameter Code: 50050	Permit	report	report	MGD	****	****	****				
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	maximum daily							Daily	
	Sample	average	dally		****	****	****				
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement						ala ala da da	****			
Parameter Code: 50050 Stage Code: 1	Permit	report	report	03 MGD	****	****	****				
EFFLUENT GROSS VALUE	Requirement	monthly average	maximum daily							Daily	
E. COLI	Sample	****	****		****						
	Measurement			****				13			
Parameter Code: 51040 Stage Code: 1	Permit	****	****		****	126	487	col/100mL		2X W. 111-	
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement				****						
Parameter Code: 80082	Permit	report	report	26 lbs/day	****	report	report	19			
Stage Code: G	Requirement	monthly	weekly average	105/043	10000	monthly	weekly average	mg/l		2X Weekly	
RAW SEW/INFLUENT	a 1	average	, ,			average	, ,				
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			26	****			19			
Parameter Code: 80082 Stage Code: 1	Permit	report	report	lbs/day	****	45.0	67.5	mg/l		2V Weekly	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
	Sample					0					
	Measurement										
	Permit Requirement										
	requirement										
							·				<u> </u>
NAME/TITLE OF PRINCIPAL	I certify under penalt	y of law that this docun	nent and all attachments v	vere prepared und	der my direction or supervis	sion in accordance SI	GNATURE OF		TELEP	HONE NO DAT	E

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	06/26/2018

Alabama Department of En         PERMITTEE NAME:         Enviro Services, L.L.C.         MAILING ADDRESS: 8000 Liberty Parkway, Suite 114 , Vestavia Hills, AL 35242         FACILITY: Liberty Park WRRF         LOCATION: 13059 Liberty Parkway , Vestavia Hills, AL 35242         Parameter       Quantity or Loading         Average       Maximum         Sample       *****					Minimum	INT: 0053 NG PERIOD: YY   MM   E To: 18 05 31 lity or Concentra Average	ation Maximum	Р	MINOR COUNTY: Jefferson PROGRAM: Municipal *** NO DISCHARGE [ NOTE: Read instructions before completin			
PH Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Measurement Permit Requirement	*****	****	****	6.3 6.0 minimum daily	*****	7.0 9.0 maximum daily	12 S.U.	0	2X Weekly 2X Weekly	Grab	
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Sample Measurement Permit Requirement	876 report monthly average	934 report weekly average	26 lbs/day	****	157 report monthly average	173 report weekly average	19 mg/l	0	2X Weekly 2X Weekly	24-Hr Composite 24-Hr Composite	
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	2.68 report monthly average	3.55 report weekly average	26 lbs/day	****	1.13 30.0 monthly average	1.50 45.0 weekly average	19 mg/l	0	2X Weekly 2X Weekly	Grab	
NITROGEN, TOTAL (AS N) Parameter Code: 00600 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	12.6 report monthly average	20.1 report weekly average	26 lbs/day	****	4.49 report monthly average	5.66 report weekly average	19 mg/l	0	2X Weekly 2X Weekly	Grab	
NITROGEN, AMMONIA TOTAL (AS N) Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	0.37 report monthly average	1.00 report weekly average	26 lbs/day	****	0.21 report monthly average	0.70 report weekly average	19 mg/l	0	2X Weekly 2X Weekly	Grab Grab	
NITROGEN, NITRATE TOTAL (AS N) Parameter Code: 00620 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	15.4 report monthly average	25.2 report weekly average	26 lbs/day	****	5.46 report monthly average	6.74 report weekly average	19 mg/l	0	2X Weekly 2X Weekly	Grab	
NITROGEN, KJELDAHL TOTAL (AS N) Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	*B report monthly average	*B report weekly average	26 lbs/day	****	*B 10.0 monthly average	*B 15.0 weekly average	19 mg/l	0	2X Weekly 2X Weekly	Grab	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted lase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	06/26/2018

		Alabama E	Department of E			Discharge Monit	oring Report (D	MR)					
PERMITTEE NAME: Enviro S	ervices, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR			
MAILING ADDRESS: 8000 Lib	oerty Parkway, Su	ite 114 , Vestavi	a Hills, AL 35242		NITORING PO				COUNT				
					MONITORING PERIOD:					PROGRAM: Municipal			
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		RGE[]***				
LOCATION: 13059 Liberty Parkv	vay , Vestavia Hill	ls, AL 35242		From:	From: 18 05 01 To: 18 05 31					NOTE: Read instructions before completing this form.			
Parameter	$\searrow$	Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type		
	$\frown$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis			
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0.30	0.41		****	0.12	0.18	19	0	2X Weekly	Grab		
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	Grab		
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.635	0.972	03	****	****	****	****	0	Daily	Continuous		
Parameter Code: 50050 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report maximum daily	MGD	****	****	****			Daily	Continuous		
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.285	0.509		****	****	****	*****	0	Daily	Continuous		
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily	Continuous		
E. COLI	Sample Measurement	****	****	****	****	*B	*В	13	0	2X Weekly	Grab		
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	126 monthly average	487 maximum daily	col/100mL		2X Weekly	Grab		
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	481	642	26	****	85.7	115	19	0	2X Weekly	24-Hr Composite		
Parameter Code: 80082 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	24-Hr Composite		
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	1.83	3.65	26	****	0.63	1.03	19	0	2X Weekly	Grab		
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly	Grab		
	Sample Measurement												
	Permit Requirement												
NAME/TITLE OF PRINCIPAL	NAME/TITLE OF PRINCIPAL Leastify under peralty of law that this document and all attachments were prepared under my direction or supervision in accordance SIGNATURE OF TELEPHONE NO DATE												

# NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 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 AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE Robert Adams Signed By E2 205-987-8352 06/26/2018

		Alabama I	Department of E	nvironmen	ntal Management	Discharge Mor	itoring Report (L	DMR)				
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	. AL0067814				MINOR		
MAILING ADDRESS: 8000 Lik	erty Parkway, Sui	ite 114 Vestav	ia Hills Al 35242		NITORING PO	 INT: 0202		(	COUNT	TY: Jefferso	on	
			10 T 1110, 7 C 00242			NG PERIOD:			PROGE		al	
FACILITY: Liberty Park WRRF					YY   MM   DD		DD	-		** NO DISCHA	RGE [X] ***	
LOCATION: 13059 Liberty Park		a AL 25242		From:	10.05.01	To: 18 05 31		NOT	NOTE: Read instructions before completi			
13039 Liberty Park	way, vestavia mili	5, AL 55242		110111		10.		1101	E. Iteuu	instructions before ex	sinpleting this form.	
Parameter		Quantity	or Loading	Units	Qua	lity or Concent	ration	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****	C		10				
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	0.2	report	19 mg/l				
Stage Code: 1	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly		
EFFLUENT GROSS VALUE	Commis	average				average						
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	l		03	****	****	****	****				
Parameter Code: 50050	Permit	report	report	MGD	****	****	****	*****				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum							Daily		
EFFLUENT GROSS VALUE	Sample	average	daily									
CHLORINE, TOTAL RESIDUAL	Measurement	****	****		****			10				
Parameter Code: 50060	Permit	****	****	****	****	0.011	0.019	19 mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	1				monthly	maximum			2X Weekly		
	Sample					average	daily					
E. COLI	Measurement	****	****	****	****			13				
Parameter Code: 51040	Permit	****	****		****	548	2507	col/100mL				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	1				monthly	maximum			2X Weekly		
	Sample					average	daily					
BOD, CARBONACEOUS 05 DAY, 20C	Measurement	l		26	****							
Parameter Code: 80082	Permit	report	report	26 lbs/day	****	report	report	19 mg/l				
Stage Code: G	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly		
RAW SEW/INFLUENT	C l.	average				average						
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			26	****			19				
Parameter Code: 80082 Stage Code: 1	Permit	133	200	lbs/day	****	10.0	15.0	mg/l				
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly	weekly average			2X Weekly		
	Sample	average ****	****			average ****	****		-			
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM	Measurement	****	****	****		****	****	23				
Parameter Code: 80091	Permit	****	****		85	*****	*****	%				
Stage Code: K	Requirement	1			monthly					Monthly		
PERCENTREMOVAL					average							
NAME/TITLE OF PRINCIPAL					der my direction or supervi		SIGNATURE OF		TELEP	HONE NO DAT	Е	
EXECUTIVE OFFICER OR	with a system designed	ed to assure that qualify	ed personnel properly gath	er and evaluate t	he information submitted.	Based on my inquiry	PRINCIPAL EXECU	TIVE				

EXECUTIVE OFFICER OR AUTHORIZED AGENT	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	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEFIIONE NO	DATE	
Robert Adams	submitting false information, including the possibility of fine and imprisonment for knowing violations.	Signed By E2	205-987-8352	06/26/2018	

FACILITY: Liberty Park WRRF         LOCATION: 13059 Liberty Parkway , Vestavia Hills,         Parameter         SOLIDS, SUSPENDED PERCENT REMOVAL         Parameter Code: 81011         Parameter Code: 81011         Stage Code: K		 or Loading Maximum *****	YY   MM   DI       From:     18 05 01       Units     Qi       Minimum       *****       85       monthly		YY   MM   I       To:     18 05 31       lity or Concentra       Average       *****       *****	NOT Units	* NO DISCHAN	
PERCENTREMOVAL	Sample Measurement Permit Requirement			average			Monthly	
	Sample Measurement Permit Requirement							
	Sample Measurement Permit Requirement							
	Sample Measurement Permit Requirement							
	Sample Measurement Permit Requirement							
	Sample Measurement Permit Requirement							

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	06/26/2018

		Alabama l	Department of E	nvironmei	ntal Management	t Discharge Moni	toring Report (D	MR)				
PERMITTEE NAME: Envir	o Services, L.L.C.			PER	MIT NUMBER	. AL0067814				MINOR		
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 . Vestav	ia Hills, Al. 35242		NITORING PO			(	COUNT	TY: Jefferso	on	
		,				NG PERIOD:			ROGR		Municipal	
FACILITY: Liberty Park WRR	F				YY   MM   DD		DD			* NO DISCHA	RGE [X] ***	
LOCATION: 13059 Liberty Pa		e Al 35242		From:	10 05 01	To: 18 05 31		NOT	NOTE: Read instructions before complete			
	irtway, vestavia i ili	3, AL 33242										
Parameter		Quantity	or Loading	Units	Qua	lity or Concentration	ation	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
РН	Sample Measurement	****	****			*****						
Parameter Code: 00400	Permit	****	****	****	6.0	****	9.0	12 S.U.				
Stage Code: 1	Requirement				minimum daily		maximum	5.0.		2X Weekly		
EFFLUENT GROSS VALUE	0 1						daily					
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****							
Parameter Code: 00530	Permit			26 lbs/day	****	report	report	19 mg/l				
Stage Code: G	Requirement	report monthly	report weekly average	iou duy		monthly	weekly average	iiig/i		2X Weekly		
RAW SEW/INFLUENT		average	,			average						
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19				
Parameter Code: 00530 Stage Code: 1	Permit	report	report	26 lbs/day	****	30.0	45.0	mg/l				
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly		
	Sample	average			****	average						
NITROGEN, TOTAL (AS N)	Measurement			26	de de de de de			19				
Parameter Code: 00600	Permit	report	report	lbs/day	****	report	report	mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly average	weekly average			2X Weekly		
	Sample	average				average						
NITROGEN, AMMONIA TOTAL (AS N)	Measurement			26	****			10				
Parameter Code: 00610	Permit	report	report	lbs/day	****	report	report	19 mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	8		2X Weekly		
EFFLUENT GROSS VALUE	Sample	average				average						
NITROGEN, NITRATE TOTAL (AS N)	Measurement			26	****			19				
Parameter Code: 00620	Permit	report	report	lbs/day	****	report	report	mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly		
	Sample	average			****	average						
NITROGEN, KJELDAHL TOTAL (AS N)	Measurement			26	****			19				
Parameter Code: 00625	Permit	report	report	lbs/day	****	10.0	15.0	mg/l				
Stage Code: 1	Requirement	monthly	weekly average			monthly	weekly average	8		2X Weekly		
EFFLUENT GROSS VALUE		average				average						
NAME/TITLE OF PRINCIPAL					der my direction or supervi		IGNATURE OF		TELEPI	HONE NO DAT	Е	
EXECUTIVE OFFICER OR	with a system design	ed to assure that qualifi	ed personnel properly gath	er and evaluate t	he information submitted.	Based on my inquiry P	RINCIPAL EXECU	TIVE				

EXECUTIVE OFFICER OR AUTHORIZED AGENT	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.	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Robert Adams		Signed By E2	205-987-8352	06/26/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Moni	toring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway. Su	ite 114 . Vestavi	a Hills. AL 35242		NITORING PO			C	OUNT	TY: Jefferso	n
	,,,,,,,	,			MONITORI				ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		**	* NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Parky	way , Vestavia Hill	s, AL 35242		From: 18 05 01 To: 18 05 31				NOT	E: Read	instructions before co	ompleting this form.
,	~ ~ ~				1			•			
Parameter	$\searrow$	· ·	or Loading	Units		lity or Concentra		Units	No.	Frequency of Analysis	Sample Type
	$\geq$	Average	Maximum		Minimum	Average	Maximum		Ex.	Anarysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			10			
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	19 mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
EFFLUENT GROSS VALUE	Sample	average				average					
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03	****	****	****	****			
Parameter Code: 50050	Permit	report	report	MGD	****	****	****	*****			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	maximum							Daily	
	Sample	average	daily		****	****	****				
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement				****	****	****	****			
Parameter Code: 50050	Permit	report	report	03 MGD	****	****	****				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	maximum daily							Daily	
	Sample	*****	****		****						
E. COLI	Measurement			*****				13			
Parameter Code: 51040 Stage Code: 1	Permit	****	****		****	126	487	col/100mL		2X W 14.	
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample				****						
Parameter Code: 80082	Measurement			26				19			
Stage Code: G	Permit Requirement	report	report weekly average	lbs/day	****	report monthly	report weekly average	mg/l		2X Weekly	
RAW SEW/INFLUENT	requirement	monthly average	weekiy average			average	weekiy average				
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			25	****						
Parameter Code: 80082	Permit	report	report	26 lbs/day	****	10.0	15.0	19 mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average	-		monthly	weekly average			2X Weekly	
EFFLUENT GROSS VALUE	Sample	average				average					
	Measurement										
	Permit										
	Requirement										
				1							
NAME/TITLE OF PRINCIPAL	I certify under penalt	ty of law that this docum	nent and all attachments v	were prepared und	der my direction or supervis	sion in accordance SI	GNATURE OF		TELEP	HONE NO DAT	Е

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	06/26/2018

PERMITTEE NAME: Enviro Services, L.L.C. MAILING ADDRESS: 8000 Liberty Parkway, Suite 114 , Vestavia Hills, AL 35242 FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Parkway , Vestavia Hills, AL 35242 Parameter Quantity or Loading Average Maximum OXYGEN, DISSOLVED (DO) Sample ***** ****					MIT NUMBER NITORING PO MONITORI YY   MM   DD 18 05 01	INT: <sup>0201</sup>	D	C P	E: Read No. Ex.	RAM: Municip * NO DISCHA instructions before co Frequency of Analysis	al RGE〔〕***
Parameter Code: 00300 Stage Code: 1 EFFLUENT GROSS VALUE	Measurement Permit Requirement	****	****	****	7.0 minimum daily	****	****	19 mg/l	0	2X Weekly 2X Weekly	Grab
PH Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	6.8 6.0 minimum daily	****	7.0 8.5 maximum daily	12 S.U.	0	2X Weekly 2X Weekly	Grab Grab
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Sample Measurement Permit Requirement	876 report monthly average	934 report weekly average	26 lbs/day	****	157 report monthly average	173 report weekly average	19 mg/l	0	2X Weekly 2X Weekly	24-Hr Composite 24-Hr Composite
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	12.7 287 monthly average	11.2 431 weekly average	26 lbs/day	****	2.13 30.0 monthly average	2.50 45.0 weekly average	19 mg/l	0	2X Weekly 2X Weekly	Grab Grab
NITROGEN, AMMONIA TOTAL (AS N) Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	1.37 19.1 monthly average	2.20 28.7 weekly average	26 lbs/day	****	0.29 2.0 monthly average	0.51 3.0 weekly average	19 mg/l	0	2X Weekly 2X Weekly	Grab Grab
NITROGEN, KJELDAHL TOTAL (AS N) Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	1.66 report monthly average	3.32 report weekly average	26 lbs/day	****	0.38 renort monthly average	0.76 report weekly average	19 mg/l	0	Monthly Monthly	Grab Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	29.8 report monthly average	20.3 report weekly average	26 lbs/day	****	4.81 report monthly average	4.62 report weekly average	19 mg/l	0	Monthly Monthly	Grab Grab

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	06/26/2018

		Alabama I	Department of E	nvironmen	ntal Management	t Discharge Monit	oring Report (L	OMR)				
PERMITTEE NAME: Envi	ro Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR		
MAILING ADDRESS: 8000	) Liberty Parkway, Su	ite 114 . Vestavi	a Hills, Al. 35242	MONITORING POINT: STM5				COUNTY: Jefferson				
		,		MONITORING PERIOD:			PROGRAM: Municipal					
FACILITY: Liberty Park WRF	RF			YY   MM   DD YY   MM   DD					*** NO DISCHARGE [ ] ***			
LOCATION: 13059 Liberty P		s Al 35242		From:	10.05.01	To: 18 05 31		NOT		instructions before co		
		3, AL 33242									1 8	
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		****	****	8.1	- 19	0	Monthly	Grab	
Parameter Code: 00300	Permit	****	****	****	****	****	report	mg/l				
Stage Code: 5 DOWNSTREAM MONITOR	Requirement						maximum	-		Monthly	Grab	
	Sample						daily					
OXYGEN, DISSOLVED (DO)	Measurement	****	****	****	****	****	7.8	19	0	Monthly	Grab	
Parameter Code: 00300 Stage Code: 5	Permit Requirement	****	****		****	****	report	mg/l		Monthly	Grab	
UPSTREAM MONITORING	Requirement						maximum daily			wontiny		
РН	Sample Measurement	****	****		7.6	****	7.6		0	Monthly	Grab	
Parameter Code: 00400	Permit	****	****	****	report	****	report	12 S.U.				
DOWNSTREAM MONITOR	Requirement				minimum daily		maximum daily			Monthly	Grab	
РН	Sample Measurement	****	****	****	7.5	****	7.5	12	0	Monthly	Grab	
Parameter Code: 00400	Permit	****	****		report	****	report	S.U.			Cash	
UPSTREAM MONITORING	Requirement				minimum daily		maximum daily			Monthly	Grab	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****	1.5	19	0	Monthly	Grab	
Parameter Code: 00530	Permit	****	****		****	****	report	mg/l		Manthla	Grab	
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly	Giab	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****	46.5	- 19	0	Monthly	Grab	
Parameter Code: 00530	Permit	****	****		****	****	report	mg/l			Grab	
UPSTREAM MONITORING	Requirement						maximum daily			Monthly	Glab	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****	****	****	****	0.040	- 19	0	Monthly	Grab	
Parameter Code: 00610	Permit	****	****		****	****	report	mg/l				
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly	Grab	
NAME/TITLE OF PRINCIPAL	T				a	STO	NATURE OF	<u> </u>	TEI ED	HONE NO DAT	F	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	06/26/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Mon	itoring Report (L	DMR)					
PERMITTEE NAME: Enviro S	ervices, L.L.C.		•		MIT NUMBER			,		MINOR	R		
MAILING ADDRESS: 8000 Lik	erty Parkway, Sui	te 114 Vestavi	a Hills Al 35242		MONITORING POINT: 0201					COUNTY: Jefferson			
	iony rannay, ea				MONITORING PERIOD:				PROGRAM: Municipal				
FACILITY: Liberty Park WRRF					YY   MM   DD		DD		*** NO DISCHARGE [ ] ***				
LOCATION: 13059 Liberty Parky	vav. Vestavia Hill	ο ΔI 35242		From:		To: 18 05 31		NOT		instructions before c			
		3, AL 33242									1		
Parameter		Quantity	or Loading	Units	Qual	lity or Concent	ration	Units	No.	Frequency of	Sample Type		
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis			
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0.66	0.57		****	0.11	0.13	19	0	2X Weekly	Grab		
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	0.2	report	mg/l			<b>C</b> 1		
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	Grab		
	Sample	average				average			-				
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement	0.780	0.990	03	****	****	****	****	0	Daily	Continuous		
Parameter Code: 50050	Permit	report	report	MGD	****	****	****	*****					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum							Daily	Continuous		
EFFLUENT GROSS VALUE	Sample	average	daily						-				
CHLORINE, TOTAL RESIDUAL	Measurement	****	****		****	*9	*9		0	2X Weekly	Grab		
Parameter Code: 50060	Permit	****	****	****	****	0.011	0.019	19 mg/l					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly	maximum			2X Weekly	Grab		
	Sample					average	daily		-				
E. COLI	Measurement	****	****	****	****	*B	*В	13	0	2X Weekly	Grab		
Parameter Code: 51040	Permit	*****	****		****	548	2507	col/100mL					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly	maximum			2X Weekly	Grab		
	Sample					average	daily	-					
BOD, CARBONACEOUS 05 DAY, 20C	Measurement	481	642	26	****	85.7	115	19	0	2X Weekly	24-Hr Composite		
Parameter Code: 80082	Permit	report	report	lbs/day	****	report	report	mg/l					
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	24-Hr Composite		
	Sample	average	0.05		****	average	1.02				<u> </u>		
BOD, CARBONACEOUS 05 DAY, 20C	Measurement	10.4	8.06	26	****	1.71	1.83	19	0	2X Weekly	Grab		
Parameter Code: 80082 Stage Code: 1	Permit	95.9	143	lbs/day	****	10.0	15.0	mg/l			Grab		
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	Giab		
	Sample	****	****		98.0	average *****	****		-	N 41	Calculated		
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM	Measurement		al a de al calenda	*****	98.0		1.1.1.1.1.1.1	23	0	Monthly	Calculated		
Parameter Code: 80091 Stage Code: K	Permit	****	****		85	****	****	%			Calculated		
PERCENTREMOVAL	Requirement				monthly average					Monthly	Calculated		
				I	uvolugo			1					
NAME/TITLE OF PRINCIPAL	1						SIGNATURE OF	1	TELED	HONE NO DAT	70		
NAME/IIILE OF PRINCIPAL	I certify under penalt	y of law that this docun	nent and all attachments v	were prepared une	der my direction or supervis	sion in accordance	DIGINATURE OF		I ELEP!	HONE NO DAT	E		

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	06/26/2018

		Alabama I	Department of Er	nvironmen	ntal Management	t Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: Enviro	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR		
MAILING ADDRESS: 8000 Li		ite 114 . Vestavi	a Hills, Al. 35242	MON	MONITORING POINT: 0201				COUNTY: Jefferson			
	,	,		MONITORING PERIOD:				PROGRAM: Municipal				
FACILITY: Liberty Park WRRF					YY   MM   DD YY   MM   DD				**	* NO DISCHA	RGE[]***	
LOCATION: 13059 Liberty Park	wav . Vestavia Hill	ls. AL 35242		From:		To: 18 05 31		NOT		instructions before co		
								1				
Parameter	$\sim$	Quantity	or Loading	Units		lity or Concentra	1	Units	No.	Frequency of Analysis	Sample Type	
	$\geq$	Average	Maximum		Minimum	Average	Maximum		Ex.	Anarysis		
SOLIDS, SUSPENDED PERCENT REMOVAL	Sample Measurement	****	****		98.6	****	****	23	0	Monthly	Calculated	
Parameter Code: 81011 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****	****	85 monthly average	****	****	%		Monthly	Calculated	
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
NAME/TITLE OF PRINCIPAL							GNATURE OF		TELED	HONE NO   DAT	R	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	06/26/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Moni	toring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.		-	PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	berty Parkway, Su	ite 114 , Vestavi	ia Hills, AL 35242		COUNTY: Jefferson						
	, <b>, ,</b> ,	,	-,	MONITORING PERIOD:				PROGRAM: Municipal			
FACILITY: Liberty Park WRRF					YY   MM   DD YY   MM   DD			*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Park	wav . Vestavia Hill	s. AL 35242		From:	18 05 01	To: 18 05 31		NOT	E: Read	instructions before co	ompleting this form.
									<u> </u>		
Parameter		Quantity	or Loading	Units		lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****			****	****	19			
Parameter Code: 00300	Permit	****	****	****	7.0	****	****	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement				minimum daily					2X Weekly	
	Sample				ſ			├	-		+
PH	Measurement	****	****	****		****		12			
Parameter Code: 00400	Permit	****	****		6.0	*****	8.5	12 S.U.			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement				minimum daily		maximum			2X Weekly	
	Sample						daily				
SOLIDS, TOTAL SUSPENDED	Measurement				****						
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	report	report	19 mg/l			
Stage Code: G	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
RAW SEW/INFLUENT	Sampla	average				average					-
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****			10			
Parameter Code: 00530	Permit	400	600	lbs/day	****	30.0	45.0	19 mg/l			
Stage Code: 1	Requirement	monthly	weekly average	-		monthly	weekly average	Ŭ		2X Weekly	
EFFLUENT GROSS VALUE	Sample	average				average			+'		
NITROGEN, AMMONIA TOTAL (AS N)	Measurement			26	****						
Parameter Code: 00610	Permit	26.6	40.0	26 lbs/day	****	2.0	3.0	19 mg/l			
Stage Code: 1	Requirement	monthly	weekly average	-		monthly	weekly average			2X Weekly	
EFFLUENT GROSS VALUE	Sample	average				average		├────			
NITROGEN, KJELDAHL TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00625 Stage Code: 1	Permit	report	report	lbs/day	****	report	report	mg/l			
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Monthly	
	Sample	average			****	average					
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Measurement			26				19			
Parameter Code: 00630 Stage Code: 1	Permit	report	report	lbs/day	****	report	report	mg/l			l l
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Monthly	
		ичегиое				average		L			
	<u> </u>					~					
NAME/TITLE OF PRINCIPAL					der my direction or supervis	Sion in decordance	IGNATURE OF	TIVE	TELEP	HONE NO DAT	Е

NAME/IIILE OF PRINCIPAL	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance	SIGNATURE OF	TELEPHONE NO	DATE	1
EXECUTIVE OFFICER OR		PRINCIPAL EXECUTIVE			
AUTHORIZED	of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information	OFFICER OR AUTHORIZED			1
AGENT	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.	AGENT			l
Robert Adams		Signed By E2	205-987-8352	06/26/2018	l

PERMITTEE NAME: Enviro 3 MAILING ADDRESS: 8000 Li FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Park Parameter	PER MON	Vironmental Management Discharge Monitoring Report (DM PERMIT NUMBER: AL0067814 MONITORING POINT: STM1 MONITORING PERIOD: YY   MM   DD YY   MM   DD From: 18 05 01 To: 18 05 31 Units Quality or Concentration Minimum Average Maximum *****				MINOR COUNTY: Jefferson PROGRAM: Municipal *** NO DISCHARGE [X] *** NOTE: Read instructions before completing this form Units No. Frequency of Ex. Analysis Sample Type					
OXYGEN, DISSOLVED (DO) Parameter Code: 00300 Stage Code: 5 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	- 19 mg/l		Monthly	
OXYGEN, DISSOLVED (DO) Parameter Code: 00300 Stage Code: 5 UPSTREAM MONITORING	Sample Measurement Permit Requirement	****	*****	****	****	****	report maximum daily	- 19 mg/l		Monthly	
PH Parameter Code: 00400 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	*****	****	****	report minimum daily	****	report maximum daily	- 12 S.U.		Monthly	
PH Parameter Code: 00400 UPSTREAM MONITORING	Sample Measurement Permit Requirement	****	****	****	report minimum daily	****	report maximum daily	12 S.U.		Monthly	
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 UPSTREAM MONITORING	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	19 mg/l		Monthly	
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	– 19 mg/l		Monthly	
NITROGEN, AMMONIA TOTAL (AS N) Parameter Code: 00610 UPSTREAM MONITORING	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	19 mg/l		Monthly	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	with a system designed of the person or perso submitted is, to the be	d to assure that qualifie ons who manage the sys est of my knowledge an	d personnel properly gathe tem, or those persons direct	er and evaluate t etly responsible d complete. I an	der my direction or supervis the information submitted. I for gathering the information a ware that there are signif wing violations.	Based on my inquiry on, the information	SIGNATURE OF PRINCIPAL EXECU OFFICER OR AUTH AGENT		TELEP	HONE NO I	DATE

Robert Adams

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205-987-8352

06/26/2018

Page 1

Signed By E2

		Alabama I	Department of En	nvironmer	ital Managemen <sup>1</sup>	t Discharge Mon <sup>4</sup>	itoring Report (D	MR)				
PERMITTEE NAME: Enviro S	Services, L.L.C.				MIT NUMBER					MINOR		
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 . Vestavi	a Hills, Al. 35242		MONITORING POINT: STM1				COUNTY: Jefferson			
	only Fanthay, ea			MONITORING PERIOD:				PROGRAM: Municipal				
FACILITY: Liberty Park WRRF				-	YY   MM   DD		DD	*** NO DISCHARGE [X] ***				
LOCATION: 13059 Liberty Parky	way Vestavia Hill	e Al 35242		From:		To: 18 05 31		NOT		instructions before co		
	way, vestavia i ili	5, AL 55242						1101	2111000		inpreting this form	
Parameter	$\searrow$	Quantity (	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	*****		****	****		10				
Parameter Code: 00610	Permit	****	****	****	****	****	report	19 mg/l				
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly		
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00625 Stage Code: 5	Permit Requirement	****	****		****	****	report maximum	mg/l		Monthly		
DOWNSTREAM MONITOR	0 1					·	daily					
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****		****	****		19				
Parameter Code: 00625 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	mg/l		Monthly		
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00630 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly		
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00630 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00665 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00665 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly		
NAME/TITLE OF PRINCIPAL			ment and all attachments we				IGNATURE OF	TIME	TELEP	HONE NO DATI	E	

# 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. EXECUTIVE OFFICER OR PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AUTHORIZED AGENT AGENT Signed By E2

Robert Adams

06/26/2018

205-987-8352

Average     Maximum       E. COLI     Sample Measurement     *****       Parameter Code: 51040     Permit     *****					Minimum     Average     Maximum       *****     *****			C P NOT Units	MINOR COUNTY: Jefferson PROGRAM: Municipal *** NO DISCHARGE [X] ** NOTE: Read instructions before completing this f Units No. Frequency of Ex. Sample Type 13		
Parameter Code: 51040 Stage Code: 5 UPSTREAM MONITORING	Requirement	****	****	****	****	****	report maximum daily	col/100mL		Monthly	
E. COLI Parameter Code: 51040 Stage Code: 5 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	13 col/100mL		Monthly	
BOD, CARBONACEOUS 05 DAY, 20C Parameter Code: 80082	Sample Measurement Permit	****	****	****	****	****	report	19 mg/l			
DOWNSTREAM MONITOR BOD, CARBONACEOUS 05 DAY, 20C	Requirement Sample	****	****		*****	*****	maximum daily	6		Monthly	
Parameter Code: 80082 UPSTREAM MONITORING	Measurement Permit Requirement	****	****	****	****	****	report maximum daily	- 19 mg/l		Monthly	
	Sample Measurement Permit Requirement										
	Sample Measurement Permit Permit										
	Requirement Sample Measurement Permit Requirement							-			
NAME/TITLE OF PRINCIPAL	I certify under penalt	ty of law that this docum	nent and all attachments w	ere prepared un	der my direction or supervi	sion in accordance SIG	GNATURE OF		TELEP	HONE NO DAT	E

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted islae information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	06/26/2018

		Alabama I	Department of E	nvironmer	ntal Management	t Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.		-	PER	MIT NUMBER	. AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	berty Parkway, Sui	ite 114 Vestavi	a Hills Al 35242		NITORING PO			0	COUNT	TY: Jefferso	'n
	oong rannay, oa					NG PERIOD:			ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD		D	_		* NO DISCHA	RGE[]***
LOCATION: 13059 Liberty Park	way Veetavia Hill	e Al 35242		From:		To: 18 05 31		NOT		instructions before co	
	way, vestavia i ili	3, AL 33242									
Parameter	$\langle$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****	0.052	19	0	Monthly	Grab
Parameter Code: 00610	Permit	****	****	****	****	****	report	mg/l			~ .
UPSTREAM MONITORING	Requirement						maximum daily	Ū		Monthly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	****	****	****	*В	19	0	Monthly	Grab
Parameter Code: 00625 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****		****	****	*В	19	0	Monthly	Grab
Parameter Code: 00625 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	mg/l		Monthly	Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****	*В	19	0	Monthly	Grab
Parameter Code: 00630 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****	*В	19	0	Monthly	Grab
Parameter Code: 00630 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****	0.036	19	0	Monthly	Grab
Parameter Code: 00665 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	*****	****	0.041	19	0	Monthly	Grab
Parameter Code: 00665 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
NAME/TITLE OF PRINCIPAL	I	e flander die here			der mut die stien en onem	rion in accordance STO	SNATURE OF	Г	TEI EP	HONE NO DAT	F

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	06/26/2018

MAILING ADDRESS: 8000			-	PER	MIT NUMBER	t Discharge Monit : AL0067814 INT: S <sup>TM5</sup> NG PERIOD:	oring Report (L	C	OUNI ROGR	AM: Municip	on al	
FACILITY: Liberty Park WRR LOCATION: 13059 Liberty Pa		s, AL 35242		From:	YY   MM   DD 18 05 01	YY   MM   DI To: 18 05 31	D	<b>*** NO DISCHARGE</b> [ ] <b>**</b> NOTE: Read instructions before completing this f				
Parameter	$\sim$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
E. COLI	Sample Measurement	****	****		****	****	100	13	0	Monthly	Grab	
Parameter Code: 51040 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****	****	****	****	report maximum daily	col/100mL		Monthly	Grab	
E. COLI	Sample Measurement	****	****	****	****	****	84	13	0	Monthly	Grab	
Parameter Code: 51040 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	col/100mL		Monthly	Grab	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****		****	****	0.7	19	0	Monthly	Grab	
Parameter Code: 80082 DOWNSTREAM MONITOR	Permit Requirement	****	****	****	****	****	report maximum daily	mg/l		Monthly	Grab	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****	****	****	****	2.0	19	0	Monthly	Grab	
Parameter Code: 80082 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab	
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
NAME/TITLE OF PRINCIPAL	I certify under penalt	y of law that this docur	ment and all attachments w	ere prepared und	ler my direction or superv	ision in accordance SIG	GNATURE OF		TELEP	HONE NO   DAT	E	

## NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 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 abmitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for addeent SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE Robert Adams Under 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. Signed By E2 205-987-8352 06/26/2018

		Alabama l	Department of E	nvironmen	ntal Management	t Discharge Moni	itoring Report (D	MR)			
PERMITTEE NAME: Envir	ro Services, L.L.C.			PER	MIT NUMBER	. AL0067814				MINOR	
MAILING ADDRESS: 8000	) Liberty Parkway, Su	ite 114 . Vestav	ia Hills, Al. 35242		NITORING PO			(	COUNT	TY: Jefferso	n
	, ea	,				NG PERIOD:			PROGR		al
FACILITY: Liberty Park WRR	F				YY   MM   DD		OD			* NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Pa		c AL 25242		From:	10 00 01	To: 18 06 30		NOT		instructions before co	
20 CT 21 CT CT 13039 Liberty Fa	artway, vestavia i ili	5, AL 33242				100			. Di Itouu i		inpreung uns form
Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
РН	Sample Measurement	*****	****			****					
Parameter Code: 00400	Permit	****	****	****	6.0	****	9.0	12 S.U.			
Stage Code: 1	Requirement				minimum daily		maximum	5.0.		2X Weekly	
EFFLUENT GROSS VALUE							daily				
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****			10			
Parameter Code: 00530	Permit	report	report	lbs/day	****	report	report	19 mg/l			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average	U		2X Weekly	
RAW SEW/INFLUENT	Samula	average				average					-
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19			
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	30.0	45.0	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly average	weekly average			2X Weekly	
	Sample	average			****	average			-		
NITROGEN, TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00600	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average				average					
NITROGEN, AMMONIA TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00610	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	Ū.		2X Weekly	
EFFLUENT GROSS VALUE	Sample	average				average					
NITROGEN, NITRATE TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00620 Stage Code: 1	Permit	report	report	lbs/day	****	report	report	mg/l			
EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average			****	average	-		-		+
NITROGEN, KJELDAHL TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00625	Permit	report	report	lbs/day	****	20.0	30.0	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	_		2X Weekly	
EFFLUENT GROSS VALUE		average				average					-
NAME/TITLE OF PRINCIPAL					der my direction or supervi	bion in decordance	IGNATURE OF		TELEP	HONE NO DAT	E
EVECUTIVE OFFICED OD	with a system decign	ed to assure that qualify	ed personnel properly gath	er and evaluate t	he information submitted	Based on my inquiry D	DINCIDAL EVECU	TIVE			

NAME/IIILE OF PRINCIPAL	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance	SIGNATURE OF	TELEPHONE NO	DATE
EXECUTIVE OFFICER OR	with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry	PRINCIPAL EXECUTIVE		
AUTHORIZED	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	OFFICER OR AUTHORIZED		
AGENT	submitted is, to the base of my another being and being the complete it and where the matching the information, including the possibility of fine and imprisonment for knowing violations.	AGENT		
Robert Adams		Signed By E2	205-987-8352	07/23/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Moni	toring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 . Vestavi	a Hills, Al. 35242		NITORING PO			C	OUN	TY: Jefferso	n
	, <b>e</b> a	,			MONITORI			-	ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D			* NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Parky	way Vestavia Hill	s Al 35242		From:	10 00 01	To: 18 06 30		NOT		instructions before co	
	way , vestavia i ili										1 0
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
	$\sim$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			19			
Parameter Code: 00665 Stage Code: 1	Permit Requirement	report	report	26 lbs/day	****	report monthly	report weekly average	mg/l		2X Weekly	
EFFLUENT GROSS VALUE		monthly average	weekly average			average	weekiy average				
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement			03	****	****	****	****			
Parameter Code: 50050	Permit	report	report	MGD	****	****	****				
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	maximum							Daily	
	Sample	average	daily		****	****	****				
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement				****	****	****	****			
Parameter Code: 50050 Stage Code: 1	Permit	report	report	03 MGD	****	****	****				
EFFLUENT GROSS VALUE	Requirement	monthly average	maximum daily							Daily	
E. COLI	Sample Measurement	****	****	****	****						
Parameter Code: 51040	Permit	****	****	****	****	126	487	13 col/100mL			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly	maximum			2X Weekly	
	Sample					average	daily				
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	****			19			
Parameter Code: 80082 Stage Code: G	Permit	report	report	lbs/day	****	report	report	mg/l			
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample	average			****	uvorugo					
	Measurement			26				19			
Parameter Code: 80082 Stage Code: 1	Permit Requirement	report	report	lbs/day	****	45.0	67.5	mg/l		2X Weekly	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2A WCCKIY	
	Sample Measurement										
	Permit										
	Requirement										
				I				1			
NAME/TITLE OF PRINCIPAL	L certify under penal	ty of law that this docur	nent and all attachments v	vere prepared up	der my direction or supervis	sion in accordance SI	GNATURE OF	1	TELEP	HONE NO DAT	Е

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	07/23/2018

PACILITY: Liberty Park WRR LOCATION: 13059 Liberty Par Parameter	F arkway , Vestavia Hill Sample Measurement	ite 114 , Vestavi ls, AL 35242	Department of E a Hills, AL 35242 or Loading Maximum *****	PER MON From: Units	MIT NUMBER NITORING PO MONITORIN YY   MM   DD 18 06 01	AL0067814 INT: <sup>0053</sup>		Р			on oal <b>RGE〔〕</b> ***
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	6.0 minimum daily	****	9.0 maximum daily	S.U.		2X Weekly	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	922	1009	26	****	162	189	19	0	2X Weekly	24-Hr Composite
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	24-Hr Composite
SOLIDS, TOTAL SUSPENDED	Sample Measurement	2.63	4.13		****	1.50	2.25	19	0	2X Weekly	Grab
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	30.0 monthly average	45.0 weekly average	mg/l		2X Weekly	Grab
NITROGEN, TOTAL (AS N)	Sample Measurement	12.2	15.1	26	****	6.33	6.78	19	0	2X Weekly	Grab
Parameter Code: 00600 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.66	1.51	26	****	0.23	0.46	19	0	2X Weekly	Grab
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	Grab
NITROGEN, NITRATE TOTAL (AS N)	Sample Measurement	14.5	19.2	26	****	7.45	8.37	19	0	2X Weekly	Grab
Parameter Code: 00620 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	0.063	0.19	26	****	0.054	0.16	19	0	2X Weekly	Grab
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly	Grab

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	07/23/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Monit	oring Report (D	OMR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.		-	PER	MIT NUMBER	. AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 Vestavi	a Hills Al 35242		NITORING PO			C	OUNT	TY: Jefferso	n
	only i antiay, ou		a 1 1110, 7 12 002 12		MONITORI				ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD		D			* NO DISCHA	RGE[]***
LOCATION: 13059 Liberty Parkv	way Vostavia Hill	s Al 35242		From:	10 00 01	To: 18 06 30		NOT		instructions before co	
	way, vestavia i ili	3, AL 33242									I B
Parameter	$\searrow$	Quantity of	or Loading	Units	Qual	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0.32	0.49		****	0.17	0.21	19	0	2X Weekly	Grab
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.671	0.844	03	****	****	****	*****	0	Daily	Continuous
Parameter Code: 50050 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report maximum daily	MGD	****	****	****	*****		Daily	Continuous
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.234	0.411		****	****	****	****	0	Daily	Continuous
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily	Continuous
E. COLI	Sample Measurement	****	****	****	****	*B	2	- 13	0	2X Weekly	Grab
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	126 monthly average	487 maximum daily	col/100mL		2X Weekly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	471	584	26	****	82.4	108	19	0	2X Weekly	24-Hr Composite
Parameter Code: 80082 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	24-Hr Composite
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	0.95	1.68	26	****	0.41	0.58	- 19	0	2X Weekly	Grab
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly	Grab
	Sample Measurement										
	Permit Requirement										
NAME/TITLE OF PRINCIPAL	Louif, under	u of low that this 3	ant and all attacker arts		der my direction or supervi	in in accordance SI	GNATURE OF		TFI FP	HONE NO   DAT	F

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Robert Adams		Signed By E2	205-987-8352	07/23/2018

PERMITTEE NAME: Enviro S MAILING ADDRESS: 8000 Lil FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Park Parameter PH Parameter Code: 00400		ite 114 , Vestavi s, AL 35242	-	PER	MIT NUMBER NITORING PO MONITORI YY   MM   DD 18 04 01 Qua Minimum 7.6	Discharge Monit AL0067814 INT: 016S NG PERIOD: YY   MM   D To: 18 06 30 lity or Concentra Average *****	D tion Maximum 7.6	C P NOT Units			al RGE[]***
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement				report minimum daily		report maximum daily	S.U.		Quarterly	Grab
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	*****	****	4.0 report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab
NITROGEN, AMMONIA TOTAL (AS N) Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	***	****	****	****	****	0.042 report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab Grab
NITROGEN, KJELDAHL TOTAL (AS N) Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	*B report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	*****	****	****	****	0.31 report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab Grab
PHOSPHORUS, TOTAL (AS P) Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	0.026 report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab Grab
FLOW, IN CONDUIT OR THRU TREATMENT PL Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	0.866 report maximum daily	03 MGD	****	****	****	****	0	Quarterly Quarterly	Grab Grab

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Robert Adams		Signed By E2	205-987-8352	07/23/2018

		Alabama I	Department of E	nvironmer	ital Managemen <sup>-</sup>	t Discharge Mor	nitoring Report (L	)MR)			
PERMITTEE NAME: Envir	ro Services, L.L.C.			PER	MIT NUMBER	. AL0067814	ŧ – –			MINOR	
MAILING ADDRESS: 8000	) Liberty Parkway, Su	uite 114 . Vestav	ia Hills, Al. 35242	MON	NITORING PO	<b>INT:</b> 016S		C	COUNT	TY: Jefferso	วท
			iu i iiio, / 12 002			NG PERIOD:			ROGR		bal
FACILITY: Liberty Park WRR	F				YY   MM   DD		DD			** NO DISCHA	RGE [ ] ***
LOCATION: 13059 Liberty Pa		ls. AL 35242		From:	10 01 01	To: 18 06 30		NOT		instructions before co	
Parameter		Quantity	or Loading	Units	Qua	lity or Concent	tration	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
E. COLI	Sample Measurement	****	****		****	****	48	- 13	0	Quarterly	Grab
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	****	report maximum daily	col/100mL		Quarterly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****	****	****	****	1.1	- 19	0	Quarterly	Grab
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Quarterly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement							1			
	Permit Requirement										
	Sample Measurement										
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	Sample Measurement										
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	Sample Measurement										
	Permit Requirement										
NAME/TITLE OF PRINCIPAL	I certify under penal	ty of law that this docur	ment and all attachments w	/ere prepared und	ler my direction or supervi	ision in accordance	SIGNATURE OF		TELEP!	HONE NO DAT	E

# NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 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 abuinitied is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE Robert Adams Under the person of persons who manage the system, or those persons billity of fine and imprisonment for knowing violations. Signed By E2 205-987-8352 07/23/2018

		Alabama l	Department of E	nvironmen	ntal Management	t Discharge Moni	toring Report (D	MR)			
PERMITTEE NAME: Envir	o Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 . Vestav	ia Hills, Al. 35242		NITORING PO			(	COUNT	TY: Jefferso	on
	, •	,				NG PERIOD:			ROGR		al
FACILITY: Liberty Park WRRI	F				YY   MM   DD	YY   MM   I	DD		**	* NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Pa		e Al 35242		From:	10 00 01	To: 18 06 30		NOT		instructions before co	
_ = = = = = = = = = = = = = = = = = = =	irkway, vestavia i ili	3, AL 33242									
Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
РН	Sample Measurement	****	****			****		10			
Parameter Code: 00400 Stage Code: 1	Permit	****	****	****	6.0	****	9.0	12 S.U.		OV We state	
EFFLUENT GROSS VALUE	Requirement				minimum daily		maximum daily			2X Weekly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****			19			
Parameter Code: 00530 Stage Code: G	Permit	report	report	lbs/day	****	report	report	mg/l		2V Washiri	
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19			
Parameter Code: 00530 Stage Code: 1	Permit	report	report	26 lbs/day	****	30.0	45.0	mg/l		AV. 11	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
NITROGEN, TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00600 Stage Code: 1	Permit Requirement	report monthly	report weekly average	lbs/day	****	report monthly	report weekly average	mg/l		2X Weekly	
EFFLUENT GROSS VALUE	•	average	weening average			average	weenly weenlige			-	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00610 Stage Code: 1	Permit Requirement	report	report	lbs/day	****	report	report	mg/l		2X Weekly	
EFFLUENT GROSS VALUE	-	monthly average	weekly average			monthly average	weekly average			211 comy	
NITROGEN, NITRATE TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00620 Stage Code: 1	Permit Requirement	report	report weekly average	lbs/day	****	report monthly	report weekly average	mg/l		2X Weekly	
EFFLUENT GROSS VALUE	requirement	monthly average	weekiy average			average	weekiy average			211	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00625 Stage Code: 1	Permit	report	report	lbs/day	****	10.0	15.0	mg/l			
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR					der my direction or supervi he information submitted.		IGNATURE OF RINCIPAL EXECU	TIVE	TELEPI	HONE NO DAT	Е

NAME/ITILE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	07/23/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Moni	toring Report (L	OMR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	pertv Parkwav. Su	ite 114 . Vestavi	a Hills. AL 35242		NITORING PO			C	OUNT	TY: Jefferso	n
		,			MONITORI			Р	ROGE	RAM: Municip	al
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		**	* NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Parky	way , Vestavia Hill	s, AL 35242		From:	18 06 01	To: 18 06 30		NOT	E: Read	instructions before co	ompleting this form.
	<u> </u>		* 11							En mar of	Comple Trues
Parameter	$\sim$	· ·	or Loading	Units		lity or Concentra		Units	No.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****						
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	- 19 mg/l			
Stage Code: 1	Requirement	monthly	weekly average	-		monthly	weekly average	gr		2X Weekly	
EFFLUENT GROSS VALUE	Sample	average				average					
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03	****	****	****				
Parameter Code: 50050	Permit	report	report	MGD	****	****	****	****			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	maximum							Daily	
RAW SEW/INFLOENT	Sample	average	daily								
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement				****	****	****	*****			
Parameter Code: 50050	Permit	report	report	03 MGD	****	****	****	*****			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum daily							Daily	
	Sample	average	****		****			-			
E. COLI	Measurement	****	****	*****	****			13			
Parameter Code: 51040 Stage Code: 1	Permit	****	****		****	126	487	col/100mL		AV. 11	
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample				****	average	duity				
	Measurement			26				19			
Parameter Code: 80082 Stage Code: G	Permit	report	report	lbs/day	****	report	report	mg/l		2X Weekly	
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			2A weekiy	
BOD, CARBONACEOUS 05 DAY, 20C	Sample				****						
Parameter Code: 80082	Measurement			26				19			
Stage Code: 1	Permit Requirement	report	report	lbs/day	****	10.0	15.0	mg/l		2X Weekly	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
	Sample					-					
	Measurement Permit							-			
	Requirement										
	1										
NAME/TITLE OF PRINCIPAL	I certify under penalt	ty of law that this docum	nent and all attachments v	were prepared und	der my direction or supervis	sion in accordance SI	GNATURE OF		TELEP	HONE NO DAT	Е

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Robert Adams		Signed By E2	205-987-8352	07/23/2018

PERMITTEE NAME: Enviro S MAILING ADDRESS: 8000 Lii FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Park Parameter PH Parameter Code: 00400		ite 114 , Vestavi s, AL 35242 Quantity Average *****	a Hills, AL 35242 or Loading Maximum *****	PER	MIT NUMBER NITORING PO MONITORI YY   MM   DD 18 04 01	INT: 006S NG PERIOD: YY   MM   DI To: 18 06 30 lity or Concentra Average *****	D	C P NOT Units			al RGE [ ] ***
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	****	****	****	report minimum daily	****	report maximum daily	S.U.		Quarterly	Grab
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	79.0 report maximum	19 mg/l	0	Quarterly Quarterly	Grab
NITROGEN, AMMONIA TOTAL (AS N) Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	daily 0.039 report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab
NITROGEN, KJELDAHL TOTAL (AS N) Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	0.075 report maximum daily	- 19 mg/l	0	Quarterly Quarterly	Grab Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	1.22 report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab Grab
PHOSPHORUS, TOTAL (AS P) Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	0.056 report maximum daily	- 19 mg/l	0	Quarterly Quarterly	Grab Grab
FLOW, IN CONDUIT OR THRU TREATMENT PL Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	0.866 report maximum daily	03 MGD	****	****	****	****	0	Quarterly Quarterly	Grab Grab

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	07/23/2018

MAILING ADDRESS: 8000 Li FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Park Parameter SOLIDS, SUSPENDED PERCENT REMOVAL Parameter Code: 81011 Stage Code: K	way , Vestavia Hill Sample Measurement Permit	s, AL 35242	or Loading Maximum *****	MON From: Units	YY   MM   DD 18 06 01 Qua Minimum 98.6 85	INT: 0201 NG PERIOD: YY  MM   I To: 18 06 30 lity or Concentra Average *****	Ι	AM: Municip * NO DISCHA instructions before co Frequency of Analysis Monthly	al RGE[]***
PERCENTREMOVAL	Requirement Sample Measurement Permit				monthly average			Monthly	
	Requirement Sample								
	Measurement Permit Requirement								
	Sample Measurement Permit Requirement								
	Sample Measurement Permit								
	Requirement Sample Measurement								
	Permit Requirement								
	Sample Measurement Permit Requirement								

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		Alabama I	Department of E	nvironmer	ital Managemen <sup>-</sup>	t Discharge Mor	nitoring Report (L	OMR)			
PERMITTEE NAME: Envir	ro Services, L.L.C.		-	PER	MIT NUMBER	. AL0067814	4			MINOR	
MAILING ADDRESS: 8000	) Liberty Parkway, Su	uite 114 Vestav	ia Hills Al 35242	MON	NITORING PO	INT: 006S		(	COUNT	TY: Jefferso	วท
	Liberty Fantway, Ou		10 T 1110, 7 12 002 42			NG PERIOD:			ROGR		al
FACILITY: Liberty Park WRR	F				YY   MM   DD			-		** NO DISCHA	
LOCATION: 13059 Liberty Pa		le Al 35212		From:	10 01 01	To: 18 06 30		NOT		instructions before co	
	arkway, vestavia i ili	5, AL 33242							Li ricua :		simpleting this form
Parameter		Quantity	or Loading	Units	Qua	ality or Concent	tration	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum	1	Ex.	Analysis	
E. COLI	Sample Measurement	****	****		****	****	125	13	0	Quarterly	Grab
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	****	report maximum daily	col/100mL		Quarterly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****	****	****	****	0.5	10	0	Quarterly	Grab
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	19 mg/l		Quarterly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
NAME/TITLE OF PRINCIPAL	I certify under penal	ty of law that this docur	ment and all attachments w	ere prepared und	der my direction or supervi	ision in accordance	SIGNATURE OF		TELEP!	HONE NO DAT	E

# NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 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 abuinitied is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE Robert Adams Under the person of persons who manage the system, or those persons billity of fine and imprisonment for knowing violations. Signed By E2 205-987-8352 07/23/2018

PERMITTEE NAME: MAILING ADDRESS: 8000 Lit FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Park Parameter		te 114 , Vestavi s, AL 35242	-	PER	MIT NUMBER NITORING PO MONITORI YY   MM   DD 18 04 01	INT: 007S	D	C P			al RGE [ ] ***
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	report minimum daily	****	report maximum daily	S.U.		Quarterly	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****	36.0	19	0	Quarterly	Grab
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Quarterly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****	0.037	19	0	Quarterly	Grab
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	****	report maximum daily	mg/l		Quarterly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	*****	****	****	1.12	19	0	Quarterly	Grab
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Quarterly	Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****	*В	19	0	Quarterly	Grab
Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Quarterly	Grab
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****	0.043	19	0	Quarterly	Grab
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Quarterly	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	****	0.866	03	****	****	****	****	0	Quarterly	Grab
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	report maximum daily	MGD	****	****	****			Quarterly	Grab

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	07/23/2018

		Alabama I	Department of E	nvironmer	ital Managemen <sup>1</sup>	t Discharge Mor	nitoring Report (L	)MR)				
PERMITTEE NAME: Envir	ro Services, L.L.C.		-	PER	MIT NUMBER	. AL0067814						
MAILING ADDRESS: 8000	) Liberty Parkway, Su	uite 114 Vestav	ia Hills Al 35242	MON	NITORING PO	INT: 007S		C	COUNT	TY: Jefferso	วท	
	Liberty Fantway, Ou		a 1 1110, 7 12 002 42	MONITORING PERIOD:					PROGRAM: Municipal			
FACILITY: Liberty Park WRR	F				YY   MM   DD			-	*** NO DISCHARGE [ ] ***			
LOCATION: 13059 Liberty Pa		le Al 35212		From:						instructions before co		
		3, AL 33242									·	
Parameter		Quantity	or Loading	Units	Qua	lity or Concent	tration	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
E. COLI	Sample Measurement	****	****		****	****	240	- 13	0	Quarterly	Grab	
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	****	report maximum daily	col/100mL		Quarterly	Grab	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****	****	****	****	0.8	10	0	Quarterly	Grab	
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	19 mg/l		Quarterly	Grab	
	Sample Measurement											
	Permit Requirement											
	Sample Measurement							]				
	Permit Requirement											
	Sample Measurement							<u> </u>				
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
NAME/TITLE OF PRINCIPAL	VAME/TITLE OF PRINCIPAL I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance SIGNATURE OF TELEPHONE NO DATE											

# NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 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 abuinitied is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE Robert Adams Under the person of persons who manage the system, or those persons billity of fine and imprisonment for knowing violations. Signed By E2 205-987-8352 07/23/2018

Enviro Services, L.L.C.         MAILING ADDRESS: 8000 Liberty Parkway, Suite 114 , Vestavia Hills, AL 35242         FACILITY: Liberty Park WRRF         LOCATION: 13059 Liberty Parkway , Vestavia Hills, AL 35242         Parameter       Quantity or Loading         Average       Maximum         OXYGEN, DISSOLVED (DO)       Sample       *****         Parameter Code: 00300       Permit       *****         Parameter Code: 1       Permit       *****				PER	MIT NUMBER NITORING PO MONITORI YY   MM   DD 18 06 01	INT: <sup>0201</sup>	D	C P NOT Units			n al RGE[]***
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	****	****		minimum daily			mg/l		2X Weekly	Grab
PH	Sample Measurement	****	****	****	6.9	****	7.0	12	0	2X Weekly	Grab
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		6.0 minimum daily	****	8.5 maximum daily	S.U.		2X Weekly	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	922	1009		****	162	189	19	0	2X Weekly	24-Hr Composite
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	24-Hr Composite
SOLIDS, TOTAL SUSPENDED	Sample Measurement	13.8	20.6	26	****	2.19	3.50	19	0	2X Weekly	Grab
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	287 monthly average	431 weekly average	lbs/day	****	30.0 monthly average	45.0 weekly average	mg/l		2X Weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.26	0.64	26	****	0.037	0.080	19	0	2X Weekly	Grab
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	19.1 monthly average	28.7 weekly average	lbs/day	****	2.0 monthly average	3.0 weekly average	mg/l		2X Weekly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	0.75	1.76	26	****	0.12	0.30	19	0	Monthly	Grab
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly	Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	43.7	47.7	26	*****	6.99	8.03	19	0	Monthly	Grab
Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly	Grab
						_ cr			TELED	UONE NO DAT	P

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	07/23/2018

		Alabama I	Department of E			Discharge Moni	toring Report (L	OMR)			
PERMITTEE NAME: Enviro S	ervices, L.L.C.			PER	MIT NUMBER	: AL0067814				MINC	
MAILING ADDRESS: 8000 Lib	erty Parkway, Sui	te 114 , Vestavi	a Hills, AL 35242		<b>ITORING PO</b>			C	COUNT	TY: Jeffe	rson
					MONITORI	NG PERIOD:		Р	ROGE		
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		**	** NO DISCH	ARGE [ ] ***
LOCATION: 13059 Liberty Parkv	vay , Vestavia Hills	s, AL 35242		From:	From: 18 06 01 To: 18 06 30					instructions before	e completing this form.
Parameter		Ouantity	or Loading	Units	Oua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	1.05	1.34		****	0.17	0.22	- 19	0	2X Weekly	Grab
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	0.2 monthly average	report weekly average	mg/l		2X Weekly	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.734	1.019	03	*****	****	****	****	0	Daily	Continuous
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	MGD	****	****	****			Daily	Continuous
CHLORINE, TOTAL RESIDUAL	Sample Measurement	****	****		****	*9	*9	19	0	2X Weekly	Grab
Parameter Code: 50060 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	0.011 monthly average	0.019 maximum daily	mg/l		2X Weekly	Grab
E. COLI	Sample Measurement	****	****	****	****	*В	*В	- 13	0	2X Weekly	Grab
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	126 monthly average	487 maximum daily	col/100mL		2X Weekly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	471	584	26	****	82.4	108	19	0	2X Weekly	24-Hr Composite
Parameter Code: 80082 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	renort weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	24-Hr Composite
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	11.1	20.6	26	****	1.63	2.58	- 19	0	2X Weekly	Grab
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	95.9 monthly average	143 weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly	Grab
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM\	Sample Measurement	****	****	****	98.0	****	****	23	0	Monthly	Calculated
Parameter Code: 80091 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****		85 monthly average	****	****	%		Monthly	Calculated
NAME/TITLE OF PRINCIPAL	NAME/TITLE OF PRINCIPAL I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance SIGNATURE OF TELEPHONE NO DATE										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	07/23/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Moni	toring Report (D	MR)					
PERMITTEE NAME: Enviro S	Services, L.L.C.		-	PER	MIT NUMBER	AL0067814				MINOR			
MAILING ADDRESS: 8000 Lil	perty Parkway, Sui	ite 114 , Vestavi	a Hills, AL 35242		NITORING PO	INT: 0202		0	COUNT	TY: Jefferso	n		
	, , , , , , , , , , , , , , , , , , ,	,			MONITORI				ROGR		al		
FACILITY: Liberty Park WRRF					YY   MM   DD		DD		**	* NO DISCHA	RGE [X] ***		
LOCATION: 13059 Liberty Park	wav . Vestavia Hill	s. AL 35242		From:	om: 18 06 01 To: 18 06 30					NOTE: Read instructions before completing this form.			
									<u> </u>				
Parameter		Quantity	or Loading	Units		lity or Concentr	ation	Units	No.	Frequency of	Sample Type		
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis			
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****			****	****	19					
Parameter Code: 00300	Permit	****	****	****	7.0	****	****	mg/l					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement				minimum daily					2X Weekly			
	Sample								-				
PH	Measurement	****	****	****		****		12					
Parameter Code: 00400	Permit	****	****		6.0	****	8.5	12 S.U.					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	1			minimum daily		maximum			2X Weekly			
	Sample						daily						
SOLIDS, TOTAL SUSPENDED	Measurement	l			****					l			
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	report	report	19 mg/l					
Stage Code: G	Requirement	monthly	weekly average			monthly	weekly average	8,-		2X Weekly			
RAW SEW/INFLUENT	Sampla	average				average							
SOLIDS, TOTAL SUSPENDED	Sample Measurement	l		26	****			10					
Parameter Code: 00530	Permit	400	600	lbs/day	****	30.0	45.0	19 mg/l					
Stage Code: 1	Requirement	monthly	weekly average	-		monthly	weekly average	U		2X Weekly			
EFFLUENT GROSS VALUE	Sample	average				average			+'				
NITROGEN, AMMONIA TOTAL (AS N)	Measurement	l		26	****					l			
Parameter Code: 00610	Permit	26.6	40.0	26 lbs/day	****	2.0	3.0	19 mg/l					
Stage Code: 1	Requirement	monthly	weekly average	-		monthly	weekly average			2X Weekly			
EFFLUENT GROSS VALUE	Sample	average				average							
NITROGEN, KJELDAHL TOTAL (AS N)	Measurement			26	****			19					
Parameter Code: 00625 Stage Code: 1	Permit	report	report	lbs/day	****	report	report	mg/l					
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Monthly			
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample	average			****	average							
Parameter Code: 00630	Measurement Permit			26				19					
Stage Code: 1	Requirement	report monthly	report weekly average	lbs/day	****	report monthly	report weekly average	mg/l		Monthly			
EFFLUENT GROSS VALUE	1	average	weekiy average			average	weeking average						
NAME/TITLE OF PRINCIPAL	I certify under penalt	y of law that this docur	nent and all attachments w	vere prepared un	der my direction or supervis	sion in accordance S	IGNATURE OF		TELEP	HONE NO DATI	E		
EVECUTIVE OFFICED OP					he information submitted I	sion in decordance	DINCIDAL EXECU	TIVE					

NAME/IIILE OF PRINCIPAL	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance	SIGNATURE OF	TELEPHONE NO	DATE
EXECUTIVE OFFICER OR	with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry	PRINCIPAL EXECUTIVE		
AUTHORIZED	of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information	OFFICER OR AUTHORIZED		
AGENT	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.	AGENT		
Robert Adams	submitting take information, network are possiblely of the and imprisonment for allowing formations	Signed By E2	205-987-8352	07/23/2018

		Alabama I	Department of E	nvironmen	ntal Management	t Discharge Moni	toring Report (L	OMR)			
PERMITTEE NAME: Enviro S	ervices, L.L.C.			PER	MIT NUMBER	. AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	erty Parkway, Su	ite 114 Vestavi	ia Hills Al 35242		NITORING PO	INT: 0202		(	COUNTY: Jefferson		
	icity i antway, ou		10 T 1110, 7 12 00242			NG PERIOD:			ROGR		al
FACILITY: Liberty Park WRRF					YY   MM   DD		D	-		** NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Park				From:	10 00 01	To: 18 06 30		NOT		instructions before co	
Localition 13059 Liberty Park	vay, vestavia mili	S, AL 35242		Tiom.		10.		1101	L. Read	instructions before ex	sinpleting this form.
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0			****	0		10			
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	0.2	report	19 mg/l			
Stage Code: 1	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
EFFLUENT GROSS VALUE	C1	average				average					
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement			03	****	****	****	*****			
Parameter Code: 50050 Stage Code: 1	Permit	report	report	MGD	****	****	****			~	
EFFLUENT GROSS VALUE	Requirement	monthly	maximum daily							Daily	
CHLORINE, TOTAL RESIDUAL	Sample Measurement	average ****	****		****				_		
Parameter Code: 50060	Permit	****	****	****	****	0.011	0.019	19 mg/l			
Stage Code: 1	Requirement					monthly	maximum	iiig/1		2X Weekly	
EFFLUENT GROSS VALUE	<u> </u>					average	daily				
E. COLI	Sample Measurement	****	****	****	****			- 13			
Parameter Code: 51040	Permit	****	****		****	126	487	col/100mL			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly	
	Sample				****	average	daily				
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	****			19			
Parameter Code: 80082	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average				average			+		
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	****			19			
Parameter Code: 80082	Permit	133	200	lbs/day	****	10.0	15.0	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
EFFLUENT GROSS VALUE	Samula	average				average					
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM	Sample Measurement	****	****	****		****	****				
Parameter Code: 80091	Permit	*****	****		85	****	****	23 %			
Stage Code: K	Requirement				monthly			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Monthly	
PERCENTREMOVAL					average						
NAME/TITLE OF PRINCIPAL	I certify under penalt	y of law that this docu	ment and all attachments v	vere prepared un	der my direction or supervis		GNATURE OF		TELEP	HONE NO DAT	E
EXECUTIVE OFFICER OR					he information submitted. I		RINCIPAL EXECU	TIVE			

EXECUTIVE OFFICER OR AUTHORIZED AGENT	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	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		DAIL	
Robert Adams	submitting false information, including the possibility of fine and imprisonment for knowing violations.	Signed By E2	205-987-8352	07/23/2018	

FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Park Parameter SOLIDS, SUSPENDED PERCENT REMOVAL Parameter Code: 81011	MAILING ADDRESS: 8000 Liberty Parkway, Suite 114 , Vestavia Hills, AL 35242         FACILITY: Liberty Park WRRF         LOCATION: 13059 Liberty Parkway , Vestavia Hills, AL 35242         Parameter       Quantity or Loading         Average       Maximum         DLIDS, SUSPENDED PERCENT REMOVAL       Sample Measurement       *****         Parameter Code: 81011       Permit       *****		PER MON From: Units		INT: 0202	23 %			al <b>RGE</b> [X] ***	
Stage Code: K PERCENTREMOVAL	Requirement Sample Measurement				monthly average				Monthly	
	Permit Requirement									
	Sample Measurement Permit									
	Requirement Sample									
	Measurement Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement Permit Requirement									
	Sample Measurement									

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	07/23/2018

PERMITTEE NAME: Enviro Services, L.L.C. MAILING ADDRESS: 8000 Liberty Parkway, Suite 114 , Vestavia Hills, AL 35242 FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Parkway , Vestavia Hills, AL 35242 Parameter Quantity or Loading Average Maximum OXYGEN DISSOLVED (DO) Sample ***** *****					MIT NUMBER NITORING PO MONITORI YY   MM   DD 18 06 01 Qua Minimum	AL00678 <sup>4</sup> INT: STM1 NG PERIOD: YY   MN To: 18 06 3 lity or Conce Average	1   DD 30 ntration	(	MINOR COUNTY: Jefferson PROGRAM: Municipal *** NO DISCHARGE [X] *** OTE: Read instructions before completing this for No. Frequency of Sample Type Analysis Sample Type			
OXYGEN, DISSOLVED (DO) Parameter Code: 00300 Stage Code: 5 UPSTREAM MONITORING	Measurement Permit Requirement	*****	****	****	****	****	report maximum daily	19 mg/l		Monthly		
OXYGEN, DISSOLVED (DO) Parameter Code: 00300 Stage Code: 5 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	- 19 mg/l		Monthly		
PH Parameter Code: 00400 UPSTREAM MONITORING	Sample Measurement Permit Requirement	*****	****	****	report minimum daily	****	report maximum daily	- 12 S.U.		Monthly		
PH Parameter Code: 00400 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	****	****	****	report minimum daily	****	report maximum daily	12 S.U.		Monthly		
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 UPSTREAM MONITORING	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	19 mg/l		Monthly		
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	– 19 mg/l		Monthly		
NITROGEN, AMMONIA TOTAL (AS N) Parameter Code: 00610 UPSTREAM MONITORING	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	- 19 mg/l		Monthly		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	with a system designer of the person or person submitted is, to the be	d to assure that qualifie ons who manage the sys est of my knowledge an	d personnel properly gathe tem, or those persons direct	er and evaluate t etly responsible I complete. I an	der my direction or supervis the information submitted. I for gathering the information a aware that there are signif wing violations.	Based on my inquiry on, the information	SIGNATURE OF PRINCIPAL EXECU OFFICER OR AUTH AGENT		TELEP	HONE NO	DATE	

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205-987-8352

07/23/2018

Page 1

Signed By E2

Robert Adams

		Alabama I	Department of E	nvironmen	ital Managemen <sup>1</sup>	t Discharge Mon <sup>4</sup>	itoring Report (D	MR)				
PERMITTEE NAME: Enviro S	Services, L.L.C.				MIT NUMBER					MINOR		
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 . Vestavi	ia Hills, Al. 35242		NITORING PO			COUNTY: Jefferson				
	, only i antitay, oa					NG PERIOD:		PROGRAM: Municipal				
FACILITY: Liberty Park WRRF				YY   MM   DD YY   MM   DD					*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Park	way Veetavia Hill	e Al 35242		From: 18 06 01 To: 18 06 30				NOTE: Read instructions before completing this form.				
	way, vestavia i illi	5, AL 33242							2110000		improving this form	
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****		10				
Parameter Code: 00610	Permit	****	****	****	****	****	report	19 mg/l				
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly		
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	*****	****	****	****		19				
Parameter Code: 00625	Permit	****	****		****	****	report	mg/l				
Stage Code: 5 UPSTREAM MONITORING	Requirement	1				1	maximum daily			Monthly		
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****		****	****	uany					
Parameter Code: 00625	Permit	****	****	****	****	****	report	19 mg/l				
Stage Code: 5 DOWNSTREAM MONITOR	Requirement						maximum daily	mg/1		Monthly		
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00630 Stage Code: 5	Permit	****	****		****	****	report	mg/l				
UPSTREAM MONITORING	Requirement						maximum daily			Monthly		
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00630 Stage Code: 5	Permit	****	****		****	****	report	mg/l				
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00665 Stage Code: 5	Permit Requirement	****	****		****	****	report maximum	mg/l		Monthly		
UPSTREAM MONITORING	1	1				1	daily					
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00665 Stage Code: 5	Permit	****	****		****	****	report	mg/l				
DOWNSTREAM MONITOR	Requirement	1					maximum daily			Monthly		
										<u> </u>		
	<del></del>						ICNATURE OF		TUT		E	
NAME/TITLE OF PRINCIPAL			ment and all attachments we				IGNATURE OF	TIVE	TELEP	HONE NO DATI	E .	

### EXECUTIVE OFFICER OR AUTHORIZED AGENT with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquire 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 submitted gathering 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 submitted gathering the possibility of fine and imprisonment for knowing violations. PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Robert Adams 07/23/2018

Average     Maximum       E. COLI     Sample Measurement     *****       Parameter Code: 51040     Permit     *****			MON From: Units	PERMIT NUMBER: AL0067814 MONITORING POINT: STM1       MONITORING PERIOD: YY   MM   DD YY   MM   DD From: 18 06 01 To: 18 06 30       Units     Quality or Concentration Minimum     Average     Maximum       ***** *****       ***** *****			C P NOT Units	Ex. Analysis			
Stage Code: 5 UPSTREAM MONITORING	Requirement			****			report maximum daily	col/100mL		Monthly	
E. COLI Parameter Code: 51040 Stage Code: 5 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	13 col/100mL		Monthly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****		****	****		19			
Parameter Code: 80082 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	mg/l		Monthly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 80082 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
NAME/TITLE OF PRINCIPAL	I certify under penal		nent and all attachments w		der my direction or supervi		GNATURE OF		TELEP	HONE NO DAT	E

 

 NAME/ITTLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 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, the information submitted false information, including the possibility of fine and imprisonment for knowing violations.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE NO
 DATE

 Robert Adams
 Constrained and the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted false information, including the possibility of fine and imprisonment for knowing violations.
 Signed By E2
 205-987-8352
 07/23/2018

		Alabama I	Department of E	nvironmei	ntal Management	t Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: Envir	o Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000		ite 114 . Vestavi	a Hills. AL 35242	MON	NITORING PO	INT: STM5		C	OUNT	TY: Jefferso	n
	,	,				NG PERIOD:		PROGRAM: Municipal			
FACILITY: Liberty Park WRR	F				YY   MM   DD	YY   MM   D	D	*** NO DISCHARGE [ ] ***			
LOCATION: 13059 Liberty Pa		Is AI 35242		From:	From: 18 06 01 To: 18 06 30			NOTE: Read instructions before completing this form.			
	intervery , vooravia i int										1 0
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		****	****	7.7	19	0	Monthly	Grab
Parameter Code: 00300	Permit	****	****	****	****	****	report	mg/l			~ .
Stage Code: 5 UPSTREAM MONITORING	Requirement						maximum	U		Monthly	Grab
UPSTREAM MONTORING	Sample						daily				
OXYGEN, DISSOLVED (DO)	Measurement	****	****	****	****	****	8.0	19	0	Monthly	Grab
Parameter Code: 00300 Stage Code: 5	Permit	****	****		****	****	report	mg/l		Monthly	Grab
DOWNSTREAM MONITOR	Requirement						maximum daily			wontiny	Giuo
РН	Sample Measurement	****	****		7.7	****	7.7		0	Monthly	Grab
Parameter Code: 00400	Permit	****	****	*****	report	****	report	12 S.U.			
UPSTREAM MONITORING	Requirement				minimum daily		maximum daily			Monthly	Grab
PH	Sample Measurement	****	****	****	7.6	****	7.6	12	0	Monthly	Grab
Parameter Code: 00400	Permit Requirement	****	****		report	****	report	S.U.		Monthly	Grab
DOWNSTREAM MONITOR	Kequitement				minimum daily		maximum daily			Monuny	Giab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****	120	10	0	Monthly	Grab
Parameter Code: 00530	Permit	****	****		****	****	report	19 mg/l			~ .
UPSTREAM MONITORING	Requirement						maximum daily	,		Monthly	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	*****	****	****	7.5	19	0	Monthly	Grab
Parameter Code: 00530	Permit	****	****		****	****	report	mg/l			Grab
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****	****	****	****	0.013	19	0	Monthly	Grab
Parameter Code: 00610	Permit Requirement	****	****		****	****	report maximum	mg/l		Monthly	Grab
UPSTREAM MONITORING							daily				
NAME/TITLE OF PRINCIPAL							INATURE OF	1	TELED		6

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted lase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	07/23/2018

		Alabama D	Department of En	nvironmer	ntal Management	Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER				MINOR			
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 . Vestavi	a Hills, Al. 35242	MON	NITORING PO	INT: STM5		C	COUNT	TY: Jefferso	n
	, <b>e</b> a				MONITORI			PROGRAM: Municipal			
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   DI	D	*** NO DISCHARGE [ ] ***			
LOCATION: 13059 Liberty Park	way Vestavia Hill	s Al 35242		From: 18 06 01 To: 18 06 30			NOT	NOTE: Read instructions before completing this form.			
	way, vestavia i ili	3, AL 33242									1 8
Parameter	$\langle$	Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****	0.013	19	0	Monthly	Grab
Parameter Code: 00610	Permit	****	****	****	****	****	report	19 mg/l			~ .
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	****	****	****	*В	19	0	Monthly	Grab
Parameter Code: 00625 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****		****	****	*В	10	0	Monthly	Grab
Parameter Code: 00625 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****	****	****	****	report maximum daily	19 mg/l		Monthly	Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****	*В	- 19	0	Monthly	Grab
Parameter Code: 00630 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****	0.33	19	0	Monthly	Grab
Parameter Code: 00630 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****	0.034	- 19	0	Monthly	Grab
Parameter Code: 00665 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****	0.040	19	0	Monthly	Grab
Parameter Code: 00665 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
NAME/TITLE OF DDINCIDAL									TELED	HONE NO   DAT	<b>D</b>

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	07/23/2018

		Alabama I	Department of Ei	nvironmer	ntal Management	t Discharge Monit	oring Report (L	OMR)			
PERMITTEE NAME: Enviro	o Services, L.L.C.			PER		MINOR					
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 Vestavi	a Hills Al 35242	MON	NITORING PO	INT: STM5		C	OUN	Jefferso	n
	Liberty Fairway, Ou		a 1 mi3, AL 33242			NG PERIOD:		PROGRAM: Municipal			
FACILITY: Liberty Park WRR	=			YY   MM   DD YY   MM   DD			D	*** NO DISCHARGE [ ] ***			
LOCATION: 13059 Liberty Pa		c AL 25242		From:		To: 18 06 30		NOT		instructions before co	
20 CT 20 TO TOUS LIBERTY PA	irway, vestavia i ili	5, AL 33242		110110		100		1101	2110000		inproving the form
Parameter	$\searrow$	Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
E. COLI	Sample Measurement	****	****		****	****	25	- 13	0	Monthly	Grab
Parameter Code: 51040 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	col/100mL		Monthly	Grab
E. COLI	Sample Measurement	****	****	****	****	****	62	13	0	Monthly	Grab
Parameter Code: 51040 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	col/100mL		Monthly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****		****	****	1.5	19	0	Monthly	Grab
Parameter Code: 80082 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	mg/l		Monthly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****	****	****	****	1.3	- 19	0	Monthly	Grab
Parameter Code: 80082 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
NAME/TITLE OF PRINCIPAL	I certify under penal	ty of law that this docun	nent and all attachments w	ere prepared und	der my direction or supervi	ision in accordance SIG	GNATURE OF		TELEP	HONE NO   DAT	E

### NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 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 abmitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for abmitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for abmitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for abmitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for abmitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for abmitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for abmitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for AGENT Signed By E2 205-987-8352 07/23/2018

		Alabama I	Department of E	nvironmen	ntal Management	t Discharge Moni	toring Report (D	MR)				
PERMITTEE NAME: Enviro	o Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR		
MAILING ADDRESS: 8000	l iberty Parkway, Su	ite 114 . Vestavi	ia Hills, Al. 35242	MON	NITORING PO	INT: 0013		COUNTY: Jefferson				
	, •	,				NG PERIOD:		PROGRAM: Municipal				
FACILITY: Liberty Park WRRF	=				YY   MM   DD		DD	*** NO DISCHARGE [X] ***				
LOCATION: 13059 Liberty Pa		e Al 35242		From:	10 07 01	To: 18 07 31		NOT	NOTE: Read instructions before completing this form.			
		3, AL 33242										
Parameter		Quantity	or Loading	Units	Qua	lity or Concentration	ation	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
РН	Sample Measurement	****	****			****						
Parameter Code: 00400	Permit	****	****	****	6.0	****	9.0	12 S.U.				
Stage Code: 1	Requirement				minimum daily		maximum	5.0.		2X Weekly		
EFFLUENT GROSS VALUE							daily					
SOLIDS, TOTAL SUSPENDED	Sample Measurement			• •	****							
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	report	report	19 mg/l				
Stage Code: G	Requirement	monthly	weekly average			monthly	weekly average	mg/1		2X Weekly		
RAW SEW/INFLUENT		average				average						
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19				
Parameter Code: 00530 Stage Code: 1	Permit	report	report	26 lbs/day	****	30.0	45.0	mg/l				
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly		
	Sample	average.			****	u vorugo						
NITROGEN, TOTAL (AS N)	Measurement			26				19				
Parameter Code: 00600 Stage Code: 1	Permit	report	report	lbs/day	****	report	report	mg/l		OX NV 11		
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly		
NITROGEN, AMMONIA TOTAL (AS N)	Sample	avoiago			****							
	Measurement			26				19				
Parameter Code: 00610 Stage Code: 1	Permit	report	report	lbs/day	****	report	report	mg/l		AV. 11		
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly		
NITROGEN, NITRATE TOTAL (AS N)	Sample Measurement	average			****	average						
Parameter Code: 00620	Permit	report	report	26 lbs/day	****	report	report	19 mg/l				
Stage Code: 1	Requirement	monthly	weekly average			monthly	weekly average	iiig/i		2X Weekly		
EFFLUENT GROSS VALUE		average	, ,			average						
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement			26	****			19				
Parameter Code: 00625 Stage Code: 1	Permit	report	report	lbs/day	****	20.0	30.0	mg/l				
EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly		
		average				average						
NAME/TITLE OF PRINCIPAL					der my direction or supervi he information submitted		IGNATURE OF RINCIPAL EXECU	TIVE	TELEPI	HONE NO DAT	E	

EXECUTIVE OFFICER OR AUTHORIZED AGENT	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.	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Robert Adams		Signed By E2	205-987-8352	08/22/2018

		Alabama I	Department of E	nvironmer	ntal Management	t Discharge Monit	toring Report (D	MR)					
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR			
MAILING ADDRESS: 8000 Lik	berty Parkway, Su	ite 114 . Vestavi	a Hills, Al. 35242	MON	NITORING PO	INT: 0013		C	OUNT	TY: Jefferso	n		
	,	,				NG PERIOD:		PROGRAM: Municipal					
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D	*** NO DISCHARGE <sup>[X]</sup> ***					
LOCATION: 13059 Liberty Park	way Vestavia Hill	s AL 35242		From:	From: 18 07 01 To: 18 07 31				NOTE: Read instructions before completing this form.				
	inay , rootavia rim	0,712 002 12											
Parameter	$\sim$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type		
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis			
PHOSPHORUS, TOTAL (AS P)	Sample				****								
Parameter Code: 00665	Measurement Permit			26 11-2/1-22	****			19					
Stage Code: 1	Requirement	report	report	26 lbs/day	****	report monthly	report weekly average	mg/l		2X Weekly			
EFFLUENT GROSS VALUE	1	monthly average	weekly average			average	weeking average			2			
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample				****	****	****						
Parameter Code: 50050	Measurement Permit			03				*****					
Stage Code: G	Requirement	report	report maximum	MGD	****	****	****			Daily			
RAW SEW/INFLUENT	1	monthly	daily										
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample				****	****	****						
Parameter Code: 50050	Measurement							*****					
Stage Code: 1	Permit Requirement	report	report maximum daily	03 MGD	****	****	****			Daily			
EFFLUENT GROSS VALUE	requirement	monthly average	maximum dany							Dully			
E. COLI	Sample Measurement	****	****	****	****			13					
Parameter Code: 51040	Permit	****	****		****	126	487	col/100mL					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly			
	Sample				****	uveruge	duity						
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	بالم مالد مالد مالد			19					
Parameter Code: 80082 Stage Code: G	Permit	report	report	lbs/day	****	report	report	mg/l		01/ W/ 11			
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly			
	Sample	average			****	average							
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	- to the deside of the			19					
Parameter Code: 80082 Stage Code: 1	Permit	report	report	lbs/day	****	45.0	67.5	mg/l					
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly			
	Sample	average				average							
	Measurement												
	Permit												
	Requirement												
NAME/TITLE OF PRINCIPAL	I certify under penalt	v of law that this docum	nent and all attachments v	vere prepared up	der my direction or supervis	sion in accordance SI	GNATURE OF		TELEP	HONE NO DAT	Е		

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	08/22/2018

Alabama Department of Enviro         PERMITTEE NAME:         Enviro Services, L.L.C.         MAILING ADDRESS: 8000 Liberty Parkway, Suite 114 , Vestavia Hills, AL 35242         FACILITY: Liberty Park WRRF         LOCATION: 13059 Liberty Parkway , Vestavia Hills, AL 35242         Parameter       Quantity or Loading         PH       Sample         Maximum         Measurement       *****					PERMIT NUMBER: AL0067814 MONITORING POINT: 0053       MONITORING PERIOD: YY   MM   DD       YY   MM   DD     YY   MM   DD       From:     18 07 01     To:       Units     Quality or Concentration       Minimum     Average     Maximum       6.6     *****     7.1			C P	Ex.   Analysis     0   2X Weekly		on al RGE[]***
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	6.0 minimum daily	****	9.0 maximum daily	12 S.U.	0	2X Weekly	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	1013	1239	26	****	217	229	19	0	2X Weekly	24-Hr Composite
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	24-Hr Composite
SOLIDS, TOTAL SUSPENDED	Sample Measurement	1.80	5.82		****	1.13	2.00	19	0	2X Weekly	Grab
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	30.0 monthly average	45.0 weekly average	mg/l		2X Weekly	Grab
NITROGEN, TOTAL (AS N)	Sample Measurement	10.6	22.0	26	****	6.86	7.56	19	0	2X Weekly	Grab
Parameter Code: 00600 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.049	0.068	26	****	0.033	0.042	19	0	2X Weekly	Grab
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	renort monthly average	report weekly average	lbs/day	****	report monthly average	renort weekly average	mg/l		2X Weekly	Grab
NITROGEN, NITRATE TOTAL (AS N)	Sample Measurement	12.6	29.0	26	****	7.98	9.95	19	0	2X Weekly	Grab
Parameter Code: 00620 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	renort weekly average	mg/l		2X Weekly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	0.16	0.15	26	****	0.12	0.12	19	0	2X Weekly	Grab
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly	Grab

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted lase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	08/22/2018

		Alabama I	Department of E			t Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: Enviro S	ervices, L.L.C.				MIT NUMBER					MINOR		
MAILING ADDRESS: 8000 Lib	erty Parkway, Su	ite 114 , Vestavi	a Hills, AL 35242	MON	NITORING PO	INT: <sup>0053</sup>			OUNI			
						NG PERIOD:		Р	PROGRAM: Municipal			
FACILITY: Liberty Park WRRF					YY   MM   DD 18 07 01	YY   MM   D To: 18 07 31	D			* NO DISCHA		
LOCATION: 13059 Liberty Parkv	vay , Vestavia Hill	ls, AL 35242		From: 18 07 01 To: 18 07 31				NOT	NOTE: Read instructions before completing this form			
Parameter	$\searrow$	Quantity of	or Loading	Units		lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0.73	2.58		****	0.43	0.89	19	0	2X Weekly	Grab	
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	Grab	
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.539	0.686	03	****	****	****	*****	0	Daily	Continuous	
Parameter Code: 50050 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report maximum daily	MGD	****	****	****			Daily	Continuous	
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.203	0.591		****	****	****	****	0	Daily	Continuous	
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily	Continuous	
E. COLI	Sample Measurement	****	****	****	****	2	12	13	0	2X Weekly	Grab	
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	126 monthly average	487 maximum daily	col/100mL		2X Weekly	Grab	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	344	383	26	****	73.9	84.8	19	0	2X Weekly	24-Hr Composite	
Parameter Code: 80082 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	24-Hr Composite	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	0.61	1.12	26	****	0.38	0.63	19	0	2X Weekly	Grab	
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly	Grab	
	Sample Measurement											
	Permit Requirement											
NAME/TITLE OF PRINCIPAL	Leartify under popul	ty of law that this doorn	pant and all attachments	wara propared up	der my direction or supervi	sion in accordance SI	GNATURE OF		TELEP	HONE NO DAT	E	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	08/22/2018

		Alabama I	Department of E	nvironmer	ital Management	t Discharge Mo	nitoring Report (I	)MR)				
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	. AL006781	4			MINOR	ł	
MAILING ADDRESS: 8000 Lik	pertv Parkwav. Sui	te 114 . Vestavi	a Hills. AL 35242		NITORING PO	INT: 0202		C	COUNT	ΓY: Jefferso	on	
	,,,,,,,,,	,			MONITORI			Р	ROGE	RAM: Municip	pal	
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM	DD			** NO DISCHA	RGE [X] ***	
LOCATION: 13059 Liberty Parky	wav . Vestavia Hills	s. AL 35242		From:	18 07 01	To: 18 07 31	<u> </u>	NOT	NOTE: Read instructions before completing this form.			
Parameter		Quantity	or Loading	Units	· · · · ·	lity or Concen	tration	Units	No.	Frequency of Analysis	Sample Type	
	$\leq$	Average	Maximum		Minimum	Average	Maximum		Ex.	Anarysis		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			- 19				
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	0.2	report	mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly average	weekly average			2X Weekly		
	Sample	average			****	*****	****					
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03	****	****	****	****				
Parameter Code: 50050 Stage Code: 1	Permit	report	report	MGD	****	****	****					
EFFLUENT GROSS VALUE	Requirement	monthly average	maximum daily							Daily		
CHLORINE, TOTAL RESIDUAL	Sample Measurement	****	****		****			1				
Parameter Code: 50060	Permit	*****	****	****	****	0.011	0.019	19 mg/l				
Stage Code: 1	Requirement					monthly	maximum	ing/1		2X Weekly		
EFFLUENT GROSS VALUE	Sample		-			average	daily					
E. COLI	Measurement	****	****	****	****	1		12				
Parameter Code: 51040	Permit	****	****		****	126	487	13 col/100mL				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly	maximum			2X Weekly		
	Sample		+			average	daily				-	
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	****	1		19				
Parameter Code: 80082	Permit	report	report	lbs/day	****	report	report	mg/l				
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly		
	Sample	average			****	average		<u> </u>				
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	****			19				
Parameter Code: 80082 Stage Code: 1	Permit	133	200	lbs/day	****	10.0	15.0	mg/l				
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly		
	Sample	*****	****			*****	****					
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM	Measurement			****				23				
Parameter Code: 80091 Stage Code: K	Permit	****	****		85	****	****	%				
PERCENTREMOVAL	Requirement				monthly average					Monthly		
			1 1		uterage							
NAME/TITLE OF PRINCIPAL						T	SIGNATURE OF	T	TELED	HONE NO DAT		
EXECUTIVE OFFICER OR					der my direction or supervis the information submitted. I		PRINCIPAL EXECU	JTIVE	TEEP.	DAI	. ല	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	08/22/2018

MAILING ADDRESS: 8000 Li         FACILITY: Liberty Park WRRF         LOCATION: 13059 Liberty Park         Parameter         SOLIDS, SUSPENDED PERCENT REMOVAL	AILING ADDRESS: 8000 Liberty Parkway, Suite 114 , Vestavia Hills, AL 35242 ACILITY: Liberty Park WRRF DCATION: 13059 Liberty Parkway , Vestavia Hills, AL 35242 Parameter IDS, SUSPENDED PERCENT REMOVAL Sample Measurement Trameter Code: 81011 remit Requirement Measurement ***** ***** *****		Minimum         Average         Maximum           *****         *****         *****				MINOR COUNTY: Jefferson PROGRAM: Municipal *** NO DISCHARGI NOTE: Read instructions before complet Units No. Frequency of Ex. Analysis State 23 %			
Stage Code: K PERCENTREMOVAL		****	****	85 monthly average	****	****	%		Monthly	
	Measurement Permit Requirement									
	Sample Measurement Permit									
	Requirement									
	Sample Measurement Permit Requirement									
	Sample									
	Measurement Permit Requirement									
	Sample Measurement Permit									
	Requirement									
	Sample Measurement Permit Requirement									

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Robert Adams		Signed By E2	205-987-8352	08/22/2018

		Alabama l	Department of E	nvironmen	ntal Management	Discharge Moni	toring Report (D	MR)			
PERMITTEE NAME: Environment	o Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 . Vestav	ia Hills, Al. 35242		NITORING PO			(	COUNT	TY: Jefferso	on
	, •	,				NG PERIOD:			PROGRAM: Municipal		
FACILITY: Liberty Park WRR	=				YY   MM   DD	YY   MM   I	DD		*** NO DISCHARGE <sup>[X]</sup> ***		
LOCATION: 13059 Liberty Pa		e Al 35242		From:	From: 18 07 01 To: 18 07 31					instructions before co	
	irtway, vestavia i ili	3, AL 33242							·····		
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentration	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
РН	Sample Measurement	****	****			****		10			
Parameter Code: 00400 Stage Code: 1	Permit	****	****	****	6.0	****	9.0	12 S.U.		2X W 11	
EFFLUENT GROSS VALUE	Requirement				minimum daily		maximum daily			2X Weekly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****			19			
Parameter Code: 00530 Stage Code: G	Permit	report	report	lbs/day	****	report	report	mg/l		2V Washiri	
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19			
Parameter Code: 00530 Stage Code: 1	Permit	report	report	26 lbs/day	****	30.0	45.0	mg/l		01/ 11/ 11	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
NITROGEN, TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00600 Stage Code: 1	Permit Requirement	report monthly	report weekly average	lbs/day	****	report monthly	report weekly average	mg/l		2X Weekly	
EFFLUENT GROSS VALUE		average	weening average			average	weekiy average			-	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00610 Stage Code: 1	Permit Requirement	report	report	lbs/day	****	report	report	mg/l		2X Weekly	
EFFLUENT GROSS VALUE	-	monthly average	weekly average			monthly average	weekly average			211 comy	
NITROGEN, NITRATE TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00620 Stage Code: 1	Permit Requirement	report	report weekly average	lbs/day	****	report monthly	report weekly average	mg/l		2X Weekly	
EFFLUENT GROSS VALUE	requirement	monthly average	weekiy average			average	weekiy average			211	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00625 Stage Code: 1	Permit	report	report	lbs/day	****	10.0	15.0	mg/l			
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
								•			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR					der my direction or supervi he information submitted.		GNATURE OF	TIVE	TELEP	HONE NO DAT	E

EXECUTIVE OFFICER OR AUTHORIZED AGENT	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.	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Robert Adams		Signed By E2	205-987-8352	08/22/2018

	Alabama Department of Environmental Management Discharge Monitoring Report (DMR)											
PERMITTEE NAME: Enviro S	Services, L.L.C.				MIT NUMBER				MINOR			
MAILING ADDRESS: 8000 Lik	perty Parkway, Sui	te 114 . Vestavi	a Hills. AL 35242		ITORING PO			C	OUNT	TY: Jefferso	n	
	,				MONITORI				PROGRAM: Municipal			
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Parky	wav . Vestavia Hills	s. AL 35242		From:	18 07 01	To: 18 07 31		NOT	E: Read	instructions before co	mpleting this form.	
Parameter		Quantity	or Loading	Units		lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			19				
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	_		2X Weekly		
	Sample	average			****	average	****					
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03	****	****	****	*****				
Parameter Code: 50050	Permit	report	report	MGD	****	****	****					
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	maximum							Daily		
	Sample	average	daily		****	****	****					
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement				****	****	****	****				
Parameter Code: 50050	Permit	report	report	03 MGD	****	****	****					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	maximum daily							Daily		
	Sample	****	****		****							
E. COLI	Measurement			****				13				
Parameter Code: 51040 Stage Code: 1	Permit	****	****		****	126	487	col/100mL		0X W 11		
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly		
BOD, CARBONACEOUS 05 DAY, 20C	Sample				****							
	Measurement			26				19				
Parameter Code: 80082 Stage Code: G	Permit	report	report	lbs/day	****	report	report	mg/l		2X Weekly		
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			2A weekly		
BOD, CARBONACEOUS 05 DAY, 20C	Sample				****							
Parameter Code: 80082	Measurement			26				19				
Stage Code: 1	Permit Requirement	report	report	lbs/day	****	10.0	15.0	mg/l		2X Weekly		
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2A Weekly		
	Sample					<u> </u>						
	Measurement											
	Permit Requirement											
	riequirement											
NAME/TITLE OF PRINCIPAL	I certify under penalty	y of law that this docum	nent and all attachments v	were prepared und	ler my direction or supervis	sion in accordance SI	GNATURE OF		TELEP	HONE NO DATI	E	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted islase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	08/22/2018

FERMITTEE NAME:         MAILING ADDRESS: 8000 Lit         FACILITY: Liberty Park WRRF         LOCATION: 13059 Liberty Park         Parameter	MAILING ADDRESS: 8000 Liberty Parkway, Suite 114, Vestavia Hills, AL 3524         FACILITY: Liberty Park WRRF         LOCATION: 13059 Liberty Parkway, Vestavia Hills, AL 35242         Parameter       Quantity or Loading         Average       Maximum         OXYGEN, DISSOLVED (DO)       Sample Measurement       *****         Parameter Code: 00300       Permit       *****					Discharge Monit AL0067814 INT: 0201 NG PERIOD: YY   MM   D To: 18 07 31 lity or Concentra Average	D	C P		AM: Municip * NO DISCHA instructions before co Frequency of Analysis	n al RGE[]*** ompleting this form. Sample Type
	Measurement			****	7.7 7.0 minimum daily	****	****	19 mg/l	0	2X Weekly 2X Weekly	Grab
PH Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	*****	*****	****	6.7 6.0 minimum daily	****	7.0 8.5 maximum daily	12 S.U.	0	2X Weekly 2X Weekly	Grab Grab
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Sample Measurement Permit Requirement	1013 report monthly average	1239 report weekly average	26 lbs/day	****	217 report monthly average	229 report weekly average	19 mg/l	0	2X Weekly 2X Weekly	24-Hr Composite 24-Hr Composite
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	14.7 287 monthly average	21.0 431 weekly average	26 lbs/day	****	2.88 30.0 monthly average	4.25 45.0 weekly average	19 mg/l	0	2X Weekly 2X Weekly	Grab Grab
NITROGEN, AMMONIA TOTAL (AS N) Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	0.15 19.1 monthly average	0.24 28.7 weekly average	26 lbs/day	****	0.028 2.0 monthly average	0.043 3.0 weekly average	19 mg/l	0	2X Weekly 2X Weekly	Grab Grab
NITROGEN, KJELDAHL TOTAL (AS N) Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	0.81 report monthly average	1.30 report weekly average	26 lbs/day	****	0.16 report monthly average	0.25 report weekly average	19 mg/l	0	Monthly	Grab Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	43.2 report monthly average	50.5 report weekly average	26 lbs/day	****	8.27 report monthly average	9.25 report weekly average	19 mg/l	0	Monthly	Grab Grab
NAME/TITLE OF DDINCIDAL									TELED	HONE NO DAT	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	08/22/2018

		Alabama I	Department of E	nvironmen	ntal Management	t Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: Environment	o Services, L.L.C.			PER	MIT NUMBER	AL0067814		MINOR				
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 . Vestavi	a Hills, Al. 35242	MON	NITORING PO	INT: STM5		C	OUNT	TY: Jefferso	on	
	, •			MONITORING PERIOD:					PROGRAM: Municipal			
FACILITY: Liberty Park WRR	F				YY   MM   DD	YY   MM   D	D			* NO DISCHA	RGE[]***	
LOCATION: 13059 Liberty Pa		le Δ1 35242		From:		To: 18 07 31		NOT		instructions before co		
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		****	****	8.6	10	0	Monthly	Grab	
Parameter Code: 00300	Permit	****	****	****	****	****	report	19 mg/l				
Stage Code: 5 UPSTREAM MONITORING	Requirement						maximum	U		Monthly	Grab	
	Sample						daily					
OXYGEN, DISSOLVED (DO)	Measurement	****	****	****	****	****	7.8	19	0	Monthly	Grab	
Parameter Code: 00300 Stage Code: 5	Permit Requirement	****	****		****	****	report	mg/l		Monthly	Grab	
DOWNSTREAM MONITOR	Kequitement						maximum daily			Wontiny		
PH	Sample Measurement	****	****		7.3	****	7.3		0	Monthly	Grab	
Parameter Code: 00400	Permit	*****	****	****	report	****	report	12 S.U.				
UPSTREAM MONITORING	Requirement				minimum daily		maximum daily	5.0.		Monthly	Grab	
PH	Sample	****	****		7.2	****	7.2		0	Monthly	Grab	
Parameter Code: 00400	Measurement			****				12	0			
Parameter Code: 00400	Permit Requirement	****	****		report minimum daily	****	report maximum	S.U.		Monthly	Grab	
DOWNSTREAM MONITOR	requirement				minimum dany		daily			Wolding		
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****	5.0	10	0	Monthly	Grab	
Parameter Code: 00530	Permit	****	****		****	****	report	19 mg/l				
UPSTREAM MONITORING	Requirement						maximum daily	Ũ		Monthly	Grab	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****	1.0	10	0	Monthly	Grab	
Parameter Code: 00530	Permit	****	****		****	****	report	19 mg/l			<b>C</b> 1	
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly	Grab	
NITROGEN, AMMONIA TOTAL (AS N)	Sample	****	****		****	****	0.020		0	Monthly	Grab	
Parameter Code: 00610	Measurement			****				19	0			
	Permit Requirement	****	****		****	****	report	mg/l		Monthly	Grab	
UPSTREAM MONITORING	Requirement						maximum daily			Wontiny		
NAME/TITLE OF PRINCIPAL	Loortifu under sense	ty of low that this down	nont and all attachments w	ara proporad	dar my direction or supervi	sion in accordance SIG	GNATURE OF	Т	TELEP	HONE NO DAT	E	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	08/22/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Moni	itoring Report (L	OMR)					
PERMITTEE NAME: Enviro S	ervices, L.L.C.		-	PER	PERMIT NUMBER: AL0067814					MINOR			
MAILING ADDRESS: 8000 Lib	ertv Parkway, Su	ite 114 . Vestavi	a Hills. AL 35242		COUNTY: Jefferson								
	, ea	,		MONITORING PERIOD:					PROGRAM: Municipal				
FACILITY: Liberty Park WRRF					YY   MM   DD		DD	*** NO DISCHARGE [ ] ***					
LOCATION: 13059 Liberty Parkv	vav . Vestavia Hill	s. AL 35242		From:	18 07 01	To: 18 07 31		NOT	E: Read	instructions before	completing this form.		
								T					
Parameter		Quantity	or Loading	Units		lity or Concentr	ation	Units	No.	Frequency of	Sample Type		
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis			
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0.97	0.99		****	0.19	0.19	- 19	0	2X Weekly	Grab		
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	0.2 monthly average	report weekly average	mg/l		2X Weekly	Grab		
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.670	0.861	03	****	****	****	****	0	Daily	Continuous		
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	MGD	****	****	****			Daily	Continuous		
CHLORINE, TOTAL RESIDUAL	Sample Measurement	****	****		****	*9	*9	19	0	2X Weekly	Grab		
Parameter Code: 50060 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	0.011 monthly average	0.019 maximum daily	mg/l		2X Weekly	Grab		
E. COLI	Sample Measurement	****	****	****	****	1	2	13	0	2X Weekly	Grab		
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	126 monthly average	487 maximum daily	col/100mL		2X Weekly	Grab		
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	344	383	26	****	73.9	84.8	19	0	2X Weekly	24-Hr Composite		
Parameter Code: 80082 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	24-Hr Composite		
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	3.90	6.43	26	****	0.78	1.30	- 19	0	2X Weekly	Grab		
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	95.9 monthly average	143 weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly	Grab		
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM\	Sample Measurement	****	****	****	99.0	****	****	23	0	Monthly	Calculated		
Parameter Code: 80091 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****		85 monthly average	****	****	%		Monthly	Calculated		
NAME/TITLE OF PRINCIPAL	I certify under penalt	y of law that this docur	nent and all attachments v	were prepared uno	ler my direction or supervis	sion in accordance S	IGNATURE OF		TELEP	HONE NO DA	TE		

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted islase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	08/22/2018

PERMITTEE NAME:       Enviro Services, L.L.C.         MAILING ADDRESS:       8000 Liberty Parkway, Suite 114, Vestavia Hills, AL 35242         FACILITY:       Liberty Park WRRF         LOCATION:       13059 Liberty Parkway, Vestavia Hills, AL 35242         Parameter       Quantity or Loading         SOLIDS, SUSPENDED PERCENT REMOVAL       Sample Measurement       *****         Parameter Code: 81011       Permit Requirement       *****			Minimum         Average         Maximum           98.7         *****         *****				MINOR COUNTY: Jefferson PROGRAM: Municipal *** NO DISCHARGE []** NOTE: Read instructions before completing this f Units No. Frequency of Sample Typ Ex. Analysis 0 Monthly Calculated 23 %			
PERCENTREMOVAL	Sample Measurement Permit			 monthly average					Monthly	Calculated
	Requirement Sample Measurement									
	Permit Requirement									
	Sample Measurement Permit Requirement									
	Sample Measurement Permit									
	Requirement Sample Measurement									
	Permit Requirement									
	Sample Measurement Permit Requirement									
NAME/TITLE OF DRINCIDAL			<u> </u>			CNATURE OF	<u> </u>	TELEDI	HONE NO DAT	R

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted is formation, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams	submitting taise information, mendung the possionity of the and imprisonment for knowing violations.	Signed By E2	205-987-8352	08/22/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Moni	toring Report (D	MR)				
PERMITTEE NAME: Enviro S	Services, L.L.C.		-	PER	MIT NUMBER	AL0067814				MINOR		
MAILING ADDRESS: 8000 Lik	berty Parkway, Su	ite 114 , Vestavi	ia Hills, AL 35242		NITORING PO	INT: 0202		0	COUNT	TY: Jefferso	n	
	, <b>, ,</b> ,	,	-,	MONITORING PERIOD:			PROGRAM: Municipal					
FACILITY: Liberty Park WRRF					YY   MM   DD YY   MM   DD				*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Park	wav . Vestavia Hill	s. AL 35242		From:	18 07 01	To: 18 07 31		NOT	E: Read	instructions before co	ompleting this form.	
									<u> </u>			
Parameter		Quantity	or Loading	Units		lity or Concentra	ation	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****			****	****	19				
Parameter Code: 00300	Permit	****	****	****	7.0	****	****	mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement				minimum daily					2X Weekly		
	Sample								-		1	
PH	Measurement	****	****	****		****		12				
Parameter Code: 00400	Permit	****	****		6.0	****	8.5	12 S.U.				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement				minimum daily		maximum			2X Weekly		
	Sample						daily					
SOLIDS, TOTAL SUSPENDED	Measurement				****					l		
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	report	report	19 mg/l				
Stage Code: G	Requirement	monthly	weekly average			monthly	weekly average	8,-		2X Weekly		
RAW SEW/INFLUENT	Sampla	average				average						
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****			10				
Parameter Code: 00530	Permit	400	600	lbs/day	****	30.0	45.0	19 mg/l				
Stage Code: 1	Requirement	monthly	weekly average	-		monthly	weekly average	U		2X Weekly		
EFFLUENT GROSS VALUE	Sample	average				average			+'			
NITROGEN, AMMONIA TOTAL (AS N)	Measurement			26	****					l		
Parameter Code: 00610	Permit	26.6	40.0	26 lbs/day	****	2.0	3.0	19 mg/l				
Stage Code: 1	Requirement	monthly	weekly average	-		monthly	weekly average			2X Weekly		
EFFLUENT GROSS VALUE	Sample	average				average						
NITROGEN, KJELDAHL TOTAL (AS N)	Measurement			26	****			19				
Parameter Code: 00625 Stage Code: 1	Permit	report	report	lbs/day	****	report	report	mg/l				
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Monthly		
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample	average			****	average						
Parameter Code: 00630	Measurement Permit			26				19				
Stage Code: 1	Requirement	report monthly	report weekly average	lbs/day	****	report monthly	report weekly average	mg/l		Monthly		
EFFLUENT GROSS VALUE		average	weekiy average			average	weekiy average					
NAME/TITLE OF PRINCIPAL	I certify under penalt	ty of law that this docu	ment and all attachments u	vere nrenared un	ler my direction or supervis	sion in accordance S	IGNATURE OF		TELEP	HONE NO DATI	E	
EXECUTIVE OFFICEP OP					be information submitted.	Sion in accordance	DINCIDAL EXECU	TIVE			-	

AGENT Robert Adams	submitting false information, including the possibility of fine and imprisonment for knowing violations.	AGENT Signed By E2	205-987-8352	08/22/2018	-
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE	

		Alabama I	Department of E	nvironmer	atal Management	t Discharge Monit	toring Report (D	MR)				
PERMITTEE NAME: Enviro	PERMITTEE NAME: Enviro Services, L.L.C.					<b>AL0067814</b>	_		MINOR			
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 , Vestavi	ia Hills, AL 35242	MON	NITORING PO	INT: STM1		(	COUNT	TY: Jefferso	n	
		,				NG PERIOD:		F	PROGR			
FACILITY: Liberty Park WRRF					YY   MM   DD YY   MM   DD				*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Pa	rkway , Vestavia Hill	s, AL 35242		From:	From: 18 07 01 To: 18 07 31			NOTE: Read instructions before completing this form.				
Parameter		Ouantity -	or Loading	Units	Oua	lity or Concentra		Units	No.	Frequency of	Sample Type	
i ululiotoi		Average	Maximum	Cinto	Minimum	Average	Maximum	Cint	Ex.	Analysis		
OXYGEN, DISSOLVED (DO)	Sample Measurement	*****	****		****	****						
Parameter Code: 00300	Permit	****	****	****	****	****	report	19 mg/l				
Stage Code: 5 UPSTREAM MONITORING	Requirement	*****	de de se se se				maximum daily	mg/l		Monthly		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****	****	****	****		10				
Parameter Code: 00300 Stage Code: 5	Permit	****	****		****	****	report	19 mg/l		N		
DOWNSTREAM MONITOR	Requirement			l			maximum daily			Monthly		
РН	Sample Measurement	****	****			****		12				
Parameter Code: 00400	Permit	****	****	****	report	****	report	12 S.U.				
UPSTREAM MONITORING	Requirement				minimum daily		maximum daily			Monthly		
РН	Sample Measurement	****	****	****		****		12				
Parameter Code: 00400	Permit Requirement	****	****	l	report	****	report	S.U.		Monthly		
DOWNSTREAM MONITOR	Kequitement			l	minimum daily		maximum daily			Montiny		
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00530	Permit	****	****	l	****	****	report	mg/l		Monthly		
UPSTREAM MONITORING	Requirement						maximum daily			Wontiny		
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00530	Permit	****	****		****	****	report	mg/l		Monthly		
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00610	Permit Requirement	****	****		****	****	report	mg/l		Monthly		
UPSTREAM MONITORING	Kequitement						maximum daily			Monthly		
											_	
NAME/TITLE OF PRINCIPAL					der my direction or supervis		GNATURE OF	TIVE	TELEP!	HONE NO DATI	E	

### NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 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 of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information abmitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE Robert Adams Under the person of 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, 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. Signed By E2 205-987-8352 08/22/2018

		Alabama I	Department of E	nvironmen	ital Managemen <sup>4</sup>	t Discharge Monit	toring Report (D	MR)				
PERMITTEE NAME: Enviro S	Services, L.L.C.		-		MIT NUMBER		-		MINOR			
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 . Vestavi	ia Hills, AL 35242		NITORING PO			(	COUNT	TY: Jefferso	n	
	, only . aa,,		a i iiio, / = 00_ !_	MONITORING PERIOD:					PROGRAM: Municipal			
FACILITY: Liberty Park WRRF					YY   MM   DD		D		*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Parky	way Vestavia Hill	s Al 35242		From:	10 07 01	To: 18 07 31		NOT		instructions before co		
		5, AL 002-72										
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****		10				
Parameter Code: 00610	Permit	****	****	****	****	****	report	19 mg/l				
DOWNSTREAM MONITOR	Requirement						maximum daily	8		Monthly		
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	****	****	****		10				
Parameter Code: 00625	Permit	****	****		****	****	report	19 mg/l				
Stage Code: 5 UPSTREAM MONITORING	Requirement	1					maximum	, in the second s		Monthly		
	Sample						daily					
NITROGEN, KJELDAHL TOTAL (AS N)	Measurement	****	****		****	****		10				
Parameter Code: 00625	Permit	****	****	****	****	****	report	19 mg/l				
Stage Code: 5 DOWNSTREAM MONITOR	Requirement						maximum	Ű,		Monthly		
	Sample						daily	<b> </b>				
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Measurement	****	****	****	****	****		19				
Parameter Code: 00630	Permit	****	****		****	****	report	mg/l				
Stage Code: 5 UPSTREAM MONITORING	Requirement						maximum daily			Monthly		
	Sample				****	****	Uarry	<u> </u>	-			
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Measurement	****	****	*****	****	****		19				
Parameter Code: 00630	Permit	****	****		****	****	report	mg/l				
Stage Code: 5 DOWNSTREAM MONITOR	Requirement	1					maximum	_		Monthly		
	Sample	****	****		****	****	daily					
PHOSPHORUS, TOTAL (AS P)	Measurement	****	****	****	****	****		19				
Parameter Code: 00665 Stage Code: 5	Permit	****	****		****	****	report	mg/l				
	Requirement	1					maximum daily			Monthly		
	Sample	****	****		****	****	uarry					
PHOSPHORUS, TOTAL (AS P)	Measurement			*****				19				
Parameter Code: 00665 Stage Code: 5	Permit	****	****		****	****	report	mg/l				
DOWNSTREAM MONITOR	Requirement	1					maximum daily			Monthly		
		ú					duity	L				
	<del></del>							T				
NAME/TITLE OF PRINCIPAL			ment and all attachments w			ision in decordance	GNATURE OF	TIVE	TELEP	HONE NO DATI	Ë.	

# NAME/TITLE OF PRINCIPAL<br/>EXECUTIVE OFFICER OR<br/>AUTHORIZED<br/>AGENTI certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance<br/>with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry<br/>of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information<br/>submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for<br/>submitting false information, including the possibility of fine and imprisonment for knowing violations.SIGNATURE OF<br/>PRINCIPAL EXECUTIVE<br/>OFFICER OR AUTHORIZED<br/>AGENTTELEPHONE NODATERobert AdamsConstruction of the person of persons who manage the system.Construction of the person of persons who manage the system, or those persons directly responsible for gathering the information, the information<br/>submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for<br/>submitting false information, including the possibility of fine and imprisonment for knowing violations.Signed By E2205-987-835208/22/2018

		Alabama I	Department of En			t Discharge Monit	toring Report (L	MR)			
PERMITTEE NAME: Envir	o Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 , Vestavi	a Hills, AL 35242	MON	<b>NITORING PO</b>	INT: STM1		COUNTY: Jefferson			
				MONITORING PERIOD:				PROGRAM: Municipal			
FACILITY: Liberty Park WRR				YY   MM   DD YY   MM   DD			*** NO DISCHARGE <sup>[X]</sup> ***				
LOCATION: 13059 Liberty Pa	arkway , Vestavia Hill	s, AL 35242		From:	18 07 01	To: 18 07 31		NOT	E: Read	instructions before co	ompleting this form.
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
E. COLI	Sample Measurement	****	****		****	****		13			
Parameter Code: 51040 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	col/100mL		Monthly	
E. COLI	Sample Measurement	****	****	****	****	****		13			
Parameter Code: 51040 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	col/100mL		Monthly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****		****	****		10			
Parameter Code: 80082 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	19 mg/l		Monthly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 80082 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
NAME/TITLE OF PRINCIPAL	I certify under penalt		nent and all attachments w		ler my direction or supervi	sion in decordance	GNATURE OF		TELEP	HONE NO DAT	E

## AVAILS ITTLE OF FIGHCER AL EXECUTIVE OFFICER OR AUTHORIZED AGENT Teterity 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, rue, 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. SIGNATORE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEFITIONE NO DATE Robert Adams Signed By E2 205-987-8352 08/22/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Liberty Parkway, Suite 114, Vestavia Hills, AL 35242					MONITORING POINT: STM5				COUNTY: Jefferson		
	, ea	,			MONITORI				ROGE		al
FACILITY: Liberty Park WRRF				YY   MM   DD   YY   MM   DD			*** NO DISCHARGE [ ] ***				
LOCATION: 13059 Liberty Park	way Vestavia Hill	s Al 35242		From:	18 07 01	To: 18 07 31		NOT	NOTE: Read instructions before completing this f		
	way , vestavia i ili	5, AE 00242									1 0
Parameter	$\langle$	Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****	0.035	10	0	Monthly	Grab
Parameter Code: 00610	Permit	****	****	****	****	****	report	19 mg/l			~ .
DOWNSTREAM MONITOR	Requirement						maximum daily	8		Monthly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	****	****	****	*B	19 mg/l	0	Monthly	Grab
Parameter Code: 00625 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily			Monthly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****		****	****	*В	10	0	Monthly	Grab
Parameter Code: 00625 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****	****	****	****	report maximum daily	19 mg/l		Monthly	Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	***** **** 0.43	19 0	Monthly	Grab				
Parameter Code: 00630 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****	0.34	19 mg/l	0	Monthly	Grab
Parameter Code: 00630 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily			Monthly	Grab
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****	0.079	19 mg/l	0	Monthly	Grab
Parameter Code: 00665 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily			Monthly	Grab
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****	0.018	19	0	Monthly	Grab
Parameter Code: 00665 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
NAME/TITI E OF PRINCIPAL	Logifi, under and	n of law that this 3	ant and all attacher are		dag any, dispation on opposi	nion in accordance SIG	GNATURE OF		TEI EP	HONE NO DAT	F

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	08/22/2018

PERMITTEE NAME: Enviro MAILING ADDRESS: 8000 FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Pa Parameter E. COLI Parameter Code: 51040	rkway , Vestavia Hill Sample Measurement	ite 114 , Vestavi s, AL 35242 Quantity Average *****	or Loading Maximum	PER MON From: Units	MIT NUMBER NITORING PO MONITORI YY   MM   DD 18 07 01 Qua Minimum *****	AL006781 INT: STM5 NG PERIOD: YY   MM To: 18 07 3 lity or Concer Average *****	DD	C P			on oal RGE [_] ***
Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	col/100mL		Monthly	Grab
E. COLI	Sample Measurement	****	****	****	****	****	440	13	0	Monthly	Grab
Parameter Code: 51040 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	col/100mL		Monthly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****		****	****	0.6	- 19	0	Monthly	Grab
Parameter Code: 80082 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	mg/l		Monthly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****	****	****	****	0.3	19	0	Monthly	Grab
Parameter Code: 80082 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
	Sample Measurement										
	Permit Requirement							]			
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
NAME/TITLE OF PRINCIPAL	I certify under penalt	ty of law that this docur	ment and all attachments w	ere prepared un	der my direction or supervi	ision in accordance	SIGNATURE OF		TELEP	HONE NO   DAT	E

## NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 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 abmitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for addemnt SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE Robert Adams User Adams Signed By E2 205-987-8352 08/22/2018

		Alabama l	Department of E	nvironmen	ntal Management	t Discharge Moni	itoring Report (D	MR)			
PERMITTEE NAME: Envir	ro Services, L.L.C.			PER	MIT NUMBER	. AL0067814				MINOR	
MAILING ADDRESS: 8000	) Liberty Parkway, Su	ite 114 . Vestav	ia Hills, Al. 35242		NITORING PO			(	COUNT	TY: Jefferso	on
	, ea	,				NG PERIOD:			PROGR		al
FACILITY: Liberty Park WRR	F				YY   MM   DD		OD			* NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Pa		c AL 25242		From:	10 00 01	To: 18 08 31		NOT		instructions before co	
20 CT 21 CT CT 13039 Liberty Fa	artway, vestavia i ili	5, AL 33242				100			. Di Itouu i		inpreting this form
Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
РН	Sample Measurement	****	****			****			-		
Parameter Code: 00400	Permit	****	****	****	6.0	****	9.0	12 S.U.			
Stage Code: 1	Requirement	****	****		minimum daily		maximum	5.0.		2X Weekly	
EFFLUENT GROSS VALUE							daily				
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****						
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	report	report	19 mg/l			
Stage Code: G	Requirement	monthly	weekly average	-		monthly	weekly average			2X Weekly	
RAW SEW/INFLUENT	<u> </u>	average				average			_		
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19			
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	30.0	45.0	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average			****	average			-		
NITROGEN, TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00600	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average				average			-		
NITROGEN, AMMONIA TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00610	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	0		2X Weekly	
	Sample	average				average			-		
NITROGEN, NITRATE TOTAL (AS N)	Measurement			26	****			19			
Parameter Code: 00620	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	_		2X Weekly	
EFFLUENT GRUSS VALUE	Sample	average				average					
NITROGEN, KJELDAHL TOTAL (AS N)	Measurement			26	****			10			
Parameter Code: 00625	Permit	report	report	20 lbs/day	*****	20.0	30.0	19 mg/l			
Stage Code: 1	Requirement	monthly	weekly average	2		monthly	weekly average			2X Weekly	
EFFLUENT GROSS VALUE		average				average					
NAME/TITLE OF PRINCIPAL	I certify under penal	ty of law that this docu	ment and all attachments v	vere prepared un	der my direction or supervi	sion in decordance	IGNATURE OF		TELEP!	HONE NO DAT	E
EXECUTIVE OFFICED OD					he information submitted		DINCIDAL EXECU	TIVE			

NAME/IIILE OF PRINCIPAL	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance	SIGNATURE OF	TELEPHONE NO	DATE
EXECUTIVE OFFICER OR	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	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED		
AUTHORIZED AGENT	submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for	AGENT		
AGENI	submitting false information, including the possibility of fine and imprisonment for knowing violations.	AOLITI		
Robert Adams		Signed By E2	205-987-8352	09/24/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Monit	toring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway, Sui	te 114 . Vestavi	a Hills, Al. 35242		NITORING PO			С	OUNT	TY: Jefferso	n
	, ea.	,			MONITORI				ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		**	** NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Parky	way Vestavia Hills	s Al 35242		From:	10 00 01	To: 18 08 31		NOT		instructions before co	
	, voolavia i iik	,, , <u>, , , , , , , , , , , , , , , , ,</u>									
Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			19			
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	_		2X Weekly	
	Sample	average				average					
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03	****	****	****	*****			
Parameter Code: 50050	Permit	report	report	MGD	****	****	****				
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	maximum							Daily	
	Sample	average	daily								
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement				****	****	****	****			
Parameter Code: 50050	Permit	report	report	03 MGD	****	****	****	*****			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum daily							Daily	
	Sample	average									
E. COLI	Measurement	****	****	****	****			13			
Parameter Code: 51040	Permit	*****	****		****	126	487	col/100mL			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly	maximum daily			2X Weekly	
	Sample				****	average	dally				
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	****			19			
Parameter Code: 80082	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average			****	average					
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	****			19			
Parameter Code: 80082 Stage Code: 1	Permit	report	report	lbs/day	****	45.0	67.5	mg/l			
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
	Sample	average				average					
	Measurement										
	Permit										
	Requirement										
								1			
NAME/TITLE OF PRINCIPAL	I certify under penalt	y of law that this docum	nent and all attachments v	vere prepared up	der my direction or supervis	sion in accordance SI	GNATURE OF		TELEP	HONE NO DAT	E

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Robert Adams		Signed By E2	205-987-8352	09/24/2018

PACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Pa Parameter	F	s, AL 35242	or Loading Maximum *****	PER MON From: Units		INT: <sup>0053</sup>		Р			on pal RGE [ ] *** ompleting this form. Sample Type Grab
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement				minimum daily		maximum daily	biei		2X Weekly	Grab
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530	Sample Measurement	864	1757	26	****	196	390	19	0	2X Weekly	24-Hr Composite
Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	24-Hr Composite
SOLIDS, TOTAL SUSPENDED	Sample Measurement	1.65	2.12		****	1.50	2.00	19	0	2X Weekly	Grab
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	30.0 monthly average	45.0 weekly average	mg/l		2X Weekly	Grab
NITROGEN, TOTAL (AS N)	Sample Measurement	8.03	13.4	26	****	6.84	9.03	19	0	2X Weekly	Grab
Parameter Code: 00600 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.048	0.062	26	****	0.041	0.056	19	0	2X Weekly	Grab
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	Grab
NITROGEN, NITRATE TOTAL (AS N)	Sample Measurement	10.0	14.0	26	****	8.40	9.34	19	0	2X Weekly	Grab
Parameter Code: 00620 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	*В	0.50	26	****	*В	0.36	19	0	2X Weekly	Grab
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly	Grab

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Robert Adams		Signed By E2	205-987-8352	09/24/2018

		Alabama I	Department of E	nvironmer	ital Management	<b>Discharge Monit</b>	oring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.		-	PER	MIT NUMBER	. AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 Vestavi	a Hills Al 35242		ITORING PO			С	OUNI	TY: Jefferso	n
	only i antiay, ou		a 1 1110, 7 12 002 12		MONITORIN				ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD		D			* NO DISCHA	RGE[]***
LOCATION: 13059 Liberty Parkv	way Vostavia Hill	s Al 35242		From:	18 08 01	To: 18 08 31		NOT		instructions before co	
	way, vestavia i ili	3, AL 33242									I B
Parameter	$\searrow$	Quantity of	or Loading	Units	Qual	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0.20	0.83		****	0.17	0.55	19	0	2X Weekly	Grab
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.536	0.755	03	****	****	****	****	0	Daily	Continuous
Parameter Code: 50050 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report maximum daily	MGD	****	****	****			Daily	Continuous
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.201	0.476		****	****	****	*****	0	Daily	Continuous
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily	Continuous
E. COLI	Sample Measurement	****	****	****	****	*B	1	13	0	2X Weekly	Grab
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	126 monthly average	487 maximum daily	col/100mL		2X Weekly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	442	590	26	****	102	140	19	0	2X Weekly	24-Hr Composite
Parameter Code: 80082 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	renort weekly average	lbs/day	****	report monthly average	renort weekly average	mg/l		2X Weekly	24-Hr Composite
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	0.68	1.10	26	****	0.53	0.80	19	0	2X Weekly	Grab
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly	Grab
	Sample Measurement										
	Permit Requirement										
NAME/TITLE OF PRINCIPAL	I contra a la contra de la contra	- flor det die l			lor my direction or supervis	in in the state	GNATURE OF		TEI ED	HONE NO DAT	F

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	09/24/2018

		Alabama I	Department of E	nvironmen	ntal Management	Discharge Moni	toring Report (L	OMR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	. AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway, Sui	ite 114 Vestav	ia Hills Al 35242		NITORING PO	 INT: 0202		(	COUNT	TY: Jefferso	on
	only Fantway, Oa		10 T 1110, 7 12 00242			NG PERIOD:			ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD		D	-		** NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Park		AL 25242		From:	10 00 01	To: 18 08 31		NOT		instructions before co	
Localition 13059 Liberty Park	way, vestavia mili	S, AL 35242		Tiom.		10.		1101	L. Read	instructions before et	sinpleting this form.
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			10			
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	0.2	report	19 mg/l			
Stage Code: 1	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
EFFLUENT GROSS VALUE	Cl.	average				average					
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement			03	****	****	****	*****			
Parameter Code: 50050 Stage Code: 1	Permit	report	report	MGD	****	****	****				
EFFLUENT GROSS VALUE	Requirement	monthly	maximum							Daily	
CHLORINE, TOTAL RESIDUAL	Sample Measurement	average ****	daily ****		****						
Parameter Code: 50060	Permit	****	****	****	****	0.011	0.019	19 mg/l			
Stage Code: 1	Requirement	1				monthly	maximum	ing/1		2X Weekly	
EFFLUENT GROSS VALUE						average	daily				
E. COLI	Sample Measurement	****	****	****	****			13			
Parameter Code: 51040	Permit	****	****		****	126	487	col/100mL			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	1				monthly	maximum daily			2X Weekly	
	Sample	i				average	ually				
BOD, CARBONACEOUS 05 DAY, 20C	Measurement	l		26	****			10			
Parameter Code: 80082	Permit	report	report	lbs/day	****	report	report	19 mg/l			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
RAW SEW/INFLUENT	Sample	average				average					
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	****			19			
Parameter Code: 80082 Stage Code: 1	Permit	133	200	lbs/day	****	10.0	15.0	mg/l		AV. 11	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM\	Sample Measurement	****	****			****	****				
Parameter Code: 80091	Permit	****	****	****	85	****	****	23 %			
Stage Code: K	Requirement				monthly			70		Monthly	
PERCENTREMOVAL					average						
NAME/TITLE OF PRINCIPAL	I certify under penalt	ty of law that this docur	ment and all attachments v	vere prepared un	der my direction or supervis	sion in accordance SI	GNATURE OF		TELEP	HONE NO DAT	E
EXECUTIVE OFFICER OR					he information submitted. I		RINCIPAL EXECU	TIVE			

EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certury under penaity 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.	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELET HONE NO	DATE
Robert Adams	submitting taise information, mendung the possionity of time and imprisonment for knowing violations.	Signed By E2	205-987-8352	09/24/2018

PERMITTEE NAME: Enviro Services, L.L.C. MAILING ADDRESS: 8000 Liberty Parkway, Suite 11 FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Parkway , Vestavia Hills, AL Parameter		te 114 , Vestavi s, AL 35242	Department of Er ia Hills, AL 35242 or Loading Maximum	PER	MIT NUMBER NTORING PO MONITORIN YY   MM   DD 18 08 01	: AL0067814 INT: <sup>0202</sup>		C P	MINOR COUNTY: Jefferson PROGRAM: Municipal *** NO DISCHARGE I NOTE: Read instructions before completin		al <b>RGE</b> [X] ***
SOLIDS, SUSPENDED PERCENT REMOVAL Parameter Code: 81011 Stage Code: K PERCENTREMOVAL	Sample Measurement Permit Requirement	****	****	****	85 monthly average	****	****	23 %		Monthly	
	Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Permit Requirement Permit Requirement										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	09/24/2018

MeasurementMeasurementMeasurementRequirementRequirementRequirementRequirementRequirementRequirementRepuireme			Alabama I	Department of E	nvironmei	ntal Management	Discharge Moni	toring Report (D	MR)			
MAILING ADDRESS: 8000 Liberty Parkway, Suite 114 , Vestavia Hills, AL 35242       MONTTORING PENDE:       COUNTY: Jefferson       COUNTY: Jefferson         COUNTY: 10409 Park WRRF         LOCATION: 13056 Liberty Parkway, Vestavia Hills, AL 35242       COUNTY: 1040 Park       COUNTY: 1040 Park       COUNTY: DECREMANCE INFORMATION PERSISTER AND DECREMANCE I	PERMITTEE NAME: Envir	o Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MONTONICS FERIOR: VI MINIDO VI MINI		Liberty Parkway, Su	ite 114 . Vestavi	ia Hills, Al. 35242					(	COUNT	TY: Jefferso	on
VI       VI <th< td=""><td></td><td></td><td>,</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>al</td></th<>			,									al
LOCATION:     13059 Liberty Parkway, Vestavia Hills, AL 35242     From:     18 08 01     Tg:     18 08 31     NOTE: Read instructions before completing this form.       Parameter     Quantity or Loading AVerage     Maximum     Minimum     Average     Maximum     Units     Quality or Concentration     Units     No.     Peruid- tanulysis     Peruid- tanulysis     Sample     S	FACILITY: Liberty Park WRR	F					1	DD				RGE [X] ***
$\frac{   }{   } = \frac{   }{   } = \frac{   }{   } = \frac{   }{  } = \frac{    }{  } = \frac{     }{  } = \frac{    }{  } = \frac{    }{  } = \frac{    }{  } = \frac{    }{  } = \frac{    }{  } = \frac{     }{  } = \frac{     }{  } = \frac{     }{  } = \frac{     }{  } = \frac{     }{  } = \frac{     }{  } = \frac{     }{  } = \frac{     }{  } = \frac{     }{  } = \frac{     }{  } = \frac{     }{  } = \frac{     }{  } = \frac{     }{  } = \frac{     }{  } = \frac{     }{  } = \frac{     }{  } = \frac{     }{   } = \frac{      }{  } = \frac{     }{   } = \frac{      }{   } = \frac{       }{   } = \frac{      }{   } = \frac{      }{   } = \frac{       }{   } = \frac{       }{   } = \frac{      }{   } = \frac{        }{   } = \frac{        }{    } = \frac{          }{    } =                                    $			e Al 35242		From:				NOT			
Average       Maximum       Minimum       Average       Maximum       Maximum       Ex.       Analysis         H       Simple Measurement       ***** <td< td=""><td></td><td>irtway, vestavia i ili</td><td>3, AL 33242</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		irtway, vestavia i ili	3, AL 33242									
Average HAverage MaximumMaximum AverageAverage MaximumMaximum AverageMaximum MasureEx.E.F.C.<	Parameter		Quantity	or Loading	Units	Qua	lity or Concentration	ation	Units	No.		Sample Type
marrierMeasurement </td <td></td> <td></td> <td>Average</td> <td>Maximum</td> <td></td> <td>Minimum</td> <td>Average</td> <td>Maximum</td> <td></td> <td>Ex.</td> <td>Analysis</td> <td></td>			Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	РН	1	****	****			****					
Stage Cose: 1       Requirement       Image Cose: 1       minimum daily       maximum daily </td <td>Parameter Code: 00400</td> <td>Permit</td> <td>****</td> <td>****</td> <td>****</td> <td>6.0</td> <td>****</td> <td>9.0</td> <td></td> <td></td> <td></td> <td></td>	Parameter Code: 00400	Permit	****	****	****	6.0	****	9.0				
Mumber of the section of the secti	-	Requirement						maximum	5.0.		2X Weekly	
OLDS, FOLGS SUBJECTMeasurementMeasurementMeasurementMeasurementReport monthy average $2^2$ hoday $10^{20}$ $10^{$	EFFLUENT GROSS VALUE	0 1						daily				
Prameter Code: 00530       Permit Requirement       renort monthly average       renort weekly average       renort monthly average       renort m	SOLIDS, TOTAL SUSPENDED					****						
Stage Code: G Stage Code: G RAW SEWINFLIGHTRequirementRequirementmonthly weekly averageweekly averageweekly average $10^{10}$ $2 X$ Weekly $2 X$ WeeklyRAW SEWINFLIGHTSample MeasurementCIImage: Second Sec	Parameter Code: 00530					****	report	report				
RAW SEMUNFLUENT       c       average       c       average       c       average       c	Stage Code: G	Requirement			ios day				iiig/i		2X Weekly	
OLDS, SUPENDEDMeasurementMeasurementMeasurementMeasurementmenotity weekly averageremort weekly average $10000$ $10000$ $10000$ $10000$ $10000$ $10000$ $10000$ $100000$ $100000$ $1000000$ $1000000$ $10000000$ $1000000000000000000000000000000000000$	RAW SEW/INFLUENT		-	,			average					
Parameter Lobe: US30 RequirementPermit Requirementrenort monthly averagerenort weekly average $26$ lbs/day***** $30.0$ monthly average $45.0$ weekly averagemg/l $2X$ WeeklyEFFLUENT GROSS VALUESample Measurement $2$ $2$ $2$ $2$ $2X$ Weekly $2X$ WeeklyParameter Code: 00600 Stage Code: 1 EFFLUENT GROSS VALUEPermit Requirementrenort monthly averagerenort weekly average $2^{26}$ lbs/day*****renort monthly averagerenort monthly average $1^{9}$ monthly average $1^{9}$ monthly monthly average $2X$ WeeklyParameter Code: 00600 Stage Code: 1 EFFLUENT GROSS VALUESample Measurementrenort monthly averagerenort weekly average $2^{26}$ lbs/day*****renort monthly average $1^{9}$ monthly average $1^{9}$ mon	SOLIDS, TOTAL SUSPENDED	1				****			10			
EFFLUENT GROSS VALUENotified average <th< td=""><td></td><td></td><td>report</td><td></td><td>26 lbs/day</td><td>****</td><td></td><td></td><td></td><td></td><td></td><td></td></th<>			report		26 lbs/day	****						
ITROGEN, TOTAL (AS N)     Sample Measurement     Item t     Item t     report monthly average     report weekly average     server for the control introde to the control introde to the control introde to the control introde to the control control introde to the control introde to the control introde to the control introde to the control introde to the control introde to the control introde to the control introde to the control interview interviewer intervie	•	Requirement		weekly average				weekly average			2X Weekly	
Introden, IDTAL (As N)Measurement <t< td=""><td></td><td>Sample</td><td>average</td><td></td><td></td><td>****</td><td>average</td><td></td><td></td><td></td><td></td><td></td></t<>		Sample	average			****	average					
Parameter Code: 00600       Permit Requirement       report monthly average       report weekly average       ibs/day       *****       report monthly average       report weekly average       mg/l       mg/l       2X Weekly         ITROGEN, AMMONIA TOTAL (AS N)       Sample Measurement       Image: Sample Measurement <td>NITROGEN, TOTAL (AS N)</td> <td></td> <td></td> <td></td> <td>26</td> <td></td> <td></td> <td></td> <td>10</td> <td></td> <td></td> <td></td>	NITROGEN, TOTAL (AS N)				26				10			
EFFLUENT GROSS VALUEInditinity averageweekly averageweekly averageweekly averageweekly averageITROGEN, AMMONIA TOTAL (AS N)Sample Measurementrenort monthly averagerenort weekly averagerenort monthly averagerenort weekly averagerenort monthly averagerenort mont	Parameter Code: 00600		report	report		****	report	report				
$\frac{11 \text{RCOGEN, AMMONIA TOTAL (AS N)}}{\text{Parameter Code: 00610}} \frac{\text{Nember of Measurement}}{\text{Requirement}} \frac{\text{renort}}{\text{monthly}} \frac{\text{renort}}{\text{weekly average}} \frac{26}{10 \text{s}' \text{day}} \frac{\text{*****}}{\text{monthly}} \frac{\text{*****}}{\text{monthly}} \frac{\text{renort}}{\text{monthly}} \frac{\text{renort}}{\text{monthly}} \frac{\text{renort}}{\text{monthly}} \frac{\text{renort}}{\text{monthly}} \frac{\text{renort}}{\text{monthly}} \frac{\text{renort}}{\text{monthly}} \frac{1}{22 \text{ Weekly}} \frac{1}{2  $	-	Requirement		weekly average				weekly average			2X Weekly	
Mint Collex, Aumonia 101AL (AS N)     Measurement     Measurement     Measurement     renort     renort     renort     monthly average     26     lbs/day     *****     renort     renort     monthly average     10     2X Weekly       Parameter Code: 00610     Sample Measurement     renort     renort     renort     renort     monthly average     *****     renort     reno		Sample	average				average			-		
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE       Permit Requirement       report monthly average       report weekly average       lbs/day       *****       report monthly average       report weekly average       report monthly average       repor	NITROGEN, AMMONIA TOTAL (AS N)				26	****			10			
Stage Code: 1 EFFLUENT GROSS VALUE       Requirement       monthly average       weekly average       monthly average       monthly average       weekly average       monthly average       weekly average       monthly average       weekly average       monthly average       monthly average       monthly average       monthly average       weekly average       monthly average	Parameter Code: 00610	Permit	report	report		****	report	report				
ITROGEN, NITRATE TOTAL (AS N)     Sample Measurement     report report Requirement     report monthly average     report weekly average     *****     report monthly average     report mg/l     19 mg/l     2X Weekly       ITROGEN, KJELDAHL TOTAL (AS N)     Sample Measurement     C     26 mg/l     *****     *****     report monthly average     19 mg/l     21 mg/l     22 mg/l	-	Requirement		weekly average				weekly average	8		2X Weekly	
Measurement     Measurement     Measurement     Measurement     Measurement     26       Parameter Code: 00620     Permit Requirement     renort monthly average     renort weekly average     1     renort monthly average     renort monthly monthly average     renort monthly month	EFFLUENT GROSS VALUE	Sample	average				average			_		
Parameter Code: 00620     Permit Requirement     report monthly average     report weekly average     lbs/day     *****     report monthly average     report weekly average     report monthly average     report weekly average     report weekly average     report monthly average     report monthly ave	NITROGEN, NITRATE TOTAL (AS N)				26	****			19			
EFFLUENT GROSS VALUE     Sample Measurement     Sample Measurement     Sample Measurement     Sample Measurement     *****     Measurement     *****			report			****	report	report				
ITROGEN, KJELDAHL TOTAL (AS N) Sample Measurement 266 26 ***** 1919	•	Requirement		weekly average				weekly average			2X Weekly	
Parameter Code: 00625 Damit		Sample	average			ato de ato de ato	average			-		
Parameter Code: 00625 Demonit	NITROGEN, KJELDAHL TOTAL (AS N)				26	****			10			
I CHIIIL report IDS/CaV **** 10.0 15.0 mg/	Parameter Code: 00625	Permit	report	report	lbs/day	****	10.0	15.0	mg/l			
Requirement monthly weekly average monthly weekly average 2X Weekly	Stage Code: 1	Requirement	monthly	weekly average			•	weekly average	0		2X Weekly	
EFFLUENT GROSS VALUE average average	EFFLUENT GROSS VALUE		average				average					
NAME/TITLE OF PRINCIPAL EXECUTIVE OF PRINCIPAL 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 eather and evaluate the information submitted Based on my inquiry PRINCIPAL EXECUTIVE										TELEP	HONE NO DAT	E

NAME/ITTLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	09/24/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Moni	toring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway. Su	ite 114 . Vestavi	a Hills. AL 35242		NITORING PO			C	OUNT	TY: Jefferso	n
	,,,,,,,	,			MONITORI				ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		**	* NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Parky	way , Vestavia Hill	s, AL 35242		From:	18 08 01	To: 18 08 31		NOT	E: Read	instructions before co	ompleting this form.
,	~ ~ ~				1			•			
Parameter	$\searrow$	· ·	or Loading	Units		lity or Concentra		Units	No.	Frequency of Analysis	Sample Type
	$\geq$	Average	Maximum		Minimum	Average	Maximum		Ex.	Anarysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			10			
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	19 mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
EFFLUENT GROSS VALUE	Sample	average				average					
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03	****	****	****	****			
Parameter Code: 50050	Permit	report	report	MGD	****	****	****	*****			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	maximum							Daily	
	Sample	average	daily		****	****	****				
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement				****	****	****	****			
Parameter Code: 50050	Permit	report	report	03 MGD	****	****	****				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	maximum daily							Daily	
	Sample	*****	****		****						
E. COLI	Measurement			*****				13			
Parameter Code: 51040 Stage Code: 1	Permit	****	****		****	126	487	col/100mL		2X W 14.	
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample				****						
Parameter Code: 80082	Measurement			26				19			
Stage Code: G	Permit Requirement	report	report weekly average	lbs/day	****	report monthly	report weekly average	mg/l		2X Weekly	
RAW SEW/INFLUENT	requirement	monthly average	weekiy average			average	weekiy average				
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			25	****						
Parameter Code: 80082	Permit	report	report	26 lbs/day	****	10.0	15.0	19 mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average	-		monthly	weekly average			2X Weekly	
EFFLUENT GROSS VALUE	Sample	average				average					
	Measurement										
	Permit										
	Requirement										
				1							
NAME/TITLE OF PRINCIPAL	I certify under penalt	ty of law that this docum	nent and all attachments v	were prepared und	der my direction or supervis	sion in accordance SI	GNATURE OF		TELEP	HONE NO DAT	Е

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	09/24/2018

PERMITTEE NAME: Enviro S	Services, L.L.C.	Alabama I	Department of E		ital Management MIT NUMBER	Discharge Monit	oring Report (D	MR)		MINOR		
MAILING ADDRESS: 8000 Lik	perty Parkway, Sui	te 114 , Vestavi	a Hills, AL 35242	MON	ITORING PO	INT: 0201		C	OUNT	TY: Jefferso	n	
		·			MONITORI	NG PERIOD:		Р	ROGE	RAM: Municip	al	
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		**	* NO DISCHA	RGE[]***	
LOCATION: 13059 Liberty Parky	way , Vestavia Hills	s, AL 35242		From:	18 08 01	To: 18 08 31		NOT	NOTE: Read instructions before completing this form			
Parameter	$\searrow$	Quantity of	or Loading	Units	Oua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		7.6	****	****	19	0	2X Weekly	Grab	
Parameter Code: 00300 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	7.0 minimum daily	****	****	mg/l		2X Weekly	Grab	
РН	Sample Measurement	****	****	****	6.5	****	6.6	12	0	2X Weekly	Grab	
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		6.0 minimum daily	****	8.5 maximum daily	12 S.U.		2X Weekly	Grab	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	864	1757		****	196	390	10	0	2X Weekly	24-Hr Composite	
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	19 mg/l		2X Weekly	24-Hr Composite	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	9.68	13.6	26	****	1.58	2.50	19	0	2X Weekly	Grab	
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	287 monthly average	431 weekly average	lbs/day	****	30.0 monthly average	45.0 weekly average	mg/l		2X Weekly	Grab	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.18	0.19	26	****	0.027	0.029	19	0	2X Weekly	Grab	
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	19.1 monthly average	28.7 weekly average	lbs/day	****	2.0 monthly average	3.0 weekly average	mg/l		2X Weekly	Grab	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	0.70	2.10	26	****	0.11	0.33	19	0	Monthly	Grab	
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	renort weekly average	mg/l		Monthly	Grab	
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	56.6	59.3	26	****	8.94	8.94	19	0	Monthly	Grab	
Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly	Grab	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	09/24/2018

		Alabama I	Department of E	nvironmei	ntal Management	Discharge Monit	oring Report (D	MR)					
PERMITTEE NAME: Enviro	Services, L.L.C.			PER	MIT NUMBER	. AL0067814			MINOR				
MAILING ADDRESS: 8000	_ibertv Parkwav, Su	ite 114 . Vestavi	a Hills. AL 35242	MON	NITORING PO	INT: STM5		(	COUNT	TY: Jefferso	on		
	,	,			MONITORI				ROGE		al		
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		**	* NO DISCHA	RGE[]***		
LOCATION: 13059 Liberty Par		s. AL 35242		From:	18 08 01	To: 18 08 31		NOT	E: Read	Read instructions before completing this form.			
			-						1				
Parameter		Quantity	or Loading	Units		lity or Concentra		Units	No.	Frequency of Analysis	Sample Type		
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis			
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		****	****	7.2	19	0	Monthly	Grab		
Parameter Code: 00300	Permit	****	****	*****	****	****	report	mg/l					
Stage Code: 5 DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly	Grab		
	Sample	****	****		****	****	-			N 41	Grab		
OXYGEN, DISSOLVED (DO)	Measurement	****	****	****	****	****	7.2	19	0	Monthly	Grab		
Parameter Code: 00300 Stage Code: 5	Permit	****	****		****	****	report	mg/l		N	Grab		
UPSTREAM MONITORING	Requirement						maximum daily			Monthly	Giab		
РН	Sample	****	****		7.1	****	7.1			Monthly	Grab		
	Measurement				7.1		7.1	12	0	Monuny	Giub		
Parameter Code: 00400	Permit Requirement	****	****	****	report	****	report	S.U.		Manshlar	Grab		
DOWNSTREAM MONITOR	Requirement				minimum daily		maximum daily			Monthly	Giab		
РН	Sample	****	****		7.0	****	7.0		0	Monthly	Grab		
Parameter Code: 00400	Measurement Permit			****				12	0	-			
	Requirement	****	****		report minimum daily	***	report maximum	S.U.		Monthly	Grab		
UPSTREAM MONITORING							daily						
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****	1.5	19	0	Monthly	Grab		
Parameter Code: 00530	Permit	****	****		****	****	report	mg/l		N	Grab		
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly	Grab		
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****	3.5		0	Monthly	Grab		
Parameter Code: 00530	Permit	****	****		****	*****	report	19 mg/l					
UPSTREAM MONITORING	Requirement						maximum	0		Monthly	Grab		
	Sample	****	****		****	***	daily						
NITROGEN, AMMONIA TOTAL (AS N)	Measurement	****	****	****	****	****	0.017	19	0	Monthly	Grab		
Parameter Code: 00610	Permit	****	****		****	****	report	mg/l		N	Grab		
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly	Giab		
						SIC SIC	TNATUDE OF	r	TELED		E		

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	09/24/2018

		Alabama I	Department of E	nvironmer	ital Management	Discharge Moni	toring Report (L	OMR)				
PERMITTEE NAME: Enviro S	ervices, L.L.C.			PER	MIT NUMBER	. AL0067814				MINO	R	
MAILING ADDRESS: 8000 Lib	ertv Parkwav. Sui	te 114 . Vestavi	a Hills. AL 35242		<b>NITORING PO</b>			C	COUNT	TY: Jeffer	son	
	- , - , - , - , - , - , - , - , - , - ,	,			MONITORI			Р	ROGE	RAM: Munic	ipal	
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		**	* NO DISCH	ARGE [ ] ***	
LOCATION: 13059 Liberty Parkv	vav. Vestavia Hill	s Al 35242		From:	10.00.01	To: 18 08 31		NOT	NOTE: Read instructions before completing this form			
		5, AL 002-12									1 0	
Parameter	$\langle$	Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type	
	$\frown$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0.73	1.04		****	0.11	0.15	- 19	0	2X Weekly	Grab	
Parameter Code: 00665 Stage Code: 1	Permit Requirement	report monthly	report weekly average	26 lbs/day	****	0.2 monthly	report weekly average	mg/l		2X Weekly	Grab	
EFFLUENT GROSS VALUE		average	,			average						
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.728	0.873	03	****	****	****	****	0	Daily	Continuous	
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	MGD	****	****	****			Daily	Continuous	
CHLORINE, TOTAL RESIDUAL	Sample Measurement	****	****		****	*9	*9	10	0	2X Weekly	Grab	
Parameter Code: 50060 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	0.011 monthly average	0.019 maximum daily	19 mg/l		2X Weekly	Grab	
E. COLI	Sample Measurement	****	****	****	****	*В	*В	- 13	0	2X Weekly	Grab	
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	126 monthly average	487 maximum daily	col/100mL		2X Weekly	Grab	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	442	590	26	****	102	140	19	0	2X Weekly	24-Hr Composite	
Parameter Code: 80082 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	renort weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	24-Hr Composite	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	6.68	7.33	26	*****	1.06	1.08	- 19	0	2X Weekly	Grab	
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	95.9 monthly average	143 weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly	Grab	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM\	Sample Measurement	****	****	****	99.0	****	****	23	0	Monthly	Calculated	
Parameter Code: 80091 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****		85 monthly average	****	****	%		Monthly	Calculated	
NAME/TITLE OF PRINCIPAL I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance SIGNATURE OF TELEPHONE NO DATE												

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	09/24/2018

		Alabama I	Department of Ei	nvironmen	tal Management	t Discharge Monit	oring Report (D	OMR)				
PERMITTEE NAME: Enviro	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR		
MAILING ADDRESS: 8000 Li		ite 114 . Vestavi	a Hills, Al. 35242		ITORING PO			C	COUNT	TY: Jefferso	n	
	,	,			MONITORI				ROGE		Municipal	
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D		*** NO DISCHARGE [ ] ***			
LOCATION: 13059 Liberty Park	wav . Vestavia Hill	ls. AL 35242		From:		To: 18 08 31		NOT		instructions before co		
	>,							1	1			
Parameter			or Loading	Units		lity or Concentra		Units	No.	Frequency of Analysis	Sample Type	
	$\geq$	Average	Maximum		Minimum	Average	Maximum		Ex.	Anarysis		
SOLIDS, SUSPENDED PERCENT REMOVAL	Sample Measurement	****	****		99.2	****	****	23	0	Monthly	Calculated	
Parameter Code: 81011 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****	****	85 monthly average	****	****	%		Monthly	Calculated	
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
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	Sample Measurement											
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	Sample Measurement											
	Permit Requirement											
NAME/TITLE OF PRINCIPAL	Lucifornale	to of low they this 3	nont and all attachments w				GNATURE OF		TEI ED	HONE NO DAT	R	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	09/24/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Moni	toring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.		-	PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	berty Parkway, Sui	ite 114, Vestavi	a Hills, AL 35242	MON	NITORING PO	INT: 0202			COUNT		
					MONITORI	NG PERIOD:		P	ROGE		
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   I	DD		**	* NO DISCHAI	RGE [X] ***
LOCATION: 13059 Liberty Park	way , Vestavia Hill	s, AL 35242		From:	18 08 01	To: 18 08 31		NOT	E: Read	instructions before co	ompleting this form.
Parameter	$\sim$	Ouantity	or Loading	Units	Oua	lity or Concentry	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****			****	****	10			
Parameter Code: 00300 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	7.0 minimum daily	****	*****	19 mg/l		2X Weekly	
РН	Sample Measurement	****	****	****		****		10			
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		6.0 minimum daily	****	8.5 maximum daily	12 S.U.		2X Weekly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19			
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****			19			
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	400 monthly average	600 weekly average	lbs/day	****	30.0 monthly average	45.0 weekly average	mg/l		2X Weekly	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	26.6 monthly average	40.0 weekly average	lbs/day	****	2.0 monthly average	3.0 weekly average	mg/l		2X Weekly	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	renort weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly	
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly	
NAME/TITLE OF PRINCIPAL					der my direction or supervi	Sion in accordance	IGNATURE OF	TIME	TELEP	HONE NO DATI	E

EXECUTIVE OFFICER OR	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	PRINCIPAL EXECUTIVE	TELEPHONE NO	DATE	ł
AUTHORIZED	of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information	OFFICER OR AUTHORIZED			ł
AGENT	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.	AGENT			I
Robert Adams		Signed By E2	205-987-8352	09/24/2018	

TERMITTEE NAME.         MAILING ADDRESS: 8000 Li         FACILITY: Liberty Park WRRF         LOCATION: 13059 Liberty Park         Parameter		te 114 , Vestavi s, AL 35242 Quantity o Average	a Hills, AL 35242 or Loading Maximum	PER	MIT NUMBER NITORING PO MONITORI YY   MM   DD 18 08 01 Qua Minimum	AL00678 <sup>4</sup> INT: STM1 NG PERIOD: YY   MN To: 18 08 3 lity or Conce Average	A   DD 31 ntration	(		TY: Jeff RAM: Mur ** NO DISC	NOR ferson nicipal HARGE [X] *** ore completing this form. of Sample Type
OXYGEN, DISSOLVED (DO) Parameter Code: 00300 Stage Code: 5 DOWNSTREAM MONITOR	Measurement Permit Requirement	****	****	****	****	****	report maximum daily	19 mg/l		Monthly	
OXYGEN, DISSOLVED (DO) Parameter Code: 00300 Stage Code: 5 UPSTREAM MONITORING	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	- 19 mg/l		Monthly	
PH Parameter Code: 00400 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	*****	*****	****	report minimum daily	****	report maximum daily	- 12 S.U.		Monthly	
PH Parameter Code: 00400 UPSTREAM MONITORING	Sample Measurement Permit Requirement	****	****	****	report minimum daily	****	report maximum daily	12 S.U.		Monthly	
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	19 mg/l		Monthly	
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 UPSTREAM MONITORING	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	– 19 mg/l		Monthly	
NITROGEN, AMMONIA TOTAL (AS N) Parameter Code: 00610 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	19 mg/l		Monthly	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	with a system designed of the person or perso submitted is, to the be	d to assure that qualifie ons who manage the sys est of my knowledge an	d personnel properly gathe tem, or those persons direct	er and evaluate t etly responsible I complete. I an	der my direction or supervis the information submitted. I for gathering the information a ware that there are signif wing violations.	Based on my inquiry on, the information	SIGNATURE OF PRINCIPAL EXECU OFFICER OR AUTH AGENT		TELEP	HONE NO I	DATE

Robert Adams

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205-987-8352

09/24/2018

Page 1

Signed By E2

		Alabama I	Department of En	nvironmer	ital Managemen <sup>1</sup>	t Discharge Moni	itoring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.				MIT NUMBER					MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 . Vestavi	a Hills, Al. 35242		NITORING PO			(	COUNT	TY: Jefferso	n
	, only i antitay, oa					NG PERIOD:			PROGR		al
FACILITY: Liberty Park WRRF				-	YY   MM   DD		DD	_		** NO DISCHAI	RGE [X] ***
LOCATION: 13059 Liberty Parky	way Vestavia Hill	e Al 35242		From:		To: 18 08 31		NOT		instructions before co	
	way, vestavia i ilit	5, AL 55242									inpreting this form
Parameter	$\searrow$	Quantity (	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum	Ĩ	Minimum	Average	Maximum		Ex.	Analysis	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	*****		****	****		10			
Parameter Code: 00610	Permit	****	****	****	****	****	report	19 mg/l			
UPSTREAM MONITORING	Requirement						maximum daily			Monthly	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 00625 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum	mg/l		Monthly	
DOWNSTREAM MONITOR	Sample						daily			-	
NITROGEN, KJELDAHL TOTAL (AS N)	Measurement	****	****		****	****		19			
Parameter Code: 00625 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	mg/l		Monthly	
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 00630 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 00630 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 00665 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 00665 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	
NAME/TITLE OF PRINCIPAL			ment and all attachments we				IGNATURE OF		TELEP	HONE NO DATI	E

### EXECUTIVE OFFICER OR AUTHORIZED AGENT return y match primery or new manage the system, or those personal properly gather and evaluate the information bubmitted. 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 submitted gathering the information in duction of supervision and 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 submitted gates information, including the possibility of fine and imprisonment for knowing violations. PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Robert Adams 00/24/2018

MAILING ADDRESS: 8000         FACILITY: Liberty Park WRR	MAILING ADDRESS: 8000 Liberty Parkway, Suite 114 , Vestavia Hills, AL 35242         FACILITY: Liberty Park WRRF         LOCATION: 13059 Liberty Parkway , Vestavia Hills, AL 35242         Parameter       Quantity or Loading         . COLI       Sample       *****       *****         Parameter Code: 51040       Permit       *****       *****		NVIRONMER PER MON From: Units	ts Quality or Concentration Minimum Average Maximum *****							
Parameter Code: 51040 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****	****	****	****	report maximum daily	13 col/100mL		Monthly	
E. COLI Parameter Code: 51040 Stage Code: 5 UPSTREAM MONITORING	Sample Measurement Permit Requirement	****	****	****	****	***	report maximum daily	13 col/100mL		Monthly	
BOD, CARBONACEOUS 05 DAY, 20C Parameter Code: 80082 DOWNSTREAM MONITOR	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	19 mg/l		Monthly	
BOD, CARBONACEOUS 05 DAY, 20C Parameter Code: 80082 UPSTREAM MONITORING	Sample Measurement Permit Requirement	****	****	****	****	****	report maximum daily	19 mg/l		Monthly	
	Sample Measurement Permit Requirement Sample Measurement Permit Requirement Permit Requirement										
NAME/TITLE OF PRINCIPAL	I certify under penal	ty of law that this docur	ment and all attachments w	vere prepared un	der my direction or supervi	ision in accordance SI	GNATURE OF	T	TELEP!	HONE NO DATI	E

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted lase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	09/24/2018

		Alabama D	Department of En	ivironmer	ntal Management	Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway, Sui	ite 114 . Vestavi	a Hills, Al. 35242	MON	NITORING PO	INT: STM5		C	OUNT	TY: Jefferso	n
	, ea.					NG PERIOD:			ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   DI	)			* NO DISCHA	RGE[]***
LOCATION: 13059 Liberty Park	way Vestavia Hill	s Al 35242		From:	40.00.01	To: 18 08 31		NOT		instructions before co	
	way, vestavia i ili	3, AL 33242									1 8
Parameter	$\langle$	Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
	$\frown$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****	0.026	19	0	Monthly	Grab
Parameter Code: 00610	Permit	****	****	****	****	****	report	mg/l			~ .
UPSTREAM MONITORING	Requirement						maximum daily	-		Monthly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	****	****	****	*В	19	0	Monthly	Grab
Parameter Code: 00625 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****		****	****	*В	19	0	Monthly	Grab
Parameter Code: 00625 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	mg/l		Monthly	Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****	*В	19	0	Monthly	Grab
Parameter Code: 00630 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	*****	****	****	*В	19	0	Monthly	Grab
Parameter Code: 00630 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	***	****		****	****	report maximum daily	mg/l		Monthly	Grab
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****	0.022	19	0	Monthly	Grab
Parameter Code: 00665 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	*****	****	****	0.039	19	0	Monthly	Grab
Parameter Code: 00665 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
							MATURE OF	1	TELED	HONE NO   DAT	F

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted islase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	09/24/2018

MAILING ADDRESS: 8000			-	PER	MIT NUMBER	t Discharge Monit : AL0067814 <u>INT: STM5</u> NG PERIOD:	oring Report (L	C	OUNI ROGR	AM: Municip	on al
FACILITY: Liberty Park WRR LOCATION: 13059 Liberty Pa		s, AL 35242		From:	YY   MM   DD 18 08 01	YY   MM   DI To: 18 08 31	D	NOT		* NO DISCHA	
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
E. COLI	Sample Measurement	****	****		****	****	145	13	0	Monthly	Grab
Parameter Code: 51040 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****	****	****	****	report maximum daily	col/100mL		Monthly	Grab
E. COLI	Sample Measurement	****	****	****	****	****	34	13	0	Monthly	Grab
Parameter Code: 51040 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	col/100mL		Monthly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****		****	****	0.8	19	0	Monthly	Grab
Parameter Code: 80082 DOWNSTREAM MONITOR	Permit Requirement	****	****	****	****	****	report maximum daily	mg/l		Monthly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	*****	****	****	****	1.0	19	0	Monthly	Grab
Parameter Code: 80082 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
NAME/TITLE OF PRINCIPAL	I certify under penalt	y of law that this docur	ment and all attachments w	ere prepared und	ler my direction or superv	ision in accordance SIG	GNATURE OF		TELEP	HONE NO   DAT	E

## NAME/TITLE OF PRINCIPAL<br/>EXECUTIVE OFFICER OR<br/>AUTHORIZED<br/>AGENTI certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance<br/>with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry<br/>of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information<br/>abuinted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for<br/>submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for<br/>BACHART STATURE OF<br/>AGENTTELEPHONE NODATERobert AdamsComplete AdamsSigned By E2205-987-835209/24/2018

		Alabama I	Department of E			t Discharge Moni	toring Report (D	MR)			
PERMITTEE NAME: Envir	o Services, L.L.C.				MIT NUMBER					MINOR	
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 , Vestav	a Hills, AL 35242	MON	NITORING PO				COUNT		
	-				MONITORI	NG PERIOD:		F	PROGR		
FACILITY: Liberty Park WRR					YY   MM   DD	YY   MM   I	D			* NO DISCHA	
LOCATION: 13059 Liberty Pa	arkway , Vestavia Hill	s, AL 35242		From:	18 09 01	To: 18 09 30		NOT	E: Read i	instructions before co	ompleting this form.
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
РН	Sample Measurement	****	****			****		10			
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	6.0 minimum daily	****	9.0 maximum daily	12 S.U.		2X Weekly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****						
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	19 mg/l		2X Weekly	
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19			
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	30.0 monthly average	45.0 weekly average	ng/l		2X Weekly	
NITROGEN, TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00600 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement			26	****			10			
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	renort weekly average	lbs/day	****	report monthly average	report weekly average	19 mg/l		2X Weekly	
NITROGEN, NITRATE TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00620 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	renort weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement			26	****			19			
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	20.0 monthly average	30.0 weekly average	mg/l		2X Weekly	
NAME/TITLE OF PRINCIPAL					der my direction or supervi	bion in accordance	IGNATURE OF	TIVE	TELEPI	HONE NO DAT	E

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	10/23/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Monit	toring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway, Sui	te 114 . Vestavi	a Hills, Al. 35242		NITORING PO			C	OUN	TY: Jefferso	n
	, ea.	,			MONITORI			PROGRAM: Municipal			
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   D	D	*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Parky	way Vestavia Hills	s Al 35242		From:	10 00 01	To: 18 09 30		NOTE: Read instructions before completing thi			
	, voolavia i iik	,, , <u>, , , , , , , , , , , , , , , , ,</u>									
Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			19			
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly average	weekly average			2X Weekly	
	Sample	average			****	*****	****				
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03	****	****	****	****			
Parameter Code: 50050	Permit	report	report	MGD	****	****	****				
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	maximum daily							Daily	
	Sample	average	dally		****	****	****				
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement							****			
Parameter Code: 50050 Stage Code: 1	Permit	report	report	03 MGD	****	****	****				
EFFLUENT GROSS VALUE	Requirement	monthly average	maximum daily							Daily	
E. COLI	Sample	****	****		****						
	Measurement			****				13			
Parameter Code: 51040 Stage Code: 1	Permit	****	****		****	126	487	col/100mL		2X W. 111-	
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement				****						
Parameter Code: 80082	Permit	report	report	26 lbs/day	****	report	report	19 mg/l			
Stage Code: G	Requirement	monthly	weekly average	105/ duy		monthly	weekly average	mg/1		2X Weekly	
RAW SEW/INFLUENT	<u> </u>	average				average					
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			26	****			19			
Parameter Code: 80082 Stage Code: 1	Permit Requirement	report	report	lbs/day	****	45.0	67.5	mg/l		2X Weekly	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2A weekly	
	Sample										
	Measurement										
	Permit Requirement										
	requirement										
							•				<u> </u>
NAME/TITLE OF PRINCIPAL	I certify under penalt	y of law that this docun	nent and all attachments v	vere prepared und	der my direction or supervis	sion in accordance SI	GNATURE OF		TELEP	HONE NO DAT	Е

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	10/23/2018

PERMITTEE NAME: Enviro Services, L.L.C. MAILING ADDRESS: 8000 Liberty Parkway, Suite 114 , Vestavia Hills, AL 35242 FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Parkway , Vestavia Hills, AL 35242 Parameter Quantity or Loading Average Maximum PH Sample ***** *****				From: Units	rom:         18 09 01         To:         18 0           rs         Quality or Con         Minimum         Avera           6.6         *****		NT: 0053       G PERIOD:       YY   MM   DD       To: 18 09 30       ty or Concentration       Average     Maximum       *****       7.0			AM: Municip * NO DISCHA instructions before co Frequency of Analysis 2X Weekly	RGE[]***
Parameter Code: 00400	Permit Requirement	****	****	****	6.0 minimum daily	****	9.0 maximum daily	12 S.U.		2X Weekly	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	818	1156	26	****	172	200	19	0	2X Weekly	24-Hr Composite
Stage Code: G FRAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	24-Hr Composite
SOLIDS, TOTAL SUSPENDED	Sample Measurement	6.04	7.52		****	1.50	1.50	19	0	2X Weekly	Grab
	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	30.0 monthly average	45.0 weekly average	ng/l		2X Weekly	Grab
NITROGEN TOTAL (AS N)	Sample Measurement	32.6	40.4	26	****	8.17	8.28	19	0	2X Weekly	Grab
	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	Grab
NTROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.25	0.36	26	****	0.055	0.072	19	0	2X Weekly	Grab
	Permit Requirement	report monthly average	renort weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	Grab
NITROGEN, NITRATE TOTAL (AS N)	Sample Measurement	35.3	44.2	26	****	8.76	8.85	19	0	2X Weekly	Grab
	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	*B	*В	26	****	*В	*В	19	0	2X Weekly	Grab
Change (Canda) 4	Permit Requirement	report monthly average	report weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly	Grab

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	10/23/2018

		Alabama E	epartment of E			t Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR		
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 , Vestavi	a Hills, AL 35242	MON	NITORING PO	INT: <sup>0053</sup>			OUNI			
						NG PERIOD:		PROGRAM: Municipal				
FACILITY: Liberty Park WRRF				YY   MM   DD         YY   MM   DD           From:         18 09 01         To:         18 09 30				*** NO DISCHARGE [ ] ***				
LOCATION: 13059 Liberty Parkv	way , Vestavia Hill	s, AL 35242		From:		NOTE: Read instructions before completing this						
Parameter	$\searrow$	Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
	$\frown$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	1.11	1.39		****	0.28	0.28	19	0	2X Weekly	Grab	
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	Grab	
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.533	0.820	03	****	****	****	****	0	Daily	Continuous	
Parameter Code: 50050 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report maximum daily	MGD	****	****	****			Daily	Continuous	
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.483	0.630		****	****	****	****	0	Daily	Continuous	
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily	Continuous	
E. COLI	Sample Measurement	****	****	****	****	*В	*В	13	0	2X Weekly	Grab	
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	126 monthly average	487 maximum daily	col/100mL		2X Weekly	Grab	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	449	544	26	****	97.4	112	19	0	2X Weekly	24-Hr Composite	
Parameter Code: 80082 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	renort weekly average	mg/l		2X Weekly	24-Hr Composite	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	2.53	3.02	26	****	0.65	0.75	19	0	2X Weekly	Grab	
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	10.0 monthly average	15.0 weekly average	mg/l		2X Weekly	Grab	
	Sample Measurement											
	Permit Requirement											
NAME/TITLE OF PRINCIPAL	NAME/TITLE OF PRINCIPAL L certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance SIGNATURE OF TELEPHONE NO DATE											

# NAME/TITLE OF PRINCIPAL<br/>EXECUTIVE OFFICER OR<br/>AUTHORIZED<br/>AGENTI certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance<br/>with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry<br/>of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information<br/>submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for<br/>abenting false information, including the possibility of fine and imprisonment for knowing violations.SIGNATURE OF<br/>PRINCIPAL EXECUTIVE<br/>OFFICER OR AUTHORIZED<br/>AGENTTELEPHONE NODATERobert AdamsLeverity under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance<br/>submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for<br/>BACENTSIGNATURE OF<br/>PRINCIPAL EXECUTIVE<br/>OFFICER OR AUTHORIZED<br/>AGENTDATERobert AdamsLeverting false information, including the possibility of fine and imprisonment for knowing violations.Signed By E2205-987-835210/23/2018

I ERIVITI I EE NAME.	PERMITTEE NAME: Enviro Services, L.L.C. MAILING ADDRESS: 8000 Liberty Parkway, Suite 114, Vestavia Hills, AL 3524					Environmental Management Discharge Monitoring Report ( <i>I</i> PERMIT NUMBER: <sup>AL0067814</sup> 2 MONITORING POINT: <sup>016S</sup> MONITORING PERIOD:					MINOR COUNTY: Jefferson PROGRAM: Municipal			
FACILITY: Liberty Park WRRF					YY   MM   DD		D	1		* NO DISCHAI				
LOCATION: 13059 Liberty Park	way Vestavia Hill	e Al 35242		From: 18 07 01 To: 18 09 30			NOTE: Read instructions before completing this form.							
	way, vestavia i ili	3, AL 33242												
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type			
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis				
PH	Sample Measurement	****	****		7.2	****	7.2	12	0	Quarterly	Grab			
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	report minimum daily	****	report maximum daily	S.U.		Quarterly	Grab			
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****	7.0	19	0	Quarterly	Grab			
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Quarterly	Grab			
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		*****	****	0.022	10	0	Quarterly	Grab			
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	****	report maximum daily	19 mg/l		Quarterly	Grab			
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	****	****	****	*В	19	0	Quarterly	Grab			
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Quarterly	Grab			
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****	0.61	19	0	Quarterly	Grab			
Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Quarterly	Grab			
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****	0.089	19	0	Quarterly	Grab			
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Quarterly	Grab			
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	****	0.755	03	****	****	****	****	0	Quarterly	Grab			
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	report maximum daily	MGD	****	****	****	nga nga nga nga		Quarterly	Grab			

#### NAME/TITLE OF PRINCIPAL SIGNATURE OF TELEPHONE NO DATE I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance EXECUTIVE OFFICER OR with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry PRINCIPAL EXECUTIVE of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information OFFICER OR AUTHORIZED AUTHORIZED submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for AGENT AGENT submitting false information, including the possibility of fine and imprisonment for knowing violations. Signed By E2 Robert Adams 205-987-8352 10/23/2018

		Alabama I	Department of E				nitoring Report (1	DMR)			
	ro Services, L.L.C.			PER	MIT NUMBER	<b>a:</b> AL0067814	1			MINOR	
MAILING ADDRESS: 8000	) Liberty Parkway, Su	iite 114 , Vestav	ia Hills, AL 35242	MON	NITORING PO				COUNT		
						NG PERIOD:		P	ROGE		
FACILITY: Liberty Park WRR					YY   MM   DD	YY   MM		*** NO DISCHARGE [ ] ***			
LOCATION: 13059 Liberty Pa	arkway , Vestavia Hill	ls, AL 35242		From:	18 07 01	To: 18 09 30		NOT	E: Read	instructions before co	ompleting this form.
Parameter	$\sim$	Quantity	or Loading	Units	Qua	lity or Concent	tration	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
E. COLI	Sample Measurement	****	****		****	****	118	13	0	Quarterly	Grab
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	****	report maximum daily	col/100mL		Quarterly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****	****	****	****	1.5	19	0	Quarterly	Grab
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Quarterly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
NAME/TITLE OF PRINCIPAL	Loopifer un Jac and	ty of law that this d	nent and all attachments w	an named and	dar my direction on our	icion in accordance	SIGNATURE OF		TEI EP	HONE NO   DAT	Ē
	i ceruiy under penal	ty of law that this docul	nem and an attachments w	cie prepareu uno	act my unection or superv	ision in accordance			I		-

## NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 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 abuinitied is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE Robert Adams Uncertified is the person of persons who manage the system, or those persons billity of fine and imprisonment for knowing violations. Signed By E2 205-987-8352 10/23/2018

		Alabama l	Department of E	nvironmen	ntal Management	t Discharge Moni	itoring Report (D	MR)				
PERMITTEE NAME: Envir	o Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR		
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 . Vestav	ia Hills, Al. 35242		NITORING PO			COUNTY: Jefferson				
		,		MONITORING PERIOD:					PROGRAM: Municipal			
FACILITY: Liberty Park WRR	F				YY   MM   DD	YY   MM   I	DD	*** NO DISCHARGE <sup>[X]</sup> ***				
LOCATION: 13059 Liberty Pa		s Al 35242		From: 18 09 01 To: 18 09 30				NOT		instructions before co		
		3, AL 33242								r C		
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
РН	Sample Measurement	****	****			****		12				
Parameter Code: 00400	Permit	****	****	*****	6.0	****	9.0	12 S.U.				
Stage Code: 1	Requirement				minimum daily		maximum			2X Weekly		
EFFLUENT GROSS VALUE	Samula						daily					
SOLIDS, TOTAL SUSPENDED	Sample Measurement			24	****							
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	report	report	19 mg/l				
Stage Code: G	Requirement	monthly	weekly average			monthly	weekly average	iiig/1		2X Weekly		
RAW SEW/INFLUENT	Gaussia	average				average						
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19				
Parameter Code: 00530 Stage Code: 1	Permit	report	report	26 lbs/day	****	30.0	45.0	mg/l				
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly		
NITROGEN, TOTAL (AS N)	Sample Measurement			26	****			10				
Parameter Code: 00600	Permit	report	report	lbs/day	****	report	report	19 mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	U		2X Weekly		
	Sample	average				average						
NITROGEN, AMMONIA TOTAL (AS N)	Measurement			26	****			19				
Parameter Code: 00610 Stage Code: 1	Permit	report	report	lbs/day	****	report	report	mg/l		2X Weekly		
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2A WEEKIY		
NITROGEN, NITRATE TOTAL (AS N)	Sample Measurement			26	****							
Parameter Code: 00620	Permit	report	report	lbs/day	****	report	report	19 mg/l				
Stage Code: 1	Requirement	monthly	weekly average			monthly	weekly average	0		2X Weekly		
EFFLUENT GROSS VALUE	Comple	average				average						
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement				****							
Parameter Code: 00625	Permit	report	report	26 lbs/day	****	10.0	15.0	19 mg/l				
Stage Code: 1	Requirement	monthly	weekly average	,		monthly	weekly average	iiig/1		2X Weekly		
EFFLUENT GROSS VALUE		average				average						
NAME/TITLE OF PRINCIPAL	I certify under penal	ty of law that this docu	ment and all attachments v	vere prepared un	der my direction or supervi		IGNATURE OF		TELEP	HONE NO DAT	E	
EXECUTIVE OFFICER OR	with a system design	ed to assure that qualifi	ed personnel properly gath	er and evaluate t	he information submitted.	Based on my inquiry P	RINCIPAL EXECU	TIVE				

NAME/ITTLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	10/23/2018

		Alabama D	Department of E	nvironmer	ntal Management	Discharge Moni	toring Report (L	OMR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	. AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	pertv Parkwav. Sui	te 114 . Vestavi	a Hills. AL 35242		NITORING PO			0	COUNT	TY: Jefferso	n
	- , ,	,	-,		MONITORI			PROGRAM: Municipal			
FACILITY: Liberty Park WRRF				-	YY   MM   DD	YY   MM   I	DD	*** NO DISCHARGE <sup>[X]</sup> ***			
LOCATION: 13059 Liberty Parky	way , Vestavia Hill	s, AL 35242		From:	From: 18 09 01 To: 18 09 30				E: Read	instructions before co	ompleting this form.
,	· · ·							1			
Parameter		Quantity of	or Loading	Units		lity or Concentra	ation	Units	No.	Frequency of Analysis	Sample Type
	$\langle \rangle$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			19			
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly average	weekly average			2X Weekly	
	Sample	average			****	*****	****				
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement			03		197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197		*****			
Parameter Code: 50050 Stage Code: G	Permit	report	report	MGD	****	****	****			D 1	
RAW SEW/INFLUENT	Requirement	monthly average	maximum daily							Daily	
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample	average	daily		****	****	****				
	Measurement							*****			
Parameter Code: 50050 Stage Code: 1	Permit	report	report	03 MGD	****	****	****			D.11	
EFFLUENT GROSS VALUE	Requirement	monthly average	maximum daily							Daily	
E. COLI	Sample Measurement	****	****	****	****			- 13			
Parameter Code: 51040	Permit	****	****		****	126	487	col/100mL			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample				****	uvorugo	dully				
	Measurement			26	al al al al al			19			
Parameter Code: 80082 Stage Code: G	Permit	report	report	lbs/day	****	report	report	mg/l		OV Westeles	
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample	liveling			****						
Parameter Code: 80082	Measurement			26				19			
Stage Code: 1	Permit Requirement	report	report	lbs/day	****	10.0	15.0	mg/l		2X Weekly	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2A WCCRIY	
	Sample										
	Measurement Permit										
	Requirement										
NAME/TITLE OF PRINCIPAL	I certify under penalt	y of law that this docun	nent and all attachments v	were prepared und	der my direction or supervis	sion in accordance S	IGNATURE OF		TELEP	HONE NO DAT	Е

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	10/23/2018

Average     Maximum       PH     Sample Measurement     *****       Parameter Code: 00400     Permit     *****				PER	MIT NUMBER NITORING PO MONITORI YY   MM   DD 18 07 01	Discharge Monit     AL0067814     INT: 006S     NG PERIOD:     YY   MM   DI     To: 18 09 30     lity or Concentra     Average     *****     *****	D	MINOR COUNTY: Jefferson PROGRAM: Municipal *** NO DISCHAR NOTE: Read instructions before com Units No. Frequency of Ex. Analysis 0 Quarterly 12 S.U.			al RGE〔〕***
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement				minimum daily		maximum daily	5.0.		Quarterly	Grab
SOLIDS, TOTAL SUSPENDED Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	20.0 report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab
NITROGEN, AMMONIA TOTAL (AS N) Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	***	****	****	****	****	0.017 report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab Grab
NITROGEN, KJELDAHL TOTAL (AS N) Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	*B report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	2.09 report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab Grab
PHOSPHORUS, TOTAL (AS P) Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	****	****	****	****	0.10 report maximum daily	19 mg/l	0	Quarterly Quarterly	Grab Grab
FLOW, IN CONDUIT OR THRU TREATMENT PL Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Sample Measurement Permit Requirement	****	0.755 report maximum daily	03 MGD	****	****	****	****	0	Quarterly Quarterly	Grab Grab
	·		·								

#### NAME/TITLE OF PRINCIPAL SIGNATURE OF TELEPHONE NO DATE I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance EXECUTIVE OFFICER OR with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry PRINCIPAL EXECUTIVE of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information OFFICER OR AUTHORIZED AUTHORIZED submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for AGENT AGENT submitting false information, including the possibility of fine and imprisonment for knowing violations. Signed By E2 Robert Adams 205-987-8352 10/23/2018

		Alabama I	Department of En	ivironmer	ntal Management	Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: Enviro	Services, L.L.C.			PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Li		ite 114 . Vestavi	a Hills. AL 35242	MON	<b>NITORING PO</b>	INT: 0201		C	COUNT	TY: Jefferso	n
	,	,			MONITORI				ROGE		al
FACILITY: Liberty Park WRRF				-	YY   MM   DD	YY   MM   D	D		**	* NO DISCHA	RGE[]***
LOCATION: 13059 Liberty Park	way . Vestavia Hill	ls. AL 35242		From:		To: 18 09 30		NOT		instructions before co	
	<b>N</b>							1			
Parameter	$\overline{}$		or Loading	Units		lity or Concentra		Units	No.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Anarysis	
SOLIDS, SUSPENDED PERCENT REMOVAL	Sample Measurement	****	****		99.3	****	****	23	0	Monthly	Calculated
Parameter Code: 81011 Stage Code: K	Permit Requirement	****	****	****	85 monthly	****	****	%		Monthly	Calculated
PERCENTREMOVAL	-				average						
	Sample Measurement										
	Permit										
	Requirement										
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NAME/TITLE OF PRINCIPAL	Loontify, yndon nonol	to of law that this down	ant and all attachments m		lan may dinastian an annamai	sion in accordance SI(	GNATURE OF	1	TELEP	HONE NO DAT	F

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	10/23/2018

		Alabama I	Department of E	nvironmer	ital Managemen <sup>-</sup>	t Discharge Mor	nitoring Report (L	)MR)			
PERMITTEE NAME: Envir	ro Services, L.L.C.				MIT NUMBER					MINOR	
MAILING ADDRESS: 8000	) Liberty Parkway, Su	iite 114 . Vestav	ia Hills Al 35242	MON	NITORING PO			C	COUNT	TY: Jefferso	วท
	Elborty Fantinay, ea	10 114, 100	14 T mio, 7 2 002 .2			NG PERIOD:			ROGR		bal
FACILITY: Liberty Park WRR	۲				YY   MM   DD		DD			** NO DISCHA	
LOCATION: 13059 Liberty Pa		le Al 35242		From:	10.07.01	To: 18 09 30		NOT		instructions before co	
Parameter		Quantity	or Loading	Units	Qua	lity or Concent	tration	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum	]	Ex.	Analysis	
E. COLI	Sample Measurement	****	****		****	****	160	- 13	0	Quarterly	Grab
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	****	report maximum daily	col/100mL		Quarterly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****	****	****	****	0.4	- 19	0	Quarterly	Grab
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Quarterly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement							1			
	Permit Requirement										
	Sample Measurement							]			
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
NAME/TITLE OF PRINCIPAL	I certify under penal	ty of law that this docur	ment and all attachments w	vere prepared und	der my direction or supervi	ision in accordance	SIGNATURE OF		TELEP!	HONE NO DAT	E

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		Alabama I	Department of En	nvironmen	ntal Management	Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.				MIT NUMBER					MINOR	
MAILING ADDRESS: 8000 Lik	perty Parkway, Su	ite 114 Vestavi	a Hills Al 35242		NITORING PO			C	OUNT	TY: Jefferso	n
	oony rantway, ou		a 1 1110, 7 12 002-12		MONITORI				ROGR		al
FACILITY: Liberty Park WRRF					YY   MM   DD		D	-		* NO DISCHA	RGE[]***
LOCATION: 13059 Liberty Park		- 41 25040		From:		To: 18 09 30		NOT		instructions before co	
Localitor 13059 Liberty Park	way, vestavia Hill	s, al 35242		FIOI.		10.		NOI	L. Reau	instructions before et	supremig this form.
Parameter	$\searrow$	Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
РН	Sample Measurement	****	****		7.6	****	7.6	10	0	Quarterly	Grab
Parameter Code: 00400	Permit	****	****	****	report	****	report	12 S.U.			
Stage Code: 1	Requirement				minimum daily		maximum	5.01		Quarterly	Grab
EFFLUENT GROSS VALUE	G 1						daily				
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****	21.0	19	0	Quarterly	Grab
Parameter Code: 00530 Stage Code: 1	Permit	****	****		****	****	report	mg/l			Grab
EFFLUENT GROSS VALUE	Requirement						maximum daily			Quarterly	Giab
	Sample						5				
NITROGEN, AMMONIA TOTAL (AS N)	Measurement	****	****		****	****	0.014	10	0	Quarterly	Grab
Parameter Code: 00610	Permit	****	****	****	****	****	report	19 mg/l			
Stage Code: 1	Requirement						maximum	Ū		Quarterly	Grab
EFFLUENT GROSS VALUE	C						daily				
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	****	****	****	*В	19	0	Quarterly	Grab
Parameter Code: 00625 Stage Code: 1	Permit	****	****		****	****	report	mg/l		0 1	Grab
EFFLUENT GROSS VALUE	Requirement						maximum daily			Quarterly	Giab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample	****	****		****	****	0.81		0	Quarterly	Grab
Parameter Code: 00630	Measurement Permit			*****				19	0		
Stage Code: 1	Requirement	****	****		****	****	report maximum	mg/l		Quarterly	Grab
EFFLUENT GROSS VALUE	requirement						daily			<b>Q</b>	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****	0.059	10	0	Quarterly	Grab
Parameter Code: 00665	Permit	****	****		****	****	report	19 mg/l			
Stage Code: 1	Requirement						maximum	iiig) i		Quarterly	Grab
EFFLUENT GROSS VALUE							daily				
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	****	0.755	03	****	****	****	****	0	Quarterly	Grab
Parameter Code: 50050 Stage Code: 1	Permit	****	report	MGD	****	****	****				
EFFLUENT GROSS VALUE	Requirement		maximum daily							Quarterly	Grab
			,								
	1							г			E.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	10/23/2018

		Alabama I	Department of E				nitoring Report (1	DMR)			
PERMITTEE NAME: Envi	ro Services, L.L.C.			PER	MIT NUMBER	AL0067814	ŀ			MINOR	
MAILING ADDRESS: 8000	) Liberty Parkway, Su	ite 114 , Vestavi	a Hills, AL 35242	MON	NITORING PO	INT: 007S		C	COUNT	ry: Jefferso	on
					MONITORI	NG PERIOD:		Р	ROGE		
FACILITY: Liberty Park WRR					YY   MM   DD	YY   MM			**	** NO DISCHA	RGE[]***
LOCATION: 13059 Liberty Pa	arkway , Vestavia Hill	s, AL 35242		From:	18 07 01	To: 18 09 30		NOT	E: Read	instructions before co	ompleting this form.
Parameter		Quantity	or Loading	Units	Oua	lity or Concent	tration	Units	No.	Frequency of	Sample Type
		Average	Maximum	emis	Minimum	Average	Maximum	Cinto	Ex.	Analysis	
E. COLI	Sample Measurement	****	****		****	****	4500	- 13	0	Quarterly	Grab
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	***	****	report maximum daily	col/100mL		Quarterly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	*****	****	****	****	2.0	- 19	0	Quarterly	Grab
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Quarterly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
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	Permit Requirement										
NAME/TITLE OF PRINCIPAL	I ontifu under erred	u of low that this 3	net and all attachments		dag anyy dispotion on	ining in accordance.	SIGNATURE OF	Г	TEI EP	HONE NO   DAT	F
TA MAL/ TITLE OF TRINCILAL	i certify under penal	ly of law that this docur	nent and all attachments w	ere prepared und	ter my direction or superv	ision in accordance	SIGNATORE OF		I LILII	DAI	L

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PERMITTEE NAME: Enviro S MAILING ADDRESS: 8000 Lik FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Parky Parameter	way , Vestavia Hill:	ite 114 , Vestavi s, AL 35242	•	PER	MIT NUMBER NITORING PO MONITORI YY   MM   DD 18 09 01	INT: <sup>0201</sup>	D	C P			on al RGE[]***
Parameter Code: 00300 Stage Code: 1 EFFLUENT GROSS VALUE	Measurement Permit Requirement	****	****	****	7.0 minimum daily	****	****	19 mg/l	0	2X Weekly	Grab
РН	Sample Measurement	****	****	****	6.5	****	6.7	12	0	2X Weekly	Grab
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		6.0 minimum daily	****	8.5 maximum daily	S.U.		2X Weekly	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	818	1156		****	172	200	19	0	2X Weekly	24-Hr Composite
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		2X Weekly	24-Hr Composite
SOLIDS, TOTAL SUSPENDED	Sample Measurement	6.83	8.67	26	****	1.13	1.50	19	0	2X Weekly	Grab
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	287 monthly average	431 weekly average	lbs/day	****	30.0 monthly average	45.0 weekly average	mg/l		2X Weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.12	0.16	26	****	0.020	0.025	19	0	2X Weekly	Grab
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	19.1 monthly average	28.7 weekly average	lbs/day	****	2.0 monthly average	3.0 weekly average	mg/l		2X Weekly	Grab
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	0.12	0.24	26	****	0.020	0.040	19	0	Monthly	Grab
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	renort weekly average	mg/l		Monthly	Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	53.6	59.6	26	****	8.72	9.04	19	0	Monthly	Grab
Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly	Grab
NAME/TITLE OF DDINCIDAL						· · · · · · · · · · · · · · · · · · ·			TEI EDI	HONE NO   DAT	F

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	10/23/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Moni	toring Report (L	OMR)				
PERMITTEE NAME: Enviro S	ervices, L.L.C.			PER	MIT NUMBER	AL0067814				MINO	R	
MAILING ADDRESS: 8000 Lik	erty Parkway, Sui	te 114 , Vestavi	a Hills, AL 35242		<b>ITORING PO</b>			C	COUNT	TY: Jeffer	son	
					MONITORI			Р	ROGR	RAM: Munic	cipal	
FACILITY: Liberty Park WRRF					YY   MM   DD	YY   MM   I	D		**	** NO DISCH	ARGE [ ] ***	
LOCATION: 13059 Liberty Parkv	vay , Vestavia Hill	s, AL 35242		From:	From: 18 09 01 To: 18 09 30			NOT	NOTE: Read instructions before completing this form.			
Demonstern	<	0	T	I India	0			TT.	N.	Frequency of	Sample Type	
Parameter	$\succ$		or Loading	Units		lity or Concentra		Units	No. Ex.	Analysis	Sample Type	
	Sample	Average	Maximum		Minimum	Average	Maximum		EX.	-		
PHOSPHORUS, TOTAL (AS P)	Measurement	0.89	1.24		****	0.15	0.21	19	0	2X Weekly	Grab	
Parameter Code: 00665 Stage Code: 1	Permit Requirement	report monthly	report weekly average	26 lbs/day	****	0.2 monthly	report weekly average	mg/l		2X Weekly	Grab	
EFFLUENT GROSS VALUE		average	weekiy average			average	, ,					
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.744	0.904	03	*****	****	****	****	0	Daily	Continuous	
Parameter Code: 50050	Permit	report	report	MGD	****	****	****	****			Continuous	
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum daily							Daily	Continuous	
CHLORINE, TOTAL RESIDUAL	Sample Measurement	****	****		****	*9	*9	10	0	2X Weekly	Grab	
Parameter Code: 50060	Permit	****	****	****	****	0.011	0.019	19 mg/l			<u> </u>	
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2X Weekly	Grab	
E. COLI	Sample Measurement	****	****	****	****	*В	*В	- 13	0	2X Weekly	Grab	
Parameter Code: 51040 Stage Code: 1	Permit Requirement	****	****		****	126	487	col/100mL		2X Weekly	Grab	
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			2A WEEKIY	Onto	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	449	544	26	****	97.4	112	19	0	2X Weekly	24-Hr Composite	
Parameter Code: 80082 Stage Code: G	Permit Requirement	report	report	lbs/day	****	report	report	mg/l		2X Weekly	24-Hr Composite	
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			2A WEEKIY	2 · m composite	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	5.36	7.25	26	****	0.90	1.13	- 19	0	2X Weekly	Grab	
Parameter Code: 80082 Stage Code: 1	Permit Requirement	95.9	143	lbs/day	****	10.0	15.0	mg/l		2X Weekly	Grab	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2A WEEKIY		
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM\	Sample Measurement	****	****	****	99.1	****	****	23	0	Monthly	Calculated	
Parameter Code: 80091 Stage Code: K	Permit	****	****		85	****	****	23 %		N	Calculated	
PERCENTREMOVAL	Requirement				monthly average					Monthly	Calculated	
NAME/TITLE OF PRINCIPAL	I certify under penalt	y of law that this docur	nent and all attachments v	were prepared und	ler my direction or supervis	sion in accordance S	GNATURE OF		TELEP!	HONE NO DA	TE	

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Robert Adams		Signed By E2	205-987-8352	10/23/2018

		Alabama I	Department of E	nvironmer	ital Management	Discharge Moni	itoring Report (D	MR)			
PERMITTEE NAME: Enviro S	Services, L.L.C.		-	PER	MIT NUMBER	AL0067814				MINOR	
MAILING ADDRESS: 8000 Lik	berty Parkway, Su	ite 114 , Vestavi	ia Hills, AL 35242		NITORING PO	INT: 0202		C	COUNT	TY: Jefferso	n
	··· , ·· , ···	,	-,		MONITORIN				ROGR		al
FACILITY: Liberty Park WRRF					YY   MM   DD		DD		**	* NO DISCHA	RGE [X] ***
LOCATION: 13059 Liberty Park	wav . Vestavia Hill	s. AL 35242		From:	18 09 01	To: 18 09 30		NOT	E: Read	instructions before co	ompleting this form.
						<u> </u>			<u> </u>		
Parameter		Quantity	or Loading	Units		lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****			****	****	19			
Parameter Code: 00300	Permit	****	****	****	7.0	****	****	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	1			minimum daily					2X Weekly	
	Sample	·			ſ						
PH	Measurement	****	****	****		****		10		l	
Parameter Code: 00400	Permit	****	****		6.0	****	8.5	12 S.U.			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	1			minimum daily		maximum			2X Weekly	
	Sample						daily				
SOLIDS, TOTAL SUSPENDED	Measurement	l			****						
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	report	report	19 mg/l			
Stage Code: G	Requirement	monthly	weekly average	-		monthly	weekly average	ing/1		2X Weekly	
RAW SEW/INFLUENT		average				average		l	!	·	
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****			19			
Parameter Code: 00530 Stage Code: 1	Permit	400	600	lbs/day	****	30.0	45.0	mg/l			
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			2X Weekly	
	Sample	average			****	average			+		
NITROGEN, AMMONIA TOTAL (AS N)	Measurement	l		26	****			19		l	
Parameter Code: 00610	Permit	26.6	40.0	lbs/day	****	2.0	3.0	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average				average			+		
NITROGEN, KJELDAHL TOTAL (AS N)	Measurement	l		26	****			19			
Parameter Code: 00625	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			Monthly	
	Sample	average				average					
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Measurement	l		26	****			10			
Parameter Code: 00630	Permit	report	report	lbs/day	****	report	report	19 mg/l			
Stage Code: 1	Requirement	monthly	weekly average	-		monthly	weekly average			Monthly	
EFFLUENT GROSS VALUE		average			<u> </u>	average		L		<u> </u>	
NAME/TITLE OF PRINCIPAL					der my direction or supervis	sion in decordance	IGNATURE OF		TELEPI	HONE NO DATI	E

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	10/23/2018

		Alabama l	Department of E	nvironmen	ntal Management	t Discharge Mon	itoring Report (L	OMR)			
PERMITTEE NAME: Enviro Services, L.L.C.				PER	PERMIT NUMBER: AL0067814				MINOR		
MAILING ADDRESS: 8000 Liberty Parkway, Suite 114, Vestavia Hills, AL 35242			MON	MONITORING POINT: 0202			COUNTY: Jefferson				
						NG PERIOD:		-	ROGE		al
FACILITY: Liberty Park WRRF					YY   MM   DD YY   MM   DD		00	*** NO DISCHARGE [X]			RCE [X] ***
LOCATION: 13059 Liberty Parkway, Vestavia Hills, AL 35242			From	From: 18 09 01 To: 18 09 30			NOTE: Read instructions before completing th				
13039 Liberty Faik	way, vestavia milis	5, AL 33242		110111		100		1101	E. Read	instructions before e	simpleting this form.
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0			****	C					
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	0.2	report	- 19 mg/l			
Stage Code: 1	Requirement	monthly	weekly average	-		monthly	weekly average			2X Weekly	
EFFLUENT GROSS VALUE	C1	average				average			_		
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement			03	****	****	****	*****			
Parameter Code: 50050	Permit	report	report	MGD	****	****	****				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum							Daily	
	Sample	average	daily					-			
CHLORINE, TOTAL RESIDUAL	Measurement	****	****		****			19			
Parameter Code: 50060	Permit	****	****	****	****	0.011	0.019	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly	maximum			2X Weekly	
	Sample	****	****		****	average	daily				
E. COLI	Measurement	****	****	****	****			13			
Parameter Code: 51040	Permit	****	****		****	126	487	col/100mL			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly	maximum			2X Weekly	
	Sample					average	daily		_		
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	****						
Parameter Code: 80082	Permit	report	report	lbs/day	****	report	report	19 mg/l			
Stage Code: G	Requirement	monthly	weekly average	-		monthly	weekly average	8		2X Weekly	
RAW SEW/INFLUENT	Sampla	average				average					
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			26	****			19			
Parameter Code: 80082	Permit	133	200	lbs/day	****	10.0	15.0	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			2X Weekly	
	Sample	average ****	****			average	****				
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM	Measurement	****	****	****		****	****	22			
Parameter Code: 80091	Permit	****	****		85	****	****	23 %			
Stage Code: K	Requirement				monthly					Monthly	
PERCENTREMOVAL					average						
NAME/TITLE OF PRINCIPAL					der my direction or supervi		IGNATURE OF		TELEP	HONE NO DAT	Е
EXECUTIVE OFFICER OR	with a system designed	ed to assure that qualifi	ed personnel properly gath	er and evaluate t	he information submitted.	Based on my inquiry P	RINCIPAL EXECU	TIVE			

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	10/23/2018

Parameter SOLIDS, SUSPENDED PERCENT REMOVAL Parameter Code: 81011 Perm	asurement mit	AL 35242 Quantity of Average *****	or Loading Maximum *****	Units Quality Minimum					* NO DISCHAI nstructions before co Frequency of Analysis	RGE [X] ***
PERCENTREMOVAL Sam	asurement				monthly average				Monthly	
Requ	quirement									
Perm	mit quirement									
Mea Perm	asurement									
Perm	asurement									
Perm	asurement									
Sam Mea Pem	nple asurement									

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted is formation, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	10/23/2018

		Alabama I	Department of E	nvironmer	atal Management	t Discharge Monit	toring Report (D	MR)				
PERMITTEE NAME: Environment	ro Services, L.L.C.		-		MIT NUMBER		_			MINOR		
MAILING ADDRESS: 8000	Liberty Parkway, Su	ite 114 , Vestavi	ia Hills, AL 35242	MON	NITORING PO	INT: STM1		(	COUNT	TY: Jefferso	n	
						NG PERIOD:		F	PROGR			
FACILITY: Liberty Park WRR					YY   MM   DD	YY   MM   D	D		**	** NO DISCHAI	RGE [X] ***	
LOCATION: 13059 Liberty Pa	arkway , Vestavia Hill	s, AL 35242		From:	18 09 01	To: 18 09 30		NOT	NOTE: Read instructions before completing this form.			
Parameter		Quantity	or Loading	Units	Oua	lity or Concentra		Units	No.	Frequency of	Sample Type	
T urumotor		Average	Maximum	Cinto	Minimum	Average	Maximum	Cint	Ex.	Analysis		
OXYGEN, DISSOLVED (DO)	Sample Measurement	*****	****		****	****						
Parameter Code: 00300	Permit	****	****	****	****	****	report	19 mg/l				
Stage Code: 5 UPSTREAM MONITORING	Requirement						maximum daily	mg/l		Monthly		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****	****	****	****		10				
Parameter Code: 00300 Stage Code: 5	Permit Requirement	****	****		****	****	report	19 mg/l		Monthly		
DOWNSTREAM MONITOR	Requirement						maximum daily			nioi		
PH	Sample Measurement	****	****			****		12	T			
Parameter Code: 00400 UPSTREAM MONITORING	Permit Requirement	****	****	****	report minimum daily	****	report maximum daily	S.U.		Monthly		
PH	Sample Measurement	****	****	*****		****	uary					
Parameter Code: 00400	Permit Requirement	****	****	****	report	****	report	12 S.U.		Monthly		
DOWNSTREAM MONITOR	Requirement			l	minimum daily		maximum daily			wontiny		
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00530	Permit Requirement	****	****	Ì	****	****	renort maximum	mg/l		Monthly		
UPSTREAM MONITORING	-						daily					
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00530	Permit Requirement	****	****	Ì	****	****	report maximum	mg/l		Monthly		
DOWNSTREAM MONITOR	requirement						daily			nion		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****	****	****	****	Τ	19	Τ			
Parameter Code: 00610	Permit Requirement	****	****		****	****	report	mg/l		Monthly		
UPSTREAM MONITORING	Requirement						maximum daily			Wontiny		
NAME/TITLE OF PRINCIPAL	I certify under penal	ty of law that this docur	ment and all attachments w	vere prepared un	der my direction or supervis	ision in accordance SI	GNATURE OF	T	TELEP	HONE NO DATI	E	
EVECTITIVE OFFICED OD					the information submitted.		INCIDAL EXECU	TIVE				

## NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 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 of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information abmitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE Robert Adams Under the person of 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, 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. Signed By E2 205-987-8352 10/23/2018

		Alabama I	Department of E	nvironmer	ital Management	t Discharge Moni	toring Report (D	MR)					
PERMITTEE NAME: Enviro S	Services, L.L.C.		-		MIT NUMBER					MINOR			
MAILING ADDRESS: 8000 Lib	bertv Parkway, Su	ite 114 Vestavi	ia Hills, AL 35242		NITORING PO			(	COUNT	ΓY: Jefferso	n		
	,		u + iii.o, / i= oo_ !=			NG PERIOD:			PROGE		al		
FACILITY: Liberty Park WRRF					YY   MM   DD		DD			** NO DISCHA	RGE [X] ***		
LOCATION: 13059 Liberty Parkv	way Vestavia Hill	e AI 35242		From:	From: 18 09 01 To: 18 09 30				NOTE: Read instructions before completing this form.				
		5, AL 002-72											
Parameter		Quantity	or Loading	Units	Qua	ality or Concentra	ation	Units	No.	Frequency of	Sample Type		
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis			
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****		10					
Parameter Code: 00610	Permit	****	****	****	****	****	report	19 mg/l					
DOWNSTREAM MONITOR	Requirement						maximum daily	6		Monthly			
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	****	****	****		19					
Parameter Code: 00625	Permit	****	****	ļ	****	****	report	mg/l					
Stage Code: 5 UPSTREAM MONITORING	Requirement						maximum daily			Monthly			
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****		****	****	uaity						
Parameter Code: 00625	Permit	****	****	****	****	****	report	19 mg/1					
Stage Code: 5 DOWNSTREAM MONITOR	Requirement						maximum daily	mg/1		Monthly			
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****		10					
Parameter Code: 00630	Permit	****	****	1977 BA 1977 - 1977 - 1977	****	****	report	19 mg/l					
Stage Code: 5 UPSTREAM MONITORING	Requirement						maximum daily			Monthly			
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****		- 19					
Parameter Code: 00630	Permit	*****	****		****	****	report	mg/l					
Stage Code: 5 DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly			
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****		- 19					
Parameter Code: 00665 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum	mg/l		Monthly			
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****	daily						
Parameter Code: 00665	Permit	*****	****	****	****	****	report	19 mg/l					
Stage Code: 5 DOWNSTREAM MONITOR	Requirement						maximum daily	gr		Monthly			
NAME/TITLE OF PRINCIPAL	Leartify under papel	ty of law that this door	mont and all attachmants u	una proporad un	dar my direction or supervi	icion in accordance S	GNATURE OF	T	TEL EP	HONE NO DAT	E		
EVECUTIVE OFFICIED OD			ment and all attachments w				DINCIDAL EVECU				-		

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PERMITTEE NAME: Enviro Services, L.L.C. MAILING ADDRESS: 8000 Liberty Parkway, Suite 114 , Vestavia Hills, AL 35242 FACILITY: Liberty Park WRRF LOCATION: 13059 Liberty Parkway , Vestavia Hills, AL 35242				PERMIT NUMBER:         AL0067814           2         MONITORING POINT:         STM1           2         MONITORING PERIOD:         YY   MM   DD           YY   MM   DD         YY   MM   DD         From:           18 09 01         To:         18 09 30				DMR) MINOR COUNTY: Jefferson PROGRAM: Municipal *** NO DISCHARGE [X] *** NOTE: Read instructions before completing this forr			
			<b>.</b>				<u> </u>	<b>.</b>		Frequency of	Lample Type
Parameter	$\rightarrow$	Average	or Loading Maximum	Units	Qua Minimum	lity or Concentrat Average	tion Maximum	Units	No. Ex.	Frequency of Analysis	Sample Type
E. COLI	Sample Measurement	*****	****		****	*****	Iviaximum				
Parameter Code: 51040 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	13 col/100mL		Monthly	
E. COLI	Sample Measurement	****	****	****	****	****		- 13			
Parameter Code: 51040 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	col/100mL		Monthly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****		****	****		10			
Parameter Code: 80082 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	19 mg/l		Monthly	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****	****	****	****		19			
Parameter Code: 80082 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	
	Sample Measurement										
	Permit Requirement							1			
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
NAME/TITLE OF PRINCIPAL	Leastify under popul	ty of law that this down	ment and all attachments w	ara praparad un	ler my direction or supervi	ision in accordance SIC	GNATURE OF	T	TELEP	HONE NO DAT	E

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted lase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	10/23/2018

		Alabama I	Department of En	nvironmei	ntal Management	t Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: Enviro	Services, L.L.C.			PER	MIT NUMBER	. AL0067814				MINOR	
MAILING ADDRESS: 8000	l iberty Parkway, Su	ite 114 Vestavi	a Hills Al 35242	MON	NITORING PO	INT: STM5		C	OUNT	TY: Jefferso	on
						NG PERIOD:		PROGRAM: Municipal			
FACILITY: Liberty Park WRRF				YY   MM   DD YY   MM   DD				*** NO DISCHARGE [ ] ***			
LOCATION: 13059 Liberty Par		c AL 25242		From:		To: 18 09 30		NOT		instructions before co	
		3, AL 33242									······································
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		****	****	7.7	10	0	Monthly	Grab
Parameter Code: 00300	Permit	****	****	****	****	****	report	19 mg/l			
Stage Code: 5 UPSTREAM MONITORING	Requirement						maximum	U		Monthly	Grab
UPSTREAM MONITORING	Sample						daily				
OXYGEN, DISSOLVED (DO)	Measurement	****	****	****	****	****	8.0	19	0	Monthly	Grab
Parameter Code: 00300 Stage Code: 5	Permit	****	****		****	****	report	mg/l		Monthly	Grab
DOWNSTREAM MONITOR	Requirement						maximum daily			wonniny	
РН	Sample Measurement	****	****		7.2	****	7.2		0	Monthly	Grab
Parameter Code: 00400	Permit	*****	****	****	report	****	report	12 S.U.			
	Requirement				minimum daily		maximum	5.0.		Monthly	Grab
UPSTREAM MONITORING	<u>6</u> 1.						daily				
РН	Sample Measurement	****	****	****	7.2	****	7.2	12	0	Monthly	Grab
Parameter Code: 00400	Permit	****	****		report	****	report	S.U.		Manthla	Grab
DOWNSTREAM MONITOR	Requirement				minimum daily		maximum daily			Monthly	Glab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****	6.0	19	0	Monthly	Grab
Parameter Code: 00530	Permit	****	****		****	****	report	mg/l			Carl
UPSTREAM MONITORING	Requirement						maximum daily			Monthly	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	****	4.0	19	0	Monthly	Grab
Parameter Code: 00530	Permit	****	****		****	****	report	mg/l			
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****	0.011		0	Monthly	Grab
Parameter Code: 00610	Permit	****	****	****	****	****	report	19 mg/l			
UPSTREAM MONITORING	Requirement						maximum daily	ilig/1		Monthly	Grab
NAME/TITLE OF PRINCIPAL	T 20 1 1					STO	SNATURE OF		TELED	HONE NO DAT	F

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	10/23/2018

		Alabama D	Department of En	nvironmer	ital Management	Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: Enviro S	Services, L.L.C.			PER	MIT NUMBER	. AL0067814				MINOR		
MAILING ADDRESS: 8000 Lik	perty Parkway, Sui	ite 114 Vestavi	a Hills Al 35242	MON	ITORING PO	INT: STM5		C	COUNT	Jefferso	on	
			u 1 millio, 7 12 002 42			NG PERIOD:		PROGRAM: Municipal				
FACILITY: Liberty Park WRRF					YY   MM   DD		D	*** NO DISCHARGE [ ] ***				
LOCATION: 13059 Liberty Park	way Voetavia Hill	c AL 25242		From:	10.00.01	To: 18 09 30		NOT	NOTE: Read instructions before completing this form.			
	way, vestavia i illi	5, AL 33242		110110		100			2. 10000		simpleting this form	
Parameter	$\searrow$	Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	****	****		****	****	0.008	10	0	Monthly	Grab	
Parameter Code: 00610	Permit	****	****	****	****	****	report	19 mg/l				
DOWNSTREAM MONITOR	Requirement						maximum daily			Monthly	Grab	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	****	****	****	*В	19	0	Monthly	Grab	
Parameter Code: 00625 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****		****	****	*B		0	Monthly	Grab	
Parameter Code: 00625 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****	****	****	****	report maximum daily	19 mg/l		Monthly	Grab	
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****	*В	19	0	Monthly	Grab	
Parameter Code: 00630 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab	
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	****	****	****	****	****	0.46	19	0	Monthly	Grab	
Parameter Code: 00630 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	****	0.060	19	0	Monthly	Grab	
Parameter Code: 00665 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	*****	****	****	0.046	19	0	Monthly	Grab	
Parameter Code: 00665 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab	
NAME/TITLE OF PRINCIPAL	Leartify under papel	y of law that this docum	cont and all attachments up	ere prepared un	ler my direction or supervi	rion in accordance SIG	GNATURE OF		TELEP	HONE NO DAT	E	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Adams		Signed By E2	205-987-8352	10/23/2018

MAILING ADDRESS: 8000			-	PER	MIT NUMBER	t Discharge Monita : AL0067814 INT: S <sup>TM5</sup> NG PERIOD:	oring Keport ( <i>L</i>	C	OUNI ROGR	AM: Municip	on al
FACILITY: Liberty Park WRR LOCATION: 13059 Liberty Pa		s, AL 35242		From:	YY   MM   DD 18 09 01	YY   MM   DI           To:         18 09 30	D	<b>*** NO DISCHARGE</b> [ ] <b>***</b> NOTE: Read instructions before completing this form.			
Parameter		Quantity	or Loading	Units		lity or Concentrat	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
E. COLI	Sample Measurement	****	****		****	****	66	13	0	Monthly	Grab
Parameter Code: 51040 Stage Code: 5 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	col/100mL		Monthly	Grab
E. COLI	Sample Measurement	****	****	****	****	****	48	13	0	Monthly	Grab
Parameter Code: 51040 Stage Code: 5 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	col/100mL		Monthly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	****		****	****	1.0	19	0	Monthly	Grab
Parameter Code: 80082 UPSTREAM MONITORING	Permit Requirement	****	****	****	****	****	report maximum daily	mg/l		Monthly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	****	*****	****	****	****	0.9	19	0	Monthly	Grab
Parameter Code: 80082 DOWNSTREAM MONITOR	Permit Requirement	****	****		****	****	report maximum daily	mg/l		Monthly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
NAME/TITLE OF PRINCIPAL	I certify under penalt	y of law that this docur	ment and all attachments w	ere prepared und	ler my direction or superv	ision in accordance SIG	GNATURE OF		TELEP	HONE NO   DAT	E

## NAME/TITLE OF PRINCIPAL<br/>EXECUTIVE OFFICER OR<br/>AUTHORIZED<br/>AGENTI certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance<br/>with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry<br/>of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information<br/>abuintied is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for<br/>submitting false information, including the possibility of fine and imprisonment for knowing violations.SIGNATURE OF<br/>PRINCIPAL EXECUTIVE<br/>OFFICER OR AUTHORIZED<br/>AGENTTELEPHONE NODATERobert AdamsLevrity under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance<br/>submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for<br/>submitting false information, including the possibility of fine and imprisonment for knowing violations.Signed By E2205-987-835210/23/2018

**McPherson Companies Trussville** 

		Alabama I	Department of E			Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: The M	cpherson Companie	es, Inc.		PER	MIT NUMBER	. ALG340339				MINOR	
MAILING ADDRESS: 5051 (	Cardinal Street Tru	ssvilla Al 3517	3	MON	NITORING PO	 ΙΝΤ· 0021		C	OUNT	TV. Jefferso	n
		33VIIIC, AL 3317	0			NG PERIOD:			ROGE		al
FACILITY: Mcpherson Compared	nies Trussville				YY   MM   DD		<u> </u>	*** NO DISCHARGE [ ] ***			
				From:	17 10 01	To: 17 12 31	<u> </u>	NOT			
LOCATION: 5051 Cardinal Str	eet, Trussville, AL 3	35173		FIOII:		10:		NOTE: Read instructions before completing this for			
Parameter	$\searrow$	Quantity of	or Loading	Units	Qua	lity or Concentrat	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
РН	Sample Measurement	****	****		6.0	****	8.5	12	0	Quarterly	Grab
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	report minimum daily	****	report maximum daily	S.U.		Quarterly	Grab
OIL & GREASE	Sample Measurement	****	****	****	****	****	15.0	19	0	Quarterly	Grab
Parameter Code: 00556 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	15 maximum daily	mg/l		Quarterly	Grab
METHYL TERT-BUTYL ETHER	Sample Measurement	****	****		****	****	5.0	28	0	Quarterly	Grab
Parameter Code: 22417 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	****	report maximum daily	ug/l		Quarterly	Grab
TOLUENE	Sample Measurement	****	****	****	****	****	8723	28	0	Quarterly	Grab
Parameter Code: 34010 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	8723 maximum daily	ug/l		Quarterly	Grab
BENZENE	Sample Measurement	****	****	****	****	****	15.5	28	0	Quarterly	Grab
Parameter Code: 34030 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	15.5 maximum daily	ug/l		Quarterly	Grab
ETHYLBENZENE	Sample Measurement	****	****	****	****	****	1244	28	0	Quarterly	Grab
Parameter Code: 34371 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	1244 maximum daily	ug/l		Quarterly	Grab
NAPHTHALENE	Sample Measurement	****	****	****	****	****	620	28	0	Quarterly	Grab
Parameter Code: 34696 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	620 maximum daily	ug/l		Quarterly	Grab

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted lase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
David Tidwell		Signed By E2	205-661-4441	01/08/2018

		Alabama I	Department of E	Invironmen	ital Management	Discharge Moni	toring Report (D	MR)			
PERMITTEE NAME: Th	e Mcpherson Companie	es, Inc.		PER	MIT NUMBER	ALG340339				MINOR	
MAILING ADDRESS: 50	51 Cardinal Street True	ssville Al 3517	3	MON	ITORING PO	INT: 0021		COUNTY: Jefferson			
		501110, 7 12 00 11	0		MONITORI				ROGE		al
FACILITY: Mcpherson Com	npanies Trussville				YY   MM   DD	YY   MM   D	D	_		** NO DISCHA	RGE[]***
LOCATION: 5051 Cardinal		5172		From:	17 10 01	To: 17 12 31		NOT		instructions before c	
Lo chillen 5051 Caldilla	Street, Trussville, AL 3	5175		110111							simpleting this form.
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
RAINFALL	Sample Measurement	****	3.7		****	****	****	****	0	Quarterly	Measured
Parameter Code: 46529 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	report maximum daily	61 inches	****	****	ak ak ak ak			Quarterly	Measured
XYLENE	Sample Measurement	****	****	****	****	****	5.0	28	0	Quarterly	Grab
Parameter Code: 81551 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	ug/l		Quarterly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
David Tidwell		Signed By E2	205-661-4441	01/08/2018

		Alabama I	Department of E			Discharge Monit	oring Report (D	OMR)				
PERMITTEE NAME: The N	Icpherson Companie	es, Inc.		PER	MIT NUMBER	ALG340339				MINOR		
MAILING ADDRESS: 5051	Cardinal Street Tru	ssville Al 3517	3	MON	NITORING PO	INT: 0021		C	OUNT	TY: Jefferso	n	
			0		MONITORI				ROGE		al	
FACILITY: Mcpherson Compa	nies Trussville				YY   MM   DD		<u> </u>	-	*** NO DISCHARGE [ ] ***			
		5470		From:	10 01 01	To: 18 03 31		NOT		instructions before co		
LOCATION: 5051 Cardinal Str	reet, Trussville, AL 3	35173		FIOII.	10.					listituctions before ec	mpleting this form.	
Parameter	$\searrow$	Quantity of	or Loading	Units	Qua	lity or Concentrat	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
РН	Sample Measurement	****	****		6.0	****	8.5	12	0	Quarterly	Grab	
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	report minimum daily	****	report maximum daily	S.U.		Quarterly	Grab	
OIL & GREASE	Sample Measurement	****	****	****	****	****	15.0	19	0	Quarterly	Grab	
Parameter Code: 00556 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	15 maximum daily	mg/l		Quarterly	Grab	
METHYL TERT-BUTYL ETHER	Sample Measurement	****	****		****	****	5.0	28	0	Quarterly	Grab	
Parameter Code: 22417 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	****	report maximum daily	ug/l		Quarterly	Grab	
TOLUENE	Sample Measurement	****	****	****	****	****	8723	28	0	Quarterly	Grab	
Parameter Code: 34010 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	8723 maximum daily	ug/l		Quarterly	Grab	
BENZENE	Sample Measurement	****	****	****	****	****	15.5	28	0	Quarterly	Grab	
Parameter Code: 34030 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	15.5 maximum daily	ug/l		Quarterly	Grab	
ETHYLBENZENE	Sample Measurement	****	****	****	****	****	1244	28	0	Quarterly	Grab	
Parameter Code: 34371 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	1244 maximum daily	ug/l		Quarterly	Grab	
NAPHTHALENE	Sample Measurement	****	****	*****	****	****	620	28	0	Quarterly	Grab	
Parameter Code: 34696 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	620 maximum daily	ug/l		Quarterly	Grab	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted islae information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
David Tidwell		Signed By E2	205-661-4441	03/23/2018

		Alabama I	Department of E	Invironmen	ital Management	t Discharge Monit	toring Report (D	MR)			
PERMITTEE NAME: The	e Mcpherson Companie	es, Inc.		PFR	MIT NUMBER	ALG340339				MINOR	
MAILING ADDRESS: 505	1 Cordinal Streat True		0	MON	ITORING PO	и. илт. 0021		ſ	OUNT	rv. Jefferso	n
MAILING ADDRESS. 503	or Cardinal Street, This	ssville, AL 3317	3			NG PERIOD:			ROGE		al
FACILITY: Mcpherson Com	nanies Trussville							Г			
					YY   MM   DD         YY   MM   DD           From:         18 01 01         To:         18 03 31					** NO DISCHA	
LOCATION: 5051 Cardinal	Street, Trussville, AL 3	5173		From:	From: 18 01 01 To: 18 03 31			NOT	E: Read	instructions before co	ompleting this form.
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
RAINFALL	Sample Measurement	****	4.53		****	****	****	****	0	Quarterly	Measured
Parameter Code: 46529 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	report maximum daily	61 inches	****	****	****			Quarterly	Measured
XYLENE	Sample Measurement	****	****	****	****	****	5.0	28	0	Quarterly	Grab
Parameter Code: 81551 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	ug/l		Quarterly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted is formation, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
David Tidwell		Signed By E2	205-661-4441	03/23/2018

		Alabama I	Department of <b>E</b>			t Discharge Monit	oring Report (L	OMR)				
PERMITTEE NAME: The N	Acpherson Companie	es, Inc.		PER	MIT NUMBER	ALG340339				MINOR		
MAILING ADDRESS: 5051	Cardinal Street Tru	ssville Al 3517	3	MON	NITORING PO	INT: 0021		C	OUNT	TY: Jefferso	n	
	ouruna oricer, rra		0		MONITORI				ROGE		al	
FACILITY: Mcpherson Compa	nies Trussville				YY   MM   DD		D	-	*** NO DISCHARGE [ ] ***			
LOCATION: 5051 Cardinal St		5470		From	10 01 01	To: 18 06 30		NOT		instructions before co		
LOCATION: 5051 Cardinal St	reet, Trussville, AL 3	35173		FIOID	10.					listituctions before ec	mpleting this form.	
Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
PH	Sample Measurement	****	****		6.0	****	8.5	12	0	Quarterly	Grab	
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	report minimum daily	****	report maximum daily	S.U.		Quarterly	Grab	
OIL & GREASE	Sample Measurement	****	****	****	****	****	15.0	19	0	Quarterly	Grab	
Parameter Code: 00556 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	15 maximum daily	mg/l		Quarterly	Grab	
METHYL TERT-BUTYL ETHER	Sample Measurement	****	****		****	****	5.0	28	0	Quarterly	Grab	
Parameter Code: 22417 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	****	report maximum daily	ug/l		Quarterly	Grab	
TOLUENE	Sample Measurement	****	****	****	****	****	8723	28	0	Quarterly	Grab	
Parameter Code: 34010 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	8723 maximum daily	ug/l		Quarterly	Grab	
BENZENE	Sample Measurement	****	****	****	****	****	15.5	28	0	Quarterly	Grab	
Parameter Code: 34030 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	15.5 maximum daily	ug/l		Quarterly	Grab	
ETHYLBENZENE	Sample Measurement	****	****	****	****	****	1244	28	0	Quarterly	Grab	
Parameter Code: 34371 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	1244 maximum daily	ug/l		Quarterly	Grab	
NAPHTHALENE	Sample Measurement	****	****	****	****	****	620	28	0	Quarterly	Grab	
Parameter Code: 34696 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	620 maximum daily	ug/l		Quarterly	Grab	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted islae information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
David Tidwell		Signed By E2	205-661-4441	07/16/2018

		Alabama I	Department of E	Cnvironmen	ital Management	t Discharge Monit	toring Report (D	MR)			
PERMITTEE NAME: The	e Mcpherson Companie	es, Inc.		PER	MIT NUMBER	ALG340339				MINOR	
MAILING ADDRESS: 505	51 Cardinal Street Tru	ssville, Al. 3517	3	MON	<b>ITORING PO</b>	INT: 0021		(	COUNT	TY: Jefferso	n
			•		MONITORI				ROGE		al
FACILITY: Mcpherson Com	panies Trussville				YY   MM   DD	YY   MM   D	D			* NO DISCHA	RGE[]***
LOCATION: 5051 Cardinal		5173		From:	From: 18 04 01 To: 18 06 30			NOT		instructions before co	
		0170									1 0
Parameter	$\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
RAINFALL	Sample Measurement	****	4.43		****	****	****	****	0	Quarterly	Measured
Parameter Code: 46529 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	report maximum daily	61 inches	****	****	****			Quarterly	Measured
XYLENE	Sample Measurement	****	****	****	****	****	5.0	28	0	Quarterly	Grab
Parameter Code: 81551 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	ug/l		Quarterly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
David Tidwell		Signed By E2	205-661-4441	07/16/2018

		Alabama I	Department of E			Discharge Monit	oring Report (D	OMR)				
PERMITTEE NAME: The N	Icpherson Companie	es, Inc.		PER	MIT NUMBER	ALG340339				MINOR		
MAILING ADDRESS: 5051	Cardinal Street Tru	ssville Al 3517	3	MON	NITORING PO	INT: 0021		C	OUNT	TY: Jefferso	n	
			0		MONITORI				ROGE		al	
FACILITY: Mcpherson Compa	nies Trussville				YY   MM   DD		<u> </u>	-	*** NO DISCHARGE [ ] ***			
		5470		From:	10 07 01	To: 18 09 30		NOT		instructions before co		
LOCATION: 5051 Cardinal Str	reet, Trussville, AL 3	35173		FIOII.		10		NOT	L. Reau	listituctions before ec	mpleting this form.	
Parameter	$\searrow$	Quantity of	or Loading	Units	Units Quality or Concentration				No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
РН	Sample Measurement	****	****		6.0	****	6.75	12	0	Quarterly	Grab	
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	report minimum daily	****	report maximum daily	S.U.		Quarterly	Grab	
OIL & GREASE	Sample Measurement	****	****	****	****	****	*В	19	0	Quarterly	Grab	
Parameter Code: 00556 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	15 maximum daily	mg/l		Quarterly	Grab	
METHYL TERT-BUTYL ETHER	Sample Measurement	****	****		****	****	*B	28	0	Quarterly	Grab	
Parameter Code: 22417 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	****	report maximum daily	ug/l		Quarterly	Grab	
TOLUENE	Sample Measurement	****	****	****	****	****	*В	28	0	Quarterly	Grab	
Parameter Code: 34010 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	8723 maximum daily	ug/l		Quarterly	Grab	
BENZENE	Sample Measurement	****	****	****	****	****	*В	28	0	Quarterly	Grab	
Parameter Code: 34030 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	15.5 maximum daily	ug/l		Quarterly	Grab	
ETHYLBENZENE	Sample Measurement	****	****	****	****	****	*В	28	0	Quarterly	Grab	
Parameter Code: 34371 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	1244 maximum daily	ug/l		Quarterly	Grab	
NAPHTHALENE	Sample Measurement	****	****	*****	****	****	*В	28	0	Quarterly	Grab	
Parameter Code: 34696 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	620 maximum daily	ug/l		Quarterly	Grab	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted islae information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
David Tidwell		Signed By E2	205-661-4441	10/08/2018

		Alabama I	Department of E	Invironmen	ital Management	t Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: The	e Mcpherson Companie	s, Inc.		PFR	MIT NUMBER	ALG340339				MINOR		
MAILING ADDRESS: 505	1 Cardinal Streat True	ovilla AL 2517	0	MON	ITORING PO	и. Имт. 0021		ſ	OUNT	rv. Jefferso	n	
MAILING ADDRESS, 505		SSVIIIE, AL 3317	3			NG PERIOD:		PROGRAM: Industrial				
FACILITY: Mcpherson Com	nanies Trussville							ſ	*** NO DISCHARGE [ ] ***			
					YY   MM   DD YY   MM   DD							
LOCATION: 5051 Cardinal	Street, Trussville, AL 3	5173		From:	From: 18 07 01 To: 18 09 30			NOT	E: Read	instructions before co	ompleting this form.	
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
RAINFALL	Sample Measurement	****	3.8		****	****	****	*****	0	Quarterly	Measured	
Parameter Code: 46529 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	report maximum daily	61 inches	****	****	****			Quarterly	Measured	
XYLENE	Sample Measurement	****	****	****	****	****	*В	28	0	Quarterly	Grab	
Parameter Code: 81551 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	report maximum daily	ug/l		Quarterly	Grab	
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted is formation, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
David Tidwell		Signed By E2	205-661-4441	10/08/2018

Mountain Brook High School

		Alabama I	epartment of E	Invironmer	ntal Management	t Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: City of N	/lountain Brook			PER	MIT NUMBER	AL0050971				MINOR	
MAILING ADDRESS: Post Off		Mountain Brook.	AL 35213		NITORING PO			COUNTY: Jefferson			
	, ,					NG PERIOD:		PROGRAM: Municipal			
FACILITY: Mountain Brook High	School				YY   MM   DD YY   MM   DD					* NO DISCHA	RGE[]***
LOCATION: 3650 Bethune Drive	e . Mountain Brook	. AL 35223		From:	From: 17 10 01 To: 17 10 31					instructions before co	ompleting this form.
Parameter	$\searrow$	Quantity of	or Loading	Units		lity or Concentra	tion	Units	No.	Frequency of Analysis	Sample Type
	$\geq$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		8.6	****	****	19	0	Weekly	Grab
Parameter Code: 00300 Stage Code: 1	Permit Requirement	****	****	****	6.0 minimum daily	****	****	mg/l		Weekly	Grab
EFFLUENT GROSS VALUE	requirement				minimum dany					weekly	
РН	Sample Measurement	****	****	****	8.2	****	8.5	12	0	Weekly	Grab
Parameter Code: 00400 Stage Code: 1	Permit	****	****		6.0	****	8.5	S.U.		W/ 11	Grab
EFFLUENT GROSS VALUE	Requirement				minimum daily		maximum daily			Weekly	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	13.7	19.6		****	822	1180	10	0	Weekly	8-Hr Composite
Parameter Code: 00530 Stage Code: G	Permit	report	report	26 lbs/day	****	report	report	19 mg/l			
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-Hr Composite
SOLIDS, TOTAL SUSPENDED	Sample Measurement	0.038	0.050	26	****	2.25	3.00	19	0	Weekly	8-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit	12.5	18.7	lbs/day	****	30.0	45.0	mg/l		WY 11	8-Hr Composite
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-III Composite
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.011	0.015	26	****	0.648	0.870	19	0	Weekly	8-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit	0.41	0.62	lbs/day	****	1.0	1.5	mg/l		WY 11	8-Hr Composite
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-HI Composite
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	0.001	0.004	26	****	0.200	0.240	19	0	Monthly	8-Hr Composite
Parameter Code: 00625 Stage Code: 1	Permit	report	report	lbs/day	****	report	report	mg/l			8-Hr Composite
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Monthly	8-HI Composite
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	1.23	1.23	26	****	73.9	73.9	19	0	Monthly	8-Hr Composite
Parameter Code: 00630 Stage Code: 1	Permit	report	report	lbs/day	****	report	report	mg/l			9 Un Composito
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Monthly	8-Hr Composite
						aronago					

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	11/20/2017

		Alabama D	Department of E	Invironmen	ntal Management	t Discharge Monit	oring Report (L	MR)			
PERMITTEE NAME: City of M	lountain Brook			PER	MIT NUMBER	. AL0050971				MINOR	
MAILING ADDRESS: Post Off		Mountain Brook	AL 35213		NITORING PO			COUNTY: Jefferson			
	ICC DOX 100000 ;	Wountain Brook,	AL 33213			NG PERIOD:		PROGRAM: Municipal			
FACILITY: Mountain Brook High	School				YY   MM   DD		D	-		* NO DISCHA	RGE[]***
LOCATION: 3650 Bethune Drive		AL 25000		From:						instructions before co	
20 Chiller to 3050 Belliule Dive	, Wountain Broom	, AL 30223		110111							sinpleting this form.
Parameter	$\overline{}$	Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0.001	0.004		****	0.2	0.24	10	0	Weekly	8-Hr Composite
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	0.3	report	19 mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	6		Weekly	8-Hr Composite
EFFLUENT GROSS VALUE	Sampla	average				average					
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.002	0.004	02	****	****	****		0	Daily	Continuous
Parameter Code: 50050	Permit	report	report	03 MGD	****	*****	****	****			
Stage Code: 1	Requirement	monthly	maximum							Daily	Continuous
EFFLUENT GROSS VALUE	Comple	average	daily								
CHLORINE, TOTAL RESIDUAL	Sample Measurement	****	****		****	*9	*9	19	0	Weekly	Grab
Parameter Code: 50060 Stage Code: 1	Permit	****	****	****	****	0.011	0.019	mg/l			Grab
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			Weekly	Grab
	Sample	****	****		****	8.00	8.00			We ship	Grab
E. COLI	Measurement			*****		8.00	8.00	13	0	Weekly	Glab
Parameter Code: 51040 Stage Code: 1	Permit	****	****		****	126	235	col/100mL		WY 11	Grab
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			Weekly	Grab
	Sample	1.50			****	<sup>c</sup>				W7 11	0 H G
BOD, CARBONACEOUS 05 DAY, 20C	Measurement	4.59	7.57	26	****	275	454	19	0	Weekly	8-Hr Composite
Parameter Code: 80082	Permit	report	report	lbs/day	****	report	report	mg/l			8 Ha Commonito
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average			Weekly	8-Hr Composite
	Sample	average				average					
BOD, CARBONACEOUS 05 DAY, 20C	Measurement	0.020	0.060	26	****	1.41	3.57	19	0	Weekly	8-Hr Composite
Parameter Code: 80082	Permit	1.6	2.5	lbs/day	****	4.0	6.0	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	0		Weekly	8-Hr Composite
	Sample	average				average					
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM	Measurement	****	****	****	99	****	****	23	0	Monthly	Calculated
Parameter Code: 80091 Stage Code: K	Permit	****	****		85	****	****	%		N	Calculated
PERCENTREMOVAL	Requirement				monthly average					Monthly	Calculated
					average						

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	11/20/2017

		Alabama D	Department of E	nvironmer	ntal Management	Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: City of N	Mountain Brook			PER	MIT NUMBER	. AL0050971				MINOR		
MAILING ADDRESS: Post Of	fice Box 120000	Mountain Brook	AL 25212	MON	NITORING PO	ιντ. 0011		COUNTY: Jefferson				
MAILING ADDRESS. FOST OF	IICE BOX 150009, 1	viountain brook,	AL 33213		MONITORI				PROGRAM: Municipal			
FACILITY: Mountain Brook High	School				YY   MM   DD	1		1	*** NO DISCHARGE [ ] ***			
				Enner	17 10 01	YY   MM   DI To: 17 10 31	0	NOT				
LOCATION: 3650 Bethune Drive	e, Mountain Brook	i, AL 35223		From:	From: 17 10 01 To: 17 10 31			NOT	E: Read	instructions before co	impleting this form.	
Parameter	$\searrow$	Quantity of	or Loading	Units	Qua	lity or Concentrat	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
SOLIDS, SUSPENDED PERCENT REMOVAL	Sample Measurement	****	****		99	****	****	22	0	Monthly	Calculated	
Parameter Code: 81011 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****	****	85 monthly average	****	****	23 %		Monthly	Calculated	
	Sample Measurement											
	Permit Requirement											
	Sample											
	Measurement											
	Permit											
	Requirement											
	Sample Measurement											
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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	11/20/2017

		Alabama I	Department of E	Invironmer	ntal Management	Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: City of M	lountain Brook			PER	MIT NUMBER	. AL0050971				MINOR		
MAILING ADDRESS: Post Off		Mountain Brook	AL 35213		NITORING PO			(	COUNTY: Jefferson			
		Mountain Brook,	712 002 10		MONITORI			-	PROGRAM: Municipal			
FACILITY: Mountain Brook High	School				YY   MM   DD		D	_		* NO DISCHA	RGE [ ] ***	
LOCATION: 3650 Bethune Drive		ΔΙ 35223		From:	From: 17 11 01 To: 17 11 30					instructions before c		
		, AL 33223										
Parameter	$\langle$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		9.3	****	****	19	0	Weekly	Grab	
Parameter Code: 00300 Stage Code: 1	Permit Requirement	****	****	****	6.0 minimum daily	****	****	mg/l		Weekly	Grab	
EFFLUENT GROSS VALUE	Sampla											
PH	Sample Measurement	****	****	****	7.9	****	8.3	12	0	Weekly	Grab	
Parameter Code: 00400	Permit	****	****		6.0	****	8.5	12 S.U.				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement				minimum daily		maximum daily			Weekly	Grab	
	Sample	0.54	10.2		****	(22					0 Ha Camaraita	
SOLIDS, TOTAL SUSPENDED	Measurement	9.54	18.3		****	623	1100	19	0	Weekly	8-Hr Composite	
Parameter Code: 00530 Stage Code: G	Permit	report	report	26 lbs/day	****	report	report	mg/l			0 Ha Camaraita	
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-Hr Composite	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	0.04	0.05	26	****	2.60	3.00	10	0	Weekly	8-Hr Composite	
Parameter Code: 00530	Permit	12.5	18.7	lbs/day	****	30.0	45.0	19 mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average	-		Weekly	8-Hr Composite	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.006	0.010	26	*****	0.40	0.57	19	0	Weekly	8-Hr Composite	
Parameter Code: 00610	Permit	0.41	0.62	lbs/day	****	1.0	1.5	mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average	_		Weekly	8-Hr Composite	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0.001	0.003	26	****	0.001	0.003	10	0	Weekly	8-Hr Composite	
Parameter Code: 00665	Permit	report	report	lbs/day	****	report	report	19 mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average	U		Weekly	8-Hr Composite	
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.002	0.002	03	****	****	****	****	0	Daily	Continuous	
Parameter Code: 50050	Permit	report	report	MGD	****	****	****	197 - 197 - 197 - 197				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum							Daily	Continuous	
		average	daily									

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston	Signed By E2	205-802-3803	12/18/2017

		Alabama D	epartment of E	nvironmen	tal Management	Discharge Monit	oring Report (L	DMR)			
PERMITTEE NAME: City of N	lountain Brook			PER	MIT NUMBER	. AL0050971				MINOR	
MAILING ADDRESS: Post Off		Mountain Brook	AL 35213		ITORING PO			C	OUN	Jefferso	on
		Mountain Brook,	//L 00210		MONITORI			PROGRAM: Municipal			
FACILITY: Mountain Brook High	School				YY   MM   DD		D			* NO DISCHA	RGE[]***
LOCATION: 3650 Bethune Drive		ΔΙ 35223		From:	From: 17 11 01 To: 17 11 30					instructions before co	
		, AL 33223									
Parameter	$\searrow$	Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
	$\frown$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
CHLORINE, TOTAL RESIDUAL	Sample Measurement	****	****		****	*9	*9	- 19	0	Weekly	Grab
Parameter Code: 50060 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	0.011 monthly average	0.019 maximum daily	mg/l		Weekly	Grab
E. COLI	Sample Measurement	****	****	****	****	1.00	1.00		0	Weekly	Grab
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	126 monthly average	235 maximum daily	13 col/100mL		Weekly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	2.81	3.32		****	187	199	- 19	0	Weekly	8-Hr Composite
Parameter Code: 80082 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		Weekly	8-Hr Composite
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	0.020	0.060	26	****	1.42	3.64	- 19	0	Weekly	8-Hr Composite
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	1.6 monthly average	2.5 weekly average	lbs/day	****	4.0 monthly average	6.0 weekly average	mg/l		Weekly	8-Hr Composite
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM	Sample Measurement	****	****	****	98	****	****	23	0	Monthly	Calculated
Parameter Code: 80091 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****		85 monthly average	****	****	%		Monthly	Calculated
SOLIDS, SUSPENDED PERCENT REMOVAL	Sample Measurement	****	****	****	99	****	****	23	0	Monthly	Calculated
Parameter Code: 81011 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****		85 monthly average	****	****	%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	12/18/2017

		Alabama I	epartment of E	nvironmer	ntal Management	Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: City of M	lountain Brook			PER	MIT NUMBER	. AL0050971				MINOR		
MAILING ADDRESS: Post Off		Mountain Brook	AL 35213		NITORING PO		(	COUNTY: Jefferson				
		Noundan Brook,	7 LE 00210		MONITORI				PROGRAM: Municipal			
FACILITY: Mountain Brook High	School				YY   MM   DD		D	-		* NO DISCHA	RGE[]***	
LOCATION: 3650 Bethune Drive		AL 25222		From:	From: 17 12 01 To: 17 12 31					instructions before co		
20 CHILCH S050 Belliulie Dive		, AL 33223		110111		10.		1101	E. Roud		sinpleting this form.	
Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		10	****	****	19	0	Weekly	Grab	
Parameter Code: 00300 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	6.0 minimum daily	****	****	mg/l		Weekly	Grab	
PH	Sample Measurement	****	****	****	8.0	****	8.0	10	0	Weekly	Grab	
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		6.0 minimum daily	****	8.5 maximum daily	12 S.U.		Weekly	Grab	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	12.4	12.4		****	748	748	19	0	Weekly	8-Hr Composite	
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		Weekly	8-Hr Composite	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	0.033	0.033	26	****	2.00	2.00	19	0	Weekly	8-Hr Composite	
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	12.5 monthly average	18.7 weekly average	lbs/day	****	30.0 monthly average	45.0 weekly average	mg/l		Weekly	8-Hr Composite	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.36	0.36	26	****	21	21	19	2	Weekly	8-Hr Composite	
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.41 monthly average	0.62 weekly average	lbs/day	****	1.0 monthly average	1.5 weekly average	mg/l		Weekly	8-Hr Composite	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0.022	0.022	26	****	1.29	1.29	19	0	Weekly	8-Hr Composite	
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Weekly	8-Hr Composite	
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.004	0.004	03	****	****	****	****	0	Daily	Continuous	
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	MGD	****	****	****			Daily	Continuous	

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		Alabama D	epartment of E	Invironmen	tal Management	Discharge Monit	oring Report (L	MR)				
PERMITTEE NAME: City of N	/lountain Brook			PER	MIT NUMBER	AL0050971				MINOR		
MAILING ADDRESS: Post Off		Mountain Brook	AL 35213		ITORING PO			С	COUNTY: Jefferson			
			/ = 00210		MONITORI			PROGRAM: Municipal				
FACILITY: Mountain Brook High	School				YY   MM   DD YY   MM   DD					** NO DISCHA	RGE[]***	
LOCATION: 3650 Bethune Drive	. Mountain Brook	AL 35223		From:	From: 17 12 01 To: 17 12 31					instructions before co		
										•		
Parameter	$\searrow$	Quantity of	or Loading	Units		lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
	$\nearrow$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
CHLORINE, TOTAL RESIDUAL	Sample Measurement	****	****		****	*9	*9	19	0	Weekly	Grab	
Parameter Code: 50060 Stage Code: 1	Permit Requirement	****	****	****	****	0.011 monthly	0.019 maximum	mg/l		Weekly	Grab	
EFFLUENT GROSS VALUE						average	daily					
E. COLI	Sample Measurement	****	****	*****	****	96.0	96.0	13	0	Weekly	Grab	
Parameter Code: 51040 Stage Code: 1	Permit Requirement	****	****		****	126 monthly	235 maximum	col/100mL		Weekly	Grab	
EFFLUENT GROSS VALUE	G 1					average	daily					
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	5.17	5.17		****	310	310	19	0	Weekly	8-Hr Composite	
Parameter Code: 80082 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		Weekly	8-Hr Composite	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	0.06	0.06	26	****	3.3	3.3		0	Weekly	8-Hr Composite	
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	1.6 monthly average	2.5 weekly average	26 lbs/day	****	4.0 monthly average	6.0 weekly average	19 mg/l		Weekly	8-Hr Composite	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM	Sample Measurement	****	****	****	98	****	****	23	0	Monthly	Calculated	
Parameter Code: 80091 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****		85 monthly average	****	****	%		Monthly	Calculated	
SOLIDS, SUSPENDED PERCENT REMOVAL	Sample Measurement	****	****	****	99	****	****	23	0	Monthly	Calculated	
Parameter Code: 81011 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****		85 monthly average	****	****	%		Monthly	Calculated	
	Sample Measurement											
	Permit Requirement											

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	01/19/2018

		Alabama I	epartment of E	Invironmer	tal Management	t Discharge Monit	oring Report (D	MR)					
PERMITTEE NAME: City of M	lountain Brook			PER	MIT NUMBER	AL0050971				MINOR			
MAILING ADDRESS: Post Off		Mountain Brook.	AL 35213		MONITORING POINT: 0011					COUNTY: Jefferson			
	,					NG PERIOD:		Р	PROGRAM: Municipal				
FACILITY: Mountain Brook High	School				YY   MM   DD YY   MM   DD					* NO DISCHA	RGE[]***		
LOCATION: 3650 Bethune Drive	e . Mountain Brook	. AL 35223		From:	From: 18 01 01 To: 18 01 31					instructions before co	ompleting this form.		
	,												
Parameter	$\searrow$	Quantity of	or Loading	Units		lity or Concentra	tion	Units	No.	Frequency of Analysis	Sample Type		
	$\langle \ \rangle$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis			
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		10	****	****	19	0	Weekly	Grab		
Parameter Code: 00300 Stage Code: 1	Permit Requirement	****	****	****	6.0 minimum daily	****	****	mg/l		Weekly	Grab		
EFFLUENT GROSS VALUE	1				inininani dariy								
РН	Sample Measurement	****	****	****	7.8	****	8.2	12	0	Weekly	Grab		
Parameter Code: 00400 Stage Code: 1	Permit Requirement	****	****		6.0	****	8.5	S.U.		Weekly	Grab		
EFFLUENT GROSS VALUE	Requirement				minimum daily		maximum daily			weekiy	01ub		
SOLIDS, TOTAL SUSPENDED	Sample Measurement	8.00	14.0		****	478	852	10	0	Weekly	8-Hr Composite		
Parameter Code: 00530 Stage Code: G	Permit	report	report	26 lbs/day	****	report	report	19 mg/l			9 Un Commonito		
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-Hr Composite		
SOLIDS, TOTAL SUSPENDED	Sample Measurement	0.13	0.30	26	****	8.00	18.0	19	0	Weekly	8-Hr Composite		
Parameter Code: 00530 Stage Code: 1	Permit Deminerat	12.5	18.7	lbs/day	****	30.0	45.0	mg/l		W/ 11	8-Hr Composite		
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-III Composite		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.080	0.190	26	****	4.5	11	19	2	Weekly	8-Hr Composite		
Parameter Code: 00610 Stage Code: 1	Permit	0.41	0.62	lbs/day	****	1.0	1.5	mg/l		WY 11	8-Hr Composite		
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-Hi Composite		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0.006	0.010	26	****	0.390	0.680	19	0	Weekly	8-Hr Composite		
Parameter Code: 00665 Stage Code: 1	Permit	report	report	lbs/day	****	report	report	mg/l		WY 11	8-Hr Composite		
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-11 Composite		
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.002	0.005	03	****	****	****	****	0	Daily	Continuous		
Parameter Code: 50050 Stage Code: 1	Permit	report	report	MGD	****	****	****	1977 See 297 See 297			Continue		
EFFLUENT GROSS VALUE	Requirement	monthly	maximum daily							Daily	Continuous		
		ичегире	ually										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted lase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	02/20/2018

<b>MAILING ADDRESS:</b> Post Off <b>FACILITY:</b> Mountain Brook High	PERMITTEE NAME: City of Mountain Brook MAILING ADDRESS: Post Office Box 130009 , Mountain Brook, AL 35213 FACILITY: Mountain Brook High School LOCATION: 3650 Bethune Drive , Mountain Brook, AL 35223 Parameter Quantity or Loading				vironmental Management Discharge Monitoring Report (DM) PERMIT NUMBER: AL0050971 MONITORING POINT: 0011 MONITORING PERIOD: YY  MM DD YY  MM DD From: 18 01 01 To: 18 01 31					MINOR COUNTY: Jefferson PROGRAM: Municipal *** NO DISCHARGE []*** NOTE: Read instructions before completing this form.		
Parameter	$\searrow$	Quantity of Average	or Loading Maximum	Units	Qua Minimum	lity or Concentra Average	tion Maximum	Units	No. Ex.	Frequency of Analysis	Sample Type	
CHLORINE, TOTAL RESIDUAL	Sample Measurement	****	****		****	*9	*9	10	0	Weekly	Grab	
Parameter Code: 50060 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	0.011 monthly average	0.019 maximum daily	19 mg/l		Weekly	Grab	
E. COLI	Sample Measurement	****	****	****	****	284	517	13	2	Weekly	Grab	
Parameter Code: 51040 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	126 monthly average	235 maximum daily	col/100mL		Weekly	Grab	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	2.68	4.37		****	161	262	19	0	Weekly	8-Hr Composite	
Parameter Code: 80082 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		Weekly	8-Hr Composite	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	0.020	0.040	26	****	1.1	2.3	19	0	Weekly	8-Hr Composite	
Parameter Code: 80082 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	1.6 monthly average	2.5 weekly average	lbs/day	***	4.0 monthly average	6.0 weekly average	mg/l		Weekly	8-Hr Composite	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM	Sample Measurement	****	****	****	99	****	****	23	0	Monthly	Calculated	
Parameter Code: 80091 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****		85 monthly average	****	****	%		Monthly	Calculated	
SOLIDS, SUSPENDED PERCENT REMOVAL	Sample Measurement	****	****	****	98	****	****	23	0	Monthly	Calculated	
Parameter Code: 81011 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****		85 monthly average	****	****	%		Monthly	Calculated	
	Sample Measurement											
	Permit Requirement											

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	02/20/2018

		Alabama L	Department of E			t Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: City of N	/lountain Brook			PER	MIT NUMBER	AL0050971			MINOR			
MAILING ADDRESS: Post Off	ice Box 130009 . I	Mountain Brook	AL 35213	MON	ITORING PO	INT: 0011		(	OUNT	TY: Jefferso	on	
	,,				MONITORI			PROGRAM: Municipal				
FACILITY: Mountain Brook High	School				YY   MM   DD		*** NO DISCHARGE [ ] ***					
LOCATION: 3650 Bethune Drive				From:						instructions before co		
Doctrinoity 3650 Bethune Drive	, Mountain Brook	a, al 35223		From.		10.	1101	L. Reau	listituctions before et	supretting this form.		
Parameter	$\searrow$	Ouantity	or Loading	Units	Oua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		8.9	****	****	10	0	Weekly	Grab	
Parameter Code: 00300 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	6.0 minimum daily	****	****	19 mg/l		Weekly	Grab	
РН	Sample Measurement	****	****	****	7.9	****	8.4	12	0	Weekly	Grab	
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		6.0 minimum daily	****	8.5 maximum daily	S.U.		Weekly	Grab	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	10.1	14.0		****	608	850	19	0	Weekly	8-Hr Composite	
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		Weekly	8-Hr Composite	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	0.360	1.23	26	****	21.5	74.0	19	1	Weekly	8-Hr Composite	
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	12.5 monthly average	18.7 weekly average	lbs/day	****	30.0 monthly average	45.0 weekly average	mg/l		Weekly	8-Hr Composite	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.020	0.060	26	****	1.3	3.4	19	2	Weekly	8-Hr Composite	
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.41 monthly average	0.62 weekly average	lbs/day	****	1.0 monthly average	1.5 weekly average	mg/l		Weekly	8-Hr Composite	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0.04	0.09	26	****	2.44	5.40	19	0	Weekly	8-Hr Composite	
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Weekly	8-Hr Composite	
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.002	0.011	03	****	****	****	****	0	Daily	Continuous	
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	MGD	****	****	****			Daily	Continuous	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted lase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	03/20/2018

		Alabama D	epartment of E	nvironmen	tal Management	Discharge Monit	oring Report (L	DMR)			
PERMITTEE NAME: City of N	/lountain Brook			PER	MIT NUMBER	. AL0050971				MINOR	
MAILING ADDRESS: Post Of		Mountain Brook	AL 35213		ITORING PO			COUNTY: Jefferson			
		Noundan Drook,	//L 00210		MONITORI			PROGRAM: Municipal			
FACILITY: Mountain Brook High	School				YY   MM   DD YY   MM   DD					* NO DISCHA	RGE[]***
LOCATION: 3650 Bethune Drive		AL 35223		From:	From: 18 02 01 To: 18 02 28					instructions before co	
		, AL 33223									
Parameter	$\searrow$	Quantity of	or Loading	Units	Qua	lity or Concentrat	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
CHLORINE, TOTAL RESIDUAL	Sample Measurement	****	****		****	*9	*9	19	0	Weekly	Grab
Parameter Code: 50060 Stage Code: 1	Permit Requirement	****	****	****	****	0.011	0.019	mg/l		Weekly	Grab
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			Weekly	
E. COLI	Sample Measurement	****	****	****	****	96.9	*T	13	1	Weekly	Grab
Parameter Code: 51040 Stage Code: 1	Permit	****	****		****	126	235	col/100mL		W/s states	Grab
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			Weekly	Giab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	4.32	5.04		****	259	302	19	0	Weekly	8-Hr Composite
Parameter Code: 80082 Stage Code: G	Permit Requirement	report	report	26 lbs/day	****	report	report	mg/l			8-Hr Composite
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-Hi Composite
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	0.020	0.040	26	****	1.09	2.24	- 19	0	Weekly	8-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit	1.6	2.5	lbs/day	****	4.0	6.0	mg/l			8-Hr Composite
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-m Composite
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM	Sample Measurement	****	****	****	99	****	****	23	0	Monthly	Calculated
Parameter Code: 80091 Stage Code: K	Permit De minute aut	****	****		85	****	****	%		Monthly	Calculated
PERCENTREMOVAL	Requirement				monthly average					Monthly	Calculated
SOLIDS, SUSPENDED PERCENT REMOVAL	Sample Measurement	****	****	****	96	****	****	23	0	Monthly	Calculated
Parameter Code: 81011 Stage Code: K	Permit Requirement	****	****		85 monthly	****	****	%		Monthly	Calculated
PERCENTREMOVAL	*				average						
	Sample Measurement										
	Permit Requirement										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	03/20/2018

		Alabama I	epartment of E	Invironmer	ntal Management	Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: City of M	lountain Brook			PER	MIT NUMBER	. AL0050971				MINOR		
MAILING ADDRESS: Post Off		Mountain Brook	AL 35213		NITORING PO			(	COUNTY: Jefferson			
		Noundan Brook,	/ L 00210		MONITORI				PROGRAM: Municipal			
FACILITY: Mountain Brook High	School				YY   MM   DD		D	-		* NO DISCHA	RGE[]***	
LOCATION: 3650 Bethune Drive		AL 25222		From:	From: 18 03 01 To: 18 03 31					instructions before co		
20 01110110 S050 Belliule Dive	, Mountain Brook	, AL 33223		110111							Simpleting the form	
Parameter	$\searrow$	Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		8.1	****	****	19	0	Weekly	Grab	
Parameter Code: 00300 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	6.0 minimum daily	****	****	mg/l		Weekly	Grab	
	Sample											
PH	Measurement	****	****	****	6.9	****	7.0	10	0	Weekly	Grab	
Parameter Code: 00400	Permit	****	****		6.0	****	8.5	12 S.U.			~ ·	
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement				minimum daily		maximum			Weekly	Grab	
EFFLUENT GROSS VALUE	Sample						daily					
SOLIDS, TOTAL SUSPENDED	Measurement	1.52	4.54		****	183	544	10	0	Weekly	8-Hr Composite	
Parameter Code: 00530	Permit	report	report	26 lbs/day	****	report	report	19 mg/l				
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average			Weekly	8-Hr Composite	
	Sample	average	0.120		****	average	160				av a	
SOLIDS, TOTAL SUSPENDED	Measurement	0.050	0.130	26	****	6.25	16.0	19	0	Weekly	8-Hr Composite	
Parameter Code: 00530	Permit	12.5	18.7	lbs/day	****	30.0	45.0	mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly average	weekly average			Weekly	8-Hr Composite	
	Sample	average			****		0.57					
NITROGEN, AMMONIA TOTAL (AS N)	Measurement	0.0025	0.005	26	****	0.22	0.57	19	0	Weekly	8-Hr Composite	
Parameter Code: 00610 Stage Code: 1	Permit	0.41	0.62	lbs/day	****	1.0	1.5	mg/l		*** 11	9 Un Composito	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-Hr Composite	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0.002	0.005		****	0.28	0.55		0	Weekly	8-Hr Composite	
Parameter Code: 00665	Permit			26 lbs/day	****			19	-			
Stage Code: 1	Requirement	report monthly	report weekly average	105/049		report monthly	report weekly average	mg/l		Weekly	8-Hr Composite	
EFFLUENT GROSS VALUE	*	average				average						
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.0006	0.003	03	****	****	****	****	0	Daily	Continuous	
Parameter Code: 50050 Stage Code: 1	Permit	report	report	MGD	****	*****	****				Continuous	
EFFLUENT GROSS VALUE	Requirement	monthly average	maximum daily							Daily	Continuous	
		алегаде	ually									

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted is formation, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	04/17/2018

		Alabama D	epartment of E	nvironmen	tal Management	Discharge Monit	oring Report (D	DMR)				
PERMITTEE NAME: City of M	lountain Brook			PERI	MIT NUMBER	AL0050971				MINOR		
MAILING ADDRESS: Post Off		Mountain Brook.	AL 35213		ITORING PO			С	COUNTY: Jefferson			
	,	,			MONITORI			PROGRAM: Municipal				
FACILITY: Mountain Brook High	School				YY   MM   DD YY   MM   DD				**	* NO DISCHA	RGE[]***	
LOCATION: 3650 Bethune Drive	. Mountain Brook	. AL 35223		From:	18 03 01	To: 18 03 31		NOT	E: Read	instructions before co	ompleting this form.	
								T				
Parameter	$\searrow$	Quantity of		Units		lity or Concentrat		Units	No.	Frequency of Analysis	Sample Type	
	$\langle \ \rangle$	Average	Maximum		Minimum	Average	Maximum		Ex.	Anarysis		
CHLORINE, TOTAL RESIDUAL	Sample Measurement	****	****		****	*9	*9	- 19	0	Weekly	Grab	
Parameter Code: 50060 Stage Code: 1	Permit Requirement	****	****	****	****	0.011	0.019	mg/l		Weekly	Grab	
EFFLUENT GROSS VALUE	Kequirement					monthly average	maximum daily			Weekly	Giub	
E. COLI	Sample Measurement	****	****	****	****	1.16	6.00	13	0	Weekly	Grab	
Parameter Code: 51040 Stage Code: 1	Permit	****	****		****	126	235	col/100mL		XX 11	Grab	
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			Weekly	Grab	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	0.74	2.08		****	89.0	249	10	0	Weekly	8-Hr Composite	
Parameter Code: 80082	Permit	report	report	26 lbs/day	****	report	report	19 mg/l				
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-Hr Composite	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	0.010	0.030	26	****	1.5	3.3	- 19	0	Weekly	8-Hr Composite	
Parameter Code: 80082	Permit	1.6	2.5	lbs/day	****	4.0	6.0	mg/l			8 Ha Composito	
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-Hr Composite	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM	Sample Measurement	****	****	****	98	****	****	23	0	Monthly	Calculated	
Parameter Code: 80091 Stage Code: K	Permit	****	****		85	****	****	%		N	Calculated	
PERCENTREMOVAL	Requirement				monthly average					Monthly	Calculated	
SOLIDS, SUSPENDED PERCENT REMOVAL	Sample Measurement	****	****	****	96	****	****	23	0	Monthly	Calculated	
Parameter Code: 81011 Stage Code: K	Permit Requirement	****	****		85 monthly	****	****	%		Monthly	Calculated	
PERCENTREMOVAL	*				average							
	Sample Measurement											
	Permit Requirement											

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	04/17/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: City of N	/lountain Brook			PER	MIT NUMBER	. AL0050971				MINOR		
MAILING ADDRESS: Post Off		Mountain Brook	AL 35213		NITORING PO			C	COUNTY: Jefferson			
		Nountain Brook,	NE 00210		MONITORI			PROGRAM: Municipal				
FACILITY: Mountain Brook High	School				YY   MM   DD		D	-		* NO DISCHA	RGE[]***	
LOCATION: 3650 Bethune Drive		AL 25222		From:	From: 18 04 01 To: 18 04 30					instructions before co		
20 011101 (0 5050 Bellidile Dive		, AL 33223		110111							Simpleting the form	
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		7.1	****	****	19	0	Weekly	Grab	
Parameter Code: 00300 Stage Code: 1	Permit Requirement	****	****	****	6.0 minimum daily	****	****	mg/l		Weekly	Grab	
EFFLUENT GROSS VALUE	Requirement				minimum dany					Weekly		
РН	Sample Measurement	****	****	****	7.0	****	7.9	12	0	Weekly	Grab	
Parameter Code: 00400 Stage Code: 1	Permit	****	*****		6.0	****	8.5	S.U.		We states	Grab	
EFFLUENT GROSS VALUE	Requirement				minimum daily		maximum daily			Weekly	Giab	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	13.3	28.6		****	863	1720	10	0	Weekly	8-Hr Composite	
Parameter Code: 00530 Stage Code: G	Permit	report	report	26 lbs/day	****	report	report	19 mg/l			9 Ha Commonito	
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-Hr Composite	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	0.040	0.080	26	****	3.25	10.0	19	0	Weekly	8-Hr Composite	
Parameter Code: 00530	Permit	12.5	18.7	lbs/day	****	30.0	45.0	mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-Hr Composite	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.004	0.014	26	****	0.210	0.560	19	0	Weekly	8-Hr Composite	
Parameter Code: 00610 Stage Code: 1	Permit	0.41	0.62	lbs/day	****	1.0	1.5	mg/l		XX7 1.1	8-Hr Composite	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-III Composite	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	0.005	0.005	26	****	0.580	0.580	19	0	Monthly	8-Hr Composite	
Parameter Code: 00625 Stage Code: 1	Permit	report	report	lbs/day	****	report	report	mg/l			8-Hr Composite	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Monthly	8-11 Composite	
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	0.336	0.336	26	****	40.4	40.4	19	0	Monthly	8-Hr Composite	
Parameter Code: 00630 Stage Code: 1	Permit	report	report	lbs/day	****	report	report	mg/l			9 Un Composito	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Monthly	8-Hr Composite	
				1								

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	05/16/2018

		Alabama D	Department of E	Invironmen	ntal Management	t Discharge Monit	oring Report (L	MR)				
PERMITTEE NAME: City of M	lountain Brook			PER	MIT NUMBER	. AL0050971				MINOR		
MAILING ADDRESS: Post Off		Mountain Brook	AL 35213		NITORING PO			C	COUNTY: Jefferson			
	ICC DOX 100000,	Wountain Brook,	AL 33213			NG PERIOD:		PROGRAM: Municipal				
FACILITY: Mountain Brook High	School				YY   MM   DD		D	-		* NO DISCHA	RGE[]***	
LOCATION: 3650 Bethune Drive		AL 25000		From:	From: 18 04 01 To: 18 04 30					instructions before c		
20 Chiller to 3050 Belliule Dive	, WOULTAIL DIOOP	, AL 30223		110111		10.		1101	L. Read		sinpleting this form.	
Parameter	$\searrow$	Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
	$\overline{}$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0.006	0.011		****	0.44	0.65	19	1	Weekly	8-Hr Composite	
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	0.3	report	mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average	_		Weekly	8-Hr Composite	
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.002	0.009	03	****	****	****	****	0	Daily	Continuous	
Parameter Code: 50050 Stage Code: 1	Permit	report	report	MGD	****	****	****			~	Continuous	
EFFLUENT GROSS VALUE	Requirement	monthly	maximum daily							Daily	Continuous	
CHLORINE, TOTAL RESIDUAL	Sample Measurement	averaσe ****	****		****	*9	*9		0	Weekly	Grab	
Parameter Code: 50060	Permit	****	****	****	****	0.011	0.019	19 mg/l				
Stage Code: 1	Requirement					monthly	maximum	iiig/1		Weekly	Grab	
EFFLUENT GROSS VALUE	Sampla					average	daily					
E. COLI	Sample Measurement	****	****	****	****	1.40	4.00	13	0	Weekly	Grab	
Parameter Code: 51040	Permit	****	****		****	126	235	col/100mL			~ .	
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			Weekly	Grab	
	Sample				****	<sup>c</sup>						
BOD, CARBONACEOUS 05 DAY, 20C	Measurement	3.24	5.85	26	****	228	283	19	0	Weekly	8-Hr Composite	
Parameter Code: 80082 Stage Code: G	Permit	report	report	lbs/day	****	report	report	mg/l		WY 11	8 Un Composito	
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-Hr Composite	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	0.020	0.060		****	1.10	2.24		0	Weekly	8-Hr Composite	
Parameter Code: 80082	Permit	1.6	2.5	26 lbs/day	****	4.0	6.0	19 mg/l				
Stage Code: 1	Requirement	monthly	weekly average	5		monthly	weekly average	ing/1		Weekly	8-Hr Composite	
EFFLUENT GROSS VALUE	<u> </u>	average				average						
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM	Sample Measurement	****	****	****	99	****	****	23	0	Monthly	Calculated	
Parameter Code: 80091 Stage Code: K	Permit	****	****		85	****	****	%		Manthla	Calculated	
PERCENTREMOVAL	Requirement				monthly average					Monthly	Carculated	
				1				1				

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	05/16/2018

		Alabama D	epartment of E	nvironmer	ital Management	Discharge Monite	oring Report (D	MR)				
PERMITTEE NAME: City of N	Mountain Brook			PER	MIT NUMBER	. AL0050971				MINOR		
MAILING ADDRESS: Post Of	fice Box 120000	Mountain Brook	AL 25212	MON	VITORING PO	 ιντ. 0011		(	COUNTY: Jefferson			
MAILING ADDRESS. FOST OF	IICE BOX 150009, 1	viountain brook,	AL 33213		MONITORI				PROGRAM: Municipal			
FACILITY: Mountain Brook High	School				YY   MM   DD	1		1		* NO DISCHA		
				Enner	10.01.01	YY   MM   DI To: 18 04 30	<u> </u>	NOT				
LOCATION: 3650 Bethune Drive	e, Mountain Brook	i, AL 35223		From:	From: 18 04 01 To: 18 04 30			NOT	E: Read	instructions before co	impleting this form.	
Parameter	$\searrow$	Quantity of	or Loading	Units	Qua	lity or Concentrat	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
SOLIDS, SUSPENDED PERCENT REMOVAL	Sample Measurement	****	****		99	****	****	22	0	Monthly	Calculated	
Parameter Code: 81011 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****	****	85 monthly average	****	****	23 %		Monthly	Calculated	
	Sample Measurement											
	Permit Requirement											
	Requirement											
	Sample Measurement											
	Permit											
	Requirement											
	Sample Measurement											
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Sam Gaston		Signed By E2	205-802-3803	05/16/2018

		Alabama I	Department of E	nvironmer	ntal Management	Discharge Monit	oring Report (D	MR)			
PERMITTEE NAME: City of N	Nountain Brook			PER	MIT NUMBER	AL0050971				MINOR	
MAILING ADDRESS: Post Off		Mountain Brook	AL 35213		NITORING PO			(	COUNT	TY: Jefferso	n
		inountain Brook,			MONITORI			PROGRAM: Municipal			
FACILITY: Mountain Brook High	School				YY   MM   DD	YY   MM   D	D			* NO DISCHA	RGE [ ]***
LOCATION: 3650 Bethune Drive	e Mountain Brook	AL 35223		From:	From: 18 05 01 To: 18 05 31					instructions before co	
		, AL 00220									1 0
Parameter	$\sim$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		8.5	****	****	19	0	Weekly	Grab
Parameter Code: 00300 Stage Code: 1	Permit Requirement	****	****	****	6.0	****	****	mg/l		Weekly	Grab
EFFLUENT GROSS VALUE	Requirement				minimum daily					WEEKIY	Gius
РН	Sample Measurement	****	****	****	8.4	****	8.4	12	0	Weekly	Grab
Parameter Code: 00400 Stage Code: 1	Permit	****	****		6.0	****	8.5	S.U.		W/ 11	Grab
EFFLUENT GROSS VALUE	Requirement				minimum daily		maximum daily			Weekly	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	20.4	34.4		****	1220	2060	10	0	Weekly	8-Hr Composite
Parameter Code: 00530 Stage Code: G	Permit	report	report	26 lbs/day	****	report	report	19 mg/l			
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-Hr Composite
SOLIDS, TOTAL SUSPENDED	Sample Measurement	0.050	0.083	26	****	3.00	5.00	19	0	Weekly	8-Hr Composite
Parameter Code: 00530	Permit	12.5	18.7	lbs/day	****	30.0	45.0	mg/l		W. 11	9 Un Composito
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-Hr Composite
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.005	0.005	26	****	0.280	0.280	19	0	Weekly	8-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit	0.41	0.62	lbs/day	****	1.0	1.5	mg/l		W <b>1</b> . 1	8-Hr Composite
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	o-m composite
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	0.003	0.004	26	****	0.200	0.240	19	0	Monthly	8-Hr Composite
Parameter Code: 00625 Stage Code: 1	Permit Requirement	report	report	lbs/day	****	report	report	mg/l		Monthly	8-Hr Composite
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Wontiny	· · · · · · · · · · · · · · · · · · ·
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	0.900	0.900	26	****	54.8	54.8	19	0	Monthly	8-Hr Composite
Parameter Code: 00630 Stage Code: 1	Permit Requirement	report	report	lbs/day	****	report	report	mg/l		Monthly	8-Hr Composite
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Monthly	o ni composite

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Sam Gaston		Signed By E2	205-802-3803	06/18/2018

		Alabama D	epartment of E	nvironmen	ntal Management	t Discharge Monit	oring Report (D	OMR)			
PERMITTEE NAME: City of M	lountain Brook			PER	MIT NUMBER	. AL0050971				MINOR	
MAILING ADDRESS: Post Office Box 130009 , Mountain Brook, AL 35213					MONITORING POINT: <sup>0011</sup>				OUNT	Y: Jefferso	on
		Noundan Drook,	7 LE 00210			NG PERIOD:		-	ROGR		al
FACILITY: Mountain Brook High	School				YY   MM   DD		0	-		* NO DISCHA	RGE[]***
LOCATION: 3650 Bethune Drive		AL 25222		From:		To: 18 05 31		NOT		instructions before co	
20 011101 W 3050 Belliule Dive		, AL 33223		110111		100		1101			simpleting the form
Parameter	$\searrow$	Quantity or Loading		Units	Qua	uality or Concentration		Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0.003	0.004		****	0.200	0.240	19	0	Weekly	8-Hr Composite
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	0.3	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average	ıge		monthly average	weekly average	g,r		Weekly	8-Hr Composite
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.0006	0.0007	03	****	****	****	****	0	Daily	Continuous
Parameter Code: 50050	Permit	report	report	MGD	****	****	****				Continuer
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum							Daily	Continuous
CHLORINE, TOTAL RESIDUAL	Sample Measurement	average ****	daily ****		****	*9	*9		0	Weekly	Grab
Parameter Code: 50060	Permit	*****	****	****	****	0.011	0.019	19 mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly	maximum			Weekly	Grab
	Sample	****	****		****	average	daily				
E. COLI	Measurement	****	****	****	****	*B	*B	13	0	Weekly	Grab
Parameter Code: 51040	Permit	****	****		****	126	235	col/100mL			<u> </u>
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			Weekly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	8.46	11.2	26	****	507	669		0	Weekly	8-Hr Composite
Parameter Code: 80082	Permit	report	report	lbs/day	****	report	report	19 mg/l			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average			Weekly	8-Hr Composite
	Sample	average				average					
BOD, CARBONACEOUS 05 DAY, 20C	Measurement	0.020	0.040	26	****	1.17	2.33	19	0	Weekly	8-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit	1.6	2.5	lbs/day	****	4.0	6.0	mg/l			8-Hr Composite
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-m Composite
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM\	Sample Measurement	****	****	****	99	****	****	~~~	0	Monthly	Calculated
Parameter Code: 80091	Permit	****	****		85	****	****	23 %			
Stage Code: K PERCENTREMOVAL	Requirement				monthly					Monthly	Calculated
FLINGENTRENIOVAL					average						

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	06/18/2018

		Alabama D	epartment of E	nvironmer	ital Management	<b>Discharge Monit</b>	oring Report (D	MR)			
PERMITTEE NAME: City of N	Mountain Brook			PER	MIT NUMBER	. AL0050971				MINOR	
MAILING ADDRESS: Post Office Box 130009 , Mountain Brook, AL 35213			PERMIT NUMBER: AL0050971 MONITORING POINT: 0011				COUNTY: Jefferson				
MATLATO ADDIALOS. 1 OSI ONCE DOX 130003, Modritan Diook, AL 33213				MONITORING PERIOD:			PROGRAM: Municipal			al	
FACILITY: Mountain Brook High School				· · · · · · · · · · · · · · · · · · ·			1				
				From:	YY   MM   DD         YY   MM   DD           From:         18 05 01         To:         18 05 31		*** NO DISCHARGE [ ] *** NOTE: Read instructions before completing this form.				
LOCATION: 3650 Bethune Drive	e , Mountain Brook	, AL 35223		FIOIII:	10 00 01	10. 10 00 01		NOT	E. Keau	instructions before co	mpleting this form.
Parameter Quantity or Loading		Units	Units Quality or Concentration		Units	No.	Frequency of	Sample Type			
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
SOLIDS, SUSPENDED PERCENT REMOVAL	Sample Measurement	****	****		99	****	****	22	0	Monthly	Calculated
Parameter Code: 81011 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****	****	85 monthly average	****	****	23 %		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Kequitement										
	Sample Measurement										
	Permit										
	Requirement										
	Sample Measurement										
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ME/TITLE OF PRINCIPAL XECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	06/18/2018

		Alabama L	Department of E			t Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: City of N	lountain Brook			PER	MIT NUMBER	AL0050971				MINOR		
MAILING ADDRESS: Post Off	ice Box 130009 . I	Mountain Brook.	AL 35213	MON	NITORING PO	INT: 0011		C	COUNT	TY: Jefferso	n	
	,	,				NG PERIOD:		Р	ROGR	RAM: Municip	al	
FACILITY: Mountain Brook High	School				YY   MM   DD	YY   MM   D	D		**	* NO DISCHA	RGE [X] ***	
LOCATION: 3650 Bethune Drive				From:		To: 18 06 30		NOTE: Read instructions before completing this form.				
20 CHILCH S050 Belliulie Dive		, AL 30223		110111		101		1101	E. Roud		supreting this form.	
Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****			****	****	19				
Parameter Code: 00300 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	6.0 minimum daily	****	****	mg/l		Weekly		
РН	Sample Measurement	****	****	****		****		12				
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		6.0 minimum daily	****	8.5 maximum daily	S.U.		Weekly		
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19				
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		Weekly		
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	*****			19				
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	12.5 monthly average	18.7 weekly average	lbs/day	****	30.0 monthly average	45.0 weekly average	mg/l		Weekly		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement			26	****			19				
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.41 monthly average	0.62 weekly average	lbs/day	****	1.0 monthly average	1.5 weekly average	mg/l		Weekly		
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement			26	****			19				
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly		
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement			26	****			19				
Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly		

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted lase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	07/17/2018

		Alabama E	epartment of E			Discharge Monito	oring Report (D	MR)			
PERMITTEE NAME: City of M	Iountain Brook			PER	MIT NUMBER	AL0050971				MINOR	
MAILING ADDRESS: Post Off		Mountain Brook,	AL 35213		<b>NITORING PO</b>			C	OUNT	TY: Jefferso	n
	,	,			MONITORI			Р	ROGE	RAM: Municip	al
FACILITY: Mountain Brook High	School				YY   MM   DD	YY   MM   DI	D		**	** NO DISCHA	RGE [X] ***
LOCATION: 3650 Bethune Drive	Mountain Brook	AL 35223		From	18 06 01	To: 18 06 30		NOT		instructions before c	
	, mountain Brook	, AL 00220									
Parameter	$\searrow$	Quantity of	or Loading	Units		lity or Concentrat	tion	Units	No.	Frequency of	Sample Type
	$\frown$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement				****			19			
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	0.3	report	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement			03	****	****	****	****			
Parameter Code: 50050 Stage Code: 1	Permit	report	report	MGD	****	****	****				
EFFLUENT GROSS VALUE	Requirement	monthly	maximum daily							Daily	
	Sample	average *****	****		****						
CHLORINE, TOTAL RESIDUAL	Measurement				and the star star			19			
Parameter Code: 50060 Stage Code: 1	Permit	****	****	****	****	0.011	0.019	mg/l			
EFFLUENT GROSS VALUE	Requirement					monthly average	maximum daily			Weekly	
E. COLI	Sample	****	****		****	0					
Parameter Code: 51040	Measurement Permit			*****				13			
Stage Code: 1	Requirement	****	****		****	126 monthly	235 maximum	col/100mL		Weekly	
EFFLUENT GROSS VALUE	1					average	daily			, , , , , , , , , , , , , , , , , , ,	
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement			26	****			19			
Parameter Code: 80082	Permit	report	report	lbs/day	****	report	report	mg/l			
Stage Code: G RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly	weekly average	_		Weekly	
	Sample	average			****	average					
BOD, CARBONACEOUS 05 DAY, 20C	Measurement			26	****			19			
Parameter Code: 80082	Permit	1.6	2.5	lbs/day	****	4.0	6.0	mg/l			
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average			Weekly	
	Sample	average *****	****			average ****	****				
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM	Measurement	****	****	*****		****	****	23			
Parameter Code: 80091	Permit	****	****		85	****	****	23 %			
Stage Code: K PERCENTREMOVAL	Requirement				monthly average					Monthly	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	07/17/2018

		Alabama D	Department of E	nvironmer	ntal Management	Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: City of N	Mountain Brook			PFR	MIT NUMBER	. AL0050971				MINOR		
MAILING ADDRESS: Post Of	fice Box 120000	Mountain Brook	AL 25212	MON	NITORING PO	 int. 0011		C	COUNT	rv. Jefferso	n	
MAILING ADDRESS. FOST OF	IICE DOX 130009,1	viountain brook,	AL 33213		MONITORI				ROGE		al	
FACILITY: Mountain Brook High	School				YY   MM   DD			1		** NO DISCHA		
				From:	10 00 01	To: 18 06 30		NOT				
LOCATION: 3650 Bethune Drive	e, Mountain Brook	, AL 35223		From;				NOT	NOTE: Read instructions before completing this form.			
Parameter	$\sim$	Ouantity of	or Loading	Units	Oua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
SOLIDS, SUSPENDED PERCENT REMOVAL	Sample Measurement	****	****			****	****					
Parameter Code: 81011 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****	****	85 monthly average	****	****	23 %		Monthly		
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
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	Sample Measurement											
	Permit Requirement											
							•	•		·	·	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted islae information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	07/17/2018

		Alabama L	epartment of E			t Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: City of N	Iountain Brook			PER	MIT NUMBER	. AL0050971				MINOR		
MAILING ADDRESS: Post Off	ico Box 120000		AL 25212	MON	NITORING PO	 int. 0011		(	OUNT	Jefferso	n	
	ICE DOX 150003,1	viountain brook,	AL 33213		MONITORI				ROGE		al	
FACILITY: Mountain Brook High	School						<b>D</b>	1				
					YY   MM   DD 18 07 01	YY   MM   D           To:         18 07 31	D	<b>*** NO DISCHARGE</b> [X] <b>***</b> NOTE: Read instructions before completing this form.				
LOCATION: 3650 Bethune Drive	e , Mountain Brook	, AL 35223		From:	10 07 01	10: 1007 31		NOT	E: Read	instructions before co	ompleting this form.	
Parameter		Ouantity of	or Loading	Units	Oua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
	$\nearrow$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****			****	****	10				
Parameter Code: 00300 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	6.0 minimum daily	****	****	19 mg/l		Weekly		
РН	Sample Measurement	****	****	****		****		12				
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		6.0 minimum daily	****	8.5 maximum daily	S.U.		Weekly		
SOLIDS, TOTAL SUSPENDED	Sample Measurement				****			19				
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		Weekly		
SOLIDS, TOTAL SUSPENDED	Sample Measurement			26	****			19				
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	12.5 monthly average	18.7 weekly average	lbs/day	****	30.0 monthly average	45.0 weekly average	mg/l		Weekly		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement			26	****			19				
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.41 monthly average	0.62 weekly average	lbs/day	****	1.0 monthly average	1.5 weekly average	mg/l		Weekly		
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement			26	****			19				
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly		
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement			26	****			19				
Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly		

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted lase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	08/16/2018

PERMITTEE NAME: City of Mounta	ain Brack					Discharge Monito					
PERMITTEE NAME:	alli Diuuk			PER	MIT NUMBER	AL0050971				MINOR	
MAILING ADDRESS: Post Office Bo		Nountain Brook,	AL 35213		<b>NITORING PO</b>			C	OUNT	TY: Jefferso	n
	,	,				NG PERIOD:		Р	ROGR	RAM: Municip	al
FACILITY: Mountain Brook High Scho	lool				YY   MM   DD	YY   MM   DI	)		**	* NO DISCHA	RGE [X] ***
LOCATION: 3650 Bethune Drive, Mon	untain Brook	AL 35223		From:	18 07 01	To: 18 07 31		NOT	E: Read	instructions before co	ompleting this form.
	antain Brook,	AL COLLO									1 0
Parameter		Quantity of	or Loading	Units	Qua	lity or Concentrat	ion	Units	No.	Frequency of	Sample Type
	$\frown$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
PHOSPHORUS, TOTAL (AS P) Sam Mea	nple asurement				****			19			
Parameter Code: 00665 Perm		report	report	26 lbs/day	****	0.3	report	mg/l			
Stage Code: 1 Requ EFFLUENT GROSS VALUE	uirement	monthly average	weekly average			monthly average	weekly average	Ű		Weekly	
FLOW, IN CONDUIT OR THRU TREATMENT PL Sam Mea	iple asurement			03	****	****	****	*****			
Parameter Code: 50050 Perm		report	report	MGD	****	****	****				
Stage Code: 1 Requ EFFLUENT GROSS VALUE	uirement	monthly	maximum							Daily	
Sam	nnle	average	daily		****						
CHLORINE, TOTAL RESIDUAL	asurement	****	****		****			10			
Parameter Code: 50060 Perm		****	****	****	****	0.011	0.019	19 mg/l			
Stage Code: 1 Requ EFFLUENT GROSS VALUE	uirement					monthly	maximum	Ū		Weekly	
Sam	nle	****	****		****	average	daily				
	asurement	****	*****	****	****			13			
Parameter Code: 51040 Perm		****	****		****	126	235	col/100mL			
Stage Code: 1 Requ EFFLUENT GROSS VALUE	uirement					monthly	maximum daily			Weekly	
Sam	nle					average	uarry				
	asurement			26	****			10			
Parameter Code: 80082 Perm		report	report	lbs/day	****	report	report	19 mg/l			
Stage Code: G Requ	uirement	monthly	weekly average			monthly	weekly average	Ū		Weekly	
Sam	nle	average				average					
BUD CARBUNALEUUS US DAY ZUC	asurement			26	****			10			
Parameter Code: 80082 Perm		1.6	2.5	lbs/day	****	4.0	6.0	19 mg/l			
Stage Code: 1 Requ EFFLUENT GROSS VALUE	uirement	monthly	weekly average			monthly	weekly average	U		Weekly	
Sam	nle	average				average					
	asurement	****	****	****		****	****	22			
Parameter Code: 80091 Perm		****	****		85	****	****	23 %			
Stage Code: K Requ	uirement				monthly					Monthly	
FERGENTREMOVAL					average						

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted is formation, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	08/16/2018

		Alabama I	Department of E	Invironmer	ntal Management	<b>Discharge Monit</b>	oring Report (D	MR)				
PERMITTEE NAME: City of I	Mountain Brook			PFR	MIT NUMBER	. AL0050971				MINOR		
MAILING ADDRESS: Post Of	fice Box 120000	Mountain Brook	AL 25212	MON	VITORING PO	int. 0011		ſ	OUNT	. Jefferso	n	
	IICE DOX 150003,1	would all brook,	AL 33213		MONITORI				ROGE		al	
FACILITY: Mountain Brook High	School				YY   MM   DD			1				
		41.05000		From:	10.0=01	To: 18 07 31	<u> </u>	<b>*** NO DISCHARGE</b> [X] <b>***</b> NOTE: Read instructions before completing this form.				
LOCATION: 3650 Bethune Drive	e , Mountain Brook	, AL 35223		FIOIII:		10, 10 01 01		NOT	E. Keau	instructions before co	before completing this form.	
Parameter	$\sim$	Ouantity of	or Loading	Units	Oua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
	$\rightarrow$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
SOLIDS, SUSPENDED PERCENT REMOVAL	Sample Measurement	****	****			****	****					
Parameter Code: 81011 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****	****	85 monthly average	****	****	23 %		Monthly		
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	rectary ander penalty of haw and and document and an automation were prepared ander my direction of supervision in decordance	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	08/16/2018

		Alabama I	Department of E	Invironmer	ntal Management	Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: City of N	/lountain Brook			PER	MIT NUMBER	AL0050971				MINOR		
MAILING ADDRESS: Post Off		Mountain Brook	AL 35213		NITORING PO			(	COUNT	TY: Jefferso	on	
					MONITORI				ROGR		al	
FACILITY: Mountain Brook High	School				YY   MM   DD	YY   MM   D	D			* NO DISCHA	RGE[]***	
LOCATION: 3650 Bethune Drive	Mountain Brook	AL 35223		From:	From: 18 08 01 To: 18 08 31			NOTE: Read instructions before completing this form.				
	, mountain Brook	, , , , , , , , , , , , , , , , , , , ,									1 0	
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		7.4	****	****	19	0	Weekly	Grab	
Parameter Code: 00300 Stage Code: 1	Permit Requirement	****	****	****	6.0	****	****	mg/l		Weekly	Grab	
EFFLUENT GROSS VALUE	Requirement				minimum daily					WEEKIY	Gius	
РН	Sample Measurement	****	****	****	7.5	****	7.5	12	0	Weekly	Grab	
Parameter Code: 00400 Stage Code: 1	Permit	****	****		6.0	****	8.5	S.U.		W/ 11	Grab	
EFFLUENT GROSS VALUE	Requirement				minimum daily		maximum daily			Weekly	Grab	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	1012	1012		****	3280	3280	10	0	Weekly	8-Hr Composite	
Parameter Code: 00530 Stage Code: G	Permit	report	report	26 lbs/day	****	report	report	19 mg/l				
RAW SEW/INFLUENT	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-Hr Composite	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	1.54	1.54	26	****	5.00	5.00	19	0	Weekly	8-Hr Composite	
Parameter Code: 00530	Permit	12.5	18.7	lbs/day	****	30.0	45.0	mg/l		W. 11	9 Un Composito	
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-Hr Composite	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.089	0.089	26	****	0.290	0.290	19	0	Weekly	8-Hr Composite	
Parameter Code: 00610 Stage Code: 1	Permit	0.41	0.62	lbs/day	****	1.0	1.5	mg/l		W <b>1</b> . 1	8-Hr Composite	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Weekly	8-11 Composite	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	0.176	0.176	26	****	0.570	0.570	19	0	Monthly	8-Hr Composite	
Parameter Code: 00625 Stage Code: 1	Permit Requirement	report	report	lbs/day	****	report	report	mg/l		Monthly	8-Hr Composite	
EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly average	weekly average			Wolking		
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	9.80	9.80	26	****	31.6	31.6	19	0	Monthly	8-Hr Composite	
Parameter Code: 00630 Stage Code: 1	Permit Requirement	report monthly	report weekly average	lbs/day	****	report monthly	report weekly average	mg/l		Monthly	8-Hr Composite	
EFFLUENT GROSS VALUE	÷	average				average						

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Sam Gaston		Signed By E2	205-802-3803	09/18/2018

		Alabama D	epartment of E	nvironme	ntal Management	t Discharge Monit	oring Report (L	MR)				
PERMITTEE NAME: City of M	lountain Brook			PER	MIT NUMBER	. AL0050971				MINOR		
MAILING ADDRESS: Post Off		Mountain Brook	AL 35213		NITORING PO			С	OUNT	TY: Jefferso	on	
		Noundan Drook,	7 LE 00210			NG PERIOD:		-	ROGE		al	
FACILITY: Mountain Brook High	School				YY   MM   DD		D	-		* NO DISCHA	RGE[]***	
LOCATION: 3650 Bethune Drive		AL 25222		From	From: 18 08 01 To: 18 08 31			NOTE: Read instructions before completing this form.				
20 Official Social Sector Social Belliune Drive		, AL 33223		110		10.			L. Read		simpleting this form.	
Parameter	$\overline{}$	Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
	$\overline{}$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	0.015	0.015		****	0.050	0.050	19	0	Weekly	8-Hr Composite	
Parameter Code: 00665	Permit	report	report	26 lbs/day	****	0.3	report	mg/l				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	weekly average			monthly	weekly average	0		Weekly	8-Hr Composite	
	Sample	average				average						
FLOW, IN CONDUIT OR THRU TREATMENT PL	Measurement	0.0370	0.0370	03	****	****	****	****	0	Daily	Continuous	
Parameter Code: 50050	Permit	report	report	MGD	****	****	****	*****			~ .	
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum							Daily	Continuous	
ETTEDENT GROSS VALUE	Sample	average	daily									
CHLORINE, TOTAL RESIDUAL	Measurement	****	*****		****	*9	*9	19	0	Weekly	Grab	
Parameter Code: 50060	Permit	****	****	****	****	0.011	0.019	mg/l			<b>a</b> 1	
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly	maximum daily			Weekly	Grab	
	Sample	****	****		****	average					<b>a</b> 1	
E. COLI	Measurement	****	****	****	****	*B	*B	13	0	Weekly	Grab	
Parameter Code: 51040	Permit	****	****		****	126	235	col/100mL			<i></i>	
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly	maximum			Weekly	Grab	
	Sample					average	daily					
BOD, CARBONACEOUS 05 DAY, 20C	Measurement	179	179	26	****	582	582	19	0	Weekly	8-Hr Composite	
Parameter Code: 80082 Stage Code: G	Permit	report	report	lbs/day	****	report	report	mg/l		WY 11	9 Un Composito	
RAW SEW/INFLUENT	Requirement	monthly	weekly average			monthly average	weekly average			Weekly	8-Hr Composite	
	Sample	average	1.3		****	<u> </u>	12				au c ·	
BOD, CARBONACEOUS 05 DAY, 20C	Measurement	1.3	1.5	26	- 19- 19- 19- 19-	4.20	4.2	19	1	Weekly	8-Hr Composite	
Parameter Code: 80082	Permit	1.6	2.5	lbs/day	****	4.0	6.0	mg/l			8 Un Composito	
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly average	weekly average			monthly	weekly average			Weekly	8-Hr Composite	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMV	Sample	*****	****		99	average	****			Monthly	Calculated	
, , , ,	Measurement			****				23	0	monuny	Carculateu	
Parameter Code: 80091 Stage Code: K	Permit	****	****		85	****	****	%			Calculated	
PERCENTREMOVAL	Requirement				monthly average					Monthly	Calculated	
				1	average			1				

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Sam Gaston		Signed By E2	205-802-3803	09/18/2018

SOLIDS, SUSPENDED PERCENT REMOVAL     Sample Measurement       Parameter Code: 81011     Permit       Stage Code: K     Requirement       PERCENTREMOVAL     Permit			PERIMON MON From: Units		INT: <sup>0011</sup>		Р			al RGE[]***
MAILING ADDRESS: Post Office Box 130009 , Mount FACILITY: Mountain Brook High School LOCATION: 3650 Bethune Drive , Mountain Brook, AL 3 Parameter Solids, SUSPENDED PERCENT REMOVAL Parameter Code: 81011 Stage Code: K PERCENTREMOVAL Permit Requirement	35223 Quantity o verage *****	or Loading Maximum *****	MON From: Units	VITORING PO MONITORI YY   MM   DD 18 08 01 Qua Minimum	INT: 0011 NG PERIOD: YY   MM   DI To: 18 08 31 lity or Concentrat Average	ion	P NOT	ROGR ** E: Read	AM: Municip * NO DISCHAI instructions before co Frequency of	al RGE[]*** mpleting this form.
FACILITY: Mountain Brook High School         LOCATION: 3650 Bethune Drive , Mountain Brook, AL 3         Parameter       O         SOLIDS, SUSPENDED PERCENT REMOVAL       Sample Measurement         Parameter Code: 81011       Permit Requirement         Stage Code: K PERCENTREMOVAL       Permit Requirement	35223 Quantity o verage *****	or Loading Maximum *****	From: Units	MONITORIN YY   MM   DD 18 08 01 Qual Minimum	NG PERIOD: YY   MM   DI To: 18 08 31 lity or Concentrat Average	ion	P NOT	ROGR ** E: Read	RAM: Municip * NO DISCHAI instructions before co Frequency of	RGE [ ] *** ompleting this form.
LOCATION: 3650 Bethune Drive , Mountain Brook, AL 3         Parameter       O         SOLIDS, SUSPENDED PERCENT REMOVAL       Sample Measurement         Parameter Code: 81011       Permit Requirement         Stage Code: K PERCENTREMOVAL       Permit Requirement	Quantity o verage	Maximum *****	Units	YY   MM   DD 18 08 01 Qua Minimum	YY   MM   DI To: 18 08 31 lity or Concentrat Average	ion	NOT	** E: Read i No.	** NO DISCHAI	RGE [ ] *** ompleting this form.
LOCATION: 3650 Bethune Drive , Mountain Brook, AL 3         Parameter       O         SOLIDS, SUSPENDED PERCENT REMOVAL       Sample Measurement         Parameter Code: 81011       Permit Requirement         Stage Code: K PERCENTREMOVAL       Permit Requirement	Quantity o verage	Maximum *****	Units	18 08 01 Qua Minimum	To: 18 08 31 lity or Concentrat Average	ion		E: Read	instructions before co Frequency of	mpleting this form.
Parameter     A       SOLIDS, SUSPENDED PERCENT REMOVAL     Sample Measurement       Parameter Code: 81011     Permit Stage Code: K       PERCENTREMOVAL     Requirement	Quantity o verage	Maximum *****	Units	Qua Minimum	lity or Concentrat Average			No.	Frequency of	
SOLIDS, SUSPENDED PERCENT REMOVAL     Sample Measurement       Parameter Code: 81011     Permit       Stage Code: K     Requirement       PERCENTREMOVAL     Permit	verage ****	Maximum *****		Minimum	Average		Units		Frequency of Analysis	Sample Type
SOLIDS, SUSPENDED PERCENT REMOVAL     Sample Measurement       Parameter Code: 81011     Permit       Stage Code: K     Requirement       PERCENTREMOVAL     Requirement	****	****	****		-	Maximum		Fv	Analysis	
Parameter Code: 81011     Permit       Stage Code: K     Requirement       PERCENTREMOVAL     Requirement			****	99	****			ЦΛ.	-	
Stage Code: K Requirement PERCENTREMOVAL	****	****	****			****	22	0	Monthly	Calculated
				85 monthly average	****	****	23 %		Monthly	Calculated
Sample Measurement										
Permit										
Requirement										
Sample Measurement										
Permit										
Requirement										
Sample Measurement										
Permit Requirement										
Sample Measurement										
Permit Requirement										
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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	09/18/2018

PERMITTEE NAME: City of M MAILING ADDRESS: Post Off FACILITY: Mountain Brook High LOCATION: 3650 Bethune Drive Parameter	School	Mountain Brook, ., AL 35223	•	PER	MIT NUMBER NITORING PO MONITORI YY   MM   DD 18 09 01	t Discharge Monito t AL0050971 INT: 0011 NG PERIOD: YY   MM   DI To: 18 09 30 lity or Concentrat Average		C P			al RGE [ ] ***
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		7.6	****	****	19	0	Weekly	Grab
Parameter Code: 00300 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	6.0 minimum daily	****	****	mg/l		Weekly	Grab
РН	Sample Measurement	****	****	****	7.6	****	8.1	12	0	Weekly	Grab
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		6.0 minimum daily	****	8.5 maximum daily	S.U.		Weekly	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	137	43.0		****	790	2580	19	0	Weekly	8-Hr Composite
Parameter Code: 00530 Stage Code: G RAW SEW/INFLUENT	Permit Requirement	report monthly average	report weekly average	26 lbs/day	****	report monthly average	report weekly average	mg/l		Weekly	8-Hr Composite
SOLIDS, TOTAL SUSPENDED	Sample Measurement	0.029	0.100	26	****	1.25	4.00	19	0	Weekly	8-Hr Composite
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	12.5 monthly average	18.7 weekly average	lbs/day	****	30.0 monthly average	45.0 weekly average	mg/l		Weekly	8-Hr Composite
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.005	0.010	26	****	0.290	0.580	19	0	Weekly	8-Hr Composite
Parameter Code: 00610 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.41 monthly average	0.62 weekly average	lbs/day	****	1.0 monthly average	1.5 weekly average	mg/l		Weekly	8-Hr Composite
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	0.007	0.007	26	****	0.29	0.29	19	0	Monthly	8-Hr Composite
Parameter Code: 00625 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly	8-Hr Composite
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	0.625	0.625	26	****	25.0	25.0	19	0	Monthly	8-Hr Composite
Parameter Code: 00630 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report weekly average	lbs/day	****	report monthly average	report weekly average	mg/l		Monthly	8-Hr Composite

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	10/18/2018

MAILING ADDRESS: Post Office Box 130009, Mountain Brook, AL 35213       MONITORING POINT: SOFT       COUNTY:         FACILITY: Mountain Brook High School       MONITORING PERIOD:       PROGRAM:       Mu         LOCATION: 3650 Bethune Drive, Mountain Brook, AL 35223       From: 18 09 01       To: 18 09 30       NOTE: Read instructions before	rson icipal [ARGE [ ] *** e completing this form.
MAILING ADDRESS: Post Office Box 130009, Mountain Brook, AL 35213       MONITORING POINT: 0011       COUNTY: Jeff         MONITORING PERIOD:       PROGRAM: Mut         FACILITY: Mountain Brook High School       YY   MM   DD       YY   MM   DD       *** NO DISC         LOCATION: 3650 Bethune Drive, Mountain Brook, AL 35223       From: 18 09 01       To: 18 09 30       NOTE: Read instructions before	cipal IARGE [ ] *** e completing this form.
MONITORING PERIOD:       PROGRAM:       Munitaria         FACILITY: Mountain Brook High School       YY   MM   DD       YY   MM   DD       *** NO DISC         LOCATION: 3650 Bethune Drive , Mountain Brook, AL 35223       From: 18 09 01       To: 18 09 30       NOTE: Read instructions before	<b>EXARGE</b> [ ] *** e completing this form.
FACILITY: Mountain Brook High School       YY   MM   DD       YY   MM   DD       *** NO DISC         LOCATION: 3650 Bethune Drive , Mountain Brook, AL 35223       From: 18 09 01       To: 18 09 30       NOTE: Read instructions before	e completing this form.
LOCATION: 3650 Bethune Drive , Mountain Brook, AL 35223       From: 18 09 01       To: 18 09 30       NOTE: Read instructions before	e completing this form.
Description Description Description Description Description Description Description	Sample Type
Average Maximum Minimum Average Maximum Ex. Analysis	
PHOSPHORUS, TOTAL (AS P)     Sample Measurement     0.001     0.002     *****     0.058     0.100     19	8-Hr Composite
Parameter Code: 00665 Permit report report 26 lbs/day ***** 0.3 report mg/l	
Stage Code: 1     Requirement     Item for the second seco	8-Hr Composite
FLOW, IN CONDUIT OR THRU TREATMENT PL     Sample Measurement     0.003     0.006     *****     *****     *****     0     Daily	Continuous
Parameter Code: 50050 Permit report report MGD ***** * **** ****	Gautineers
Stage Code: 1     Requirement     Requirement     Daily       EFFLUENT GROSS VALUE     monthly     maximum     Daily	Continuous
Sample     *****     *****     ****     *9     *9     0     Weekly	Grab
Parameter Code: 50060     Permit     *****     *****     0.011     0.019     mg/l       Stage Code: 1     Requirement     *****     *****     monthly     monthly     monthly     monthly	<b>C</b> 1
Stage Code: 1     Requirement     monthly     maximum     Weekly       EFFLUENT GROSS VALUE     average     daily	Grab
E. COLI Sample ***** **** **** **B *B *B 0 Weekly	Grab
Parameter Code: 51040         Permit         *****         *****         126         235         col/100mL	
Stage Code: 1     Requirement     monthly     maximum     Weekly       EFFLUENT GROSS VALUE     daily     daily     daily	Grab
BOD, CARBONACEOUS 05 DAY, 20C     Sample Measurement     3.24     5.38     *****     167     215     0     Weekly	8-Hr Composite
Parameter Code: 80082 Permit report report lbs/day ***** report report mg/l	9 Ha Composito
Stage Code: G     Requirement     monthly     weekly average     monthly     weekly average     Weekly average       RAW SEW/INFLUENT     average     average     average     average     average     average	8-Hr Composite
BOD, CARBONACEOUS 05 DAY, 20C Sample 0.08 0.23 ***** 3.7 9.2 1 Weekly	8-Hr Composite
Parameter Code: 80082         Permit         1.6         2.5         Ibs/day         *****         4.0         6.0         mg/l	an a
Stage Code: 1     Requirement     monthly average     weekly average     monthly average     weekly average     Weekly average	8-Hr Composite
BOD, CARB-5 DAY, 20 DEG C, PERCENT REM Sample ***** **** ***** 97 ***** **** 0 Measurement 0 Monthly	Calculated
Parallelet Code. 00091         Permit         *****         85         *****         %	
Stage Code: N     Requirement     monthly       PERCENTREMOVAL     average     Monthly	Calculated

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	10/18/2018

		Alabama D	Department of E	nvironmer	ntal Management	Discharge Monit	oring Report (D	MR)				
PERMITTEE NAME: City of N	Nountain Brook			PER	MIT NUMBER	. AL0050971				MINOR		
MAILING ADDRESS: Post Of	fice Box 130009	Jountain Brook	AL 35213	MON	NITORING PO	 ΙΝΤ· 0011		0	COUNT	TV. Jefferso	n	
	100 DOX 100000, 1	nountain brook,	AL 00210		MONITORI			PROGRAM: Municipal				
FACILITY: Mountain Brook High	School				YY   MM   DD		<u> </u>	-				
		41.05000		From	From: 18 09 01 To: 18 09 30			NOT	*** NO DISCHARGE [ ] *** NOTE: Read instructions before completing this form.			
LOCATION: 3650 Bethune Drive	e, Mountain Brook	, AL 35223		FIOII.		10.		NOI	L. Keau	listituctions before co	Supretting this form.	
Parameter	$\searrow$	Quantity of	or Loading	Units	Oua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
SOLIDS, SUSPENDED PERCENT REMOVAL	Sample Measurement	****	****		99	****	****	22	0	Monthly	Calculated	
Parameter Code: 81011 Stage Code: K PERCENTREMOVAL	Permit Requirement	****	****	****	85 monthly average	****	****	23 %		Monthly	Calculated	
	Sample Measurement											
	Permit											
	Requirement											
	Sample Measurement											
	Permit											
	Requirement											
	Sample Measurement											
	Permit Requirement											
	requirement											
	Sample Measurement											
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	Requirement											
	Sample Measurement											
	Permit Pequirement											
	Requirement											
	Sample Measurement											
	Permit Requirement											

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted is formation, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Sam Gaston		Signed By E2	205-802-3803	10/18/2018

**Precoat Metals** 

			Department of E			t Discharge Monit		MR)			
PERMITTEE NAME: Preco	oat Metals Division S	equa Corp.		PER	MIT NUMBER	LU393700957				MINOR	
MAILING ADDRESS: 3399	Dovov Allicon Plud		5000	MON	NITORING PO	int. S011		ſ	OUNT	Jefferso	n
MAILING ADDRESS: 5599	Davey Allison Divu.	, nueylown, AL	55025		MONITORI				ROGE		
FACILITY: Precoat Metals						T		1			
					YY   MM   DD 17 10 01	YY   MM   DI To: 17 10 31	)	*** NO DISCHARGE [ ] ***			
LOCATION: 3399 Davey Allis	on Blvd., Hueytown,	AL 35023		From:	17 10 01	To: 17 10 31		NOT	E: Read	instructions before co	ompleting this form.
D (	$\sim$		T 1'	TT '4	0	1		Units No Frequency of Sam			Sample Type
Parameter	$\sim$		or Loading	Units	· · · · · · · · · · · · · · · · · · ·	lity or Concentra		Units	No.	Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	,	
РН	Sample Measurement	****	****		8.94	****	9.99	12	0	Daily	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	****	****	****	5.0	****	10.5	S.U.		Della	Grab
EFFLUENT GROSS VALUE	Requirement				minimum daily		maximum daily			Daily	Giud
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	18	****	19	0	Monthly	Composite
Parameter Code: 00530	Permit	****	****		****	report	****	mg/l			<b>a</b>
Stage Code: 1	Requirement					monthly		Ū		Monthly	Composite
EFFLUENT GROSS VALUE	Comple					average					
OIL & GREASE	Sample Measurement	****	****		****	1.4	2.0		0	Weekly	Grab
Parameter Code: 00556	Permit	****	****	****	****	150	report	19 mg/l			
Stage Code: 1	Requirement					monthly	maximum	iiig/1		Weekly	Grab
EFFLUENT GROSS VALUE						average	daily				
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	0.27	****	19	0	Monthly	Composite
Parameter Code: 00665	Permit	****	****		****	report	****	mg/l			~ .
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement					monthly				Monthly	Composite
EFFLUENT GROSS VALUE	Camala					average					
CYANIDE, TOTAL (AS CN)	Sample Measurement	*9	*9	26	****	****	****	****	0	Weekly	Grab
Parameter Code: 00720	Permit	0.027	0.069	lbs/day	****	****	****				
Stage Code: 1	Requirement	monthly	maximum							Weekly	Grab
EFFLUENT GROSS VALUE		average	daily								
CHROMIUM, TOTAL (AS CR)	Sample Measurement	0.008	.012	26	****	****	****	****	0	Weekly	Composite
Parameter Code: 01034	Permit	0.052	0.126	lbs/day	****	****	****				
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum							Weekly	Composite
EFFLUENT GROSS VALUE	C	average	daily								
COPPER, TOTAL (AS CU)	Sample Measurement	.011	.022	26	****	****	****	****	0	Weekly	Composite
Parameter Code: 01042	Permit	0.122	0.255	lbs/day	****	****	****				
Stage Code: 1	Requirement	monthly	maximum							Weekly	Composite
EFFLUENT GROSS VALUE		average	daily								

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James Reeves		Signed By E2	205-744-3200	11/26/2017

			Department of E			Discharge Monit		MR)			
PERMITTEE NAME: Precoat	Metals Division S	equa Corp.		PER	MIT NUMBER	. IU393700957	7			MINOR	
MAILING ADDRESS: 3399 Da	avev Allison Blvd	Huevtown Al	35023	MON	NITORING PO	INT: S011		C	COUNT	TY: Jefferso	n
	avey ranson bive.	, Hudytown, AL	00020		MONITORI				ROGE		
FACILITY: Precoat Metals					YY   MM   DD		D	-		** NO DISCHA	<b>BCE[]</b> ***
LOCATION: 3399 Davey Allison		41 05000		From:	17 10 01	To: 17 10 31	<u> </u>	NOT			
LOCATION: 3399 Davey Allison	Biva., Hueytown,	AL 35023		FIOII.		10		NOTE: Read instructions before completing this			
Parameter	$\overline{}$	Quantity	or Loading	Units	Oua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
	$\nearrow$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
ZINC, TOTAL (AS ZN)	Sample Measurement	.027	.062		****	****	****	****	0	Weekly	Composite
Parameter Code: 01092 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.141 monthly average	0.340 maximum daily	26 lbs/day	****	****	****			Weekly	Composite
LEAD, TOTAL RECOVERABLE	Sample Measurement	****	****	****	****	0.000	0.000	19	0	Weekly	Composite
Parameter Code: 01114 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.05 monthly average	0.10 maximum daily	mg/l		Weekly	Composite
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	.0323	.0793		****	****	****	****	0	Daily	Totalizer
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily	Totalizer
CYANIDE, FREE AVAILABLE	Sample Measurement	****	****	****	****	*9	*9	19	0	Weekly	Grab
Parameter Code: 51173 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.04 monthly average	0.08 maximum daily	mg/l		Weekly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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James Reeves		Signed By E2	205-744-3200	11/26/2017

			epartment of E			t Discharge Monit		MR)				
PERMITTEE NAME: Pred	coat Metals Division Se	equa Corp.		PER	MIT NUMBER	LU393700957	•			MINOR		
MAILING ADDRESS: 3399	Davey Allison Blyd	Huevtown AL '	35023	MON	NITORING PO	INT. S011		0	OUNT	TV. Jefferso	n	
	Buvey Alloon Bive.	, Hueytown, AL	00020		MONITORI				PROGRAM: SID			
FACILITY: Precoat Metals					YY   MM   DD			-		** NO DISCHA	<b>PCE[]</b> ***	
	<b>D</b>			From:		To: 17 11 30	<u> </u>	NOTE: Read instructions before completing this form.				
LOCATION: 3399 Davey Alli	son Blvd., Hueytown,	AL 35023		From:		10: 11 11 00		NOTE. Read instructions before completing			Supretting this form.	
Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
PH	Sample Measurement	****	****		8.54	****	9.93	12	0	Daily	Grab	
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	5.0 minimum daily	****	10.5 maximum daily	S.U.		Daily	Grab	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	11	****	19	0	Monthly	Composite	
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	report monthly average	****	mg/l		Monthly	Composite	
OIL & GREASE	Sample Measurement	****	****		****	3.22	10	19	0	Weekly	Grab	
Parameter Code: 00556 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	150 monthly average	report maximum daily	mg/l		Weekly	Grab	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	0.18	****	19	0	Monthly	Composite	
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	report monthly average	****	mg/l		Monthly	Composite	
CYANIDE, TOTAL (AS CN)	Sample Measurement	*9	*9	26	****	****	****	****	0	Weekly	Grab	
Parameter Code: 00720 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.027 monthly average	0.069 maximum daily	lbs/day	****	****	****			Weekly	Grab	
CHROMIUM, TOTAL (AS CR)	Sample Measurement	0.011	0.017	26	****	****	****	****	0	Weekly	Composite	
Parameter Code: 01034 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.052 monthly average	0.126 maximum daily	lbs/day	****	****	****			Weekly	Composite	
COPPER, TOTAL (AS CU)	Sample Measurement	0.011	0.023	26	****	****	****	****	0	Weekly	Composite	
Parameter Code: 01042 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.122 monthly average	0.255 maximum daily	lbs/day	****	****	****			Weekly	Composite	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted islae information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
James Reeves		Signed By E2	205-744-3200	12/14/2017

			Department of E			Discharge Monit		OMR)			
PERMITTEE NAME: Precoat	Metals Division Se	equa Corp.		PER	MIT NUMBER	. IU393700957	7			MINOR	
MAILING ADDRESS: 3399 Da	avev Allison Blvd	Huevtown Al	35023	MON	ITORING PO	INT: S011		C	COUNT	TY: Jefferso	n
	avey / moon bive.		00020		MONITORI				ROGE		
FACILITY: Precoat Metals					YY   MM   DD		D			* NO DISCHA	<b>RCE[]</b> ***
				From:	17 11 01	To: 17 11 30		NOT			
LOCATION: 3399 Davey Allison	Bivd., Hueytown,	AL 35023		FIOII.		10.		NOTE: Read instructions before completing this			
Parameter	$\overline{}$	Ouantity (	or Loading	Units	Oua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
ZINC, TOTAL (AS ZN)	Sample Measurement	0.040	0.091		****	****	****	****	0	Weekly	Composite
Parameter Code: 01092 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.141 monthly average	0.340 maximum daily	26 lbs/day	****	****	****			Weekly	Composite
LEAD, TOTAL RECOVERABLE	Sample Measurement	****	****	****	****	0.000	0.000	19	0	Weekly	Composite
Parameter Code: 01114 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.05 monthly average	0.10 maximum daily	mg/l		Weekly	Composite
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.0505	0.1437		*****	****	****	****	0	Daily	Totalizer
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily	Totalizer
CYANIDE, FREE AVAILABLE	Sample Measurement	****	****	****	****	*9	*9	19	0	Weekly	Grab
Parameter Code: 51173 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.04 monthly average	0.08 maximum daily	mg/l		Weekly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
James Reeves	Signed By E2	205-744-3200	12/14/2017

			Department of E			t Discharge Monit		MR)				
PERMITTEE NAME: Precoa	at Metals Division S	equa Corp.		PER	MIT NUMBER	L: IU393700957	•			MINOR		
MAILING ADDRESS: 3399 [	Dovov Allicon Plud		5000	MON	ITORING PO	init. S011		ſ	OUNT	Jefferso	n	
MAILING ADDRESS: 5599	Javey Allison Divu.	, nueylown, AL	55025			NG PERIOD:			ROGE			
FACILITY: Precoat Metals						1		1				
					YY   MM   DD 17 12 01	YY   MM   DI To: 17 12 31	0	*** NO DISCHARGE [ ] ***				
LOCATION: 3399 Davey Alliso	n Blvd., Hueytown,	AL 35023		From:	17 12 01	To: 17 12 31		NOTE: Read instructions before completing this form.				
Parameter	$\sim$	Ownerstitue		Units	0	lity or Concentra		Units No. Frequency of Sam			Sample Type	
Parameter	$\sim$		or Loading	Units		5		Units	Ex.	Analysis	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		EX.			
PH	Sample Measurement	****	****		8.57	****	9.98	12	0	Daily	Grab	
Parameter Code: 00400 Stage Code: 1	Permit Requirement	****	****	****	5.0	****	10.5	S.U.		Della	Grab	
EFFLUENT GROSS VALUE					minimum daily		maximum daily			Daily	Glub	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	25	****	19	0	Monthly	Composite	
Parameter Code: 00530	Permit	****	*****		****	report	****	mg/l				
Stage Code: 1	Requirement					monthly		U		Monthly	Composite	
EFFLUENT GROSS VALUE	Comula					average						
OIL & GREASE	Sample Measurement	****	****		****	0.80	1.60		0	Weekly	Grab	
Parameter Code: 00556	Permit	****	****	****	****	150	report	19 mg/l				
Stage Code: 1	Requirement					monthly	maximum	mg/1		Weekly	Grab	
EFFLUENT GROSS VALUE						average	daily					
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	*****	0.77	****	19	0	Monthly	Composite	
Parameter Code: 00665	Permit	****	****		****	report	*****	mg/l				
Stage Code: 1	Requirement					monthly		Ū		Monthly	Composite	
EFFLUENT GROSS VALUE	C1.					average						
CYANIDE, TOTAL (AS CN)	Sample Measurement	*9	*9	26	****	****	****	****	0	Weekly	Grab	
Parameter Code: 00720	Permit	0.027	0.069	lbs/day	****	****	****					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum							Weekly	Grab	
	Sample	average	daily									
CHROMIUM, TOTAL (AS CR)	Measurement	0.018	0.035	26	****	****	****	****	0	Weekly	Composite	
Parameter Code: 01034	Permit	0.052	0.126	lbs/day	****	****	****					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum							Weekly	Composite	
EFFLUEINI GRUSS VALUE	Sampla	average	daily									
COPPER, TOTAL (AS CU)	Sample Measurement	0.010	0.013	26	****	****	****	****	0	Weekly	Composite	
Parameter Code: 01042 Stage Code: 1	Permit	0.122	0.255	lbs/day	****	****	****				<b>a</b> :	
EFFLUENT GROSS VALUE	Requirement	monthly	maximum							Weekly	Composite	
LITEOLAT GROSS VALUE		average	daily									

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
James Reeves		Signed By E2	205-744-3200	01/19/2018

			Department of E			Discharge Monit		OMR)			
PERMITTEE NAME: Precoat	Metals Division Se	equa Corp.		PER	MIT NUMBER	IU393700957	7			MINOR	
MAILING ADDRESS: 3399 Da	avev Allison Blvd	Huevtown Al	35023	MON	NITORING PO	INT: S011		C	COUNT	TY: Jefferso	n
	avey / moon bive.		00020		MONITORI				ROGE		
FACILITY: Precoat Metals					YY   MM   DD		D			* NO DISCHA	<b>RCE[]</b> ***
				From:	17 10 01	To: 17 12 31	<u> </u>	NOT			
LOCATION: 3399 Davey Allison	Blvd., Hueytown,	AL 35023		FIOIII:		10: 11 12 01		NOTE: Read instructions before completing the			Sinpleting this form.
Parameter		Ouantity	or Loading	Units	Oua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
ZINC, TOTAL (AS ZN)	Sample Measurement	0.029	0.046		****	****	****	****	0	Weekly	Composite
Parameter Code: 01092 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.141 monthly average	0.340 maximum daily	26 lbs/day	****	****	****			Weekly	Composite
LEAD, TOTAL RECOVERABLE	Sample Measurement	****	****	****	****	0.000	0.000	19	0	Weekly	Composite
Parameter Code: 01114 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.05 monthly average	0.10 maximum daily	mg/l		Weekly	Composite
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.0506	0.1143		****	****	****	****	0	Daily	Totalizer
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily	Totalizer
CYANIDE, FREE AVAILABLE	Sample Measurement	****	****	****	****	*9	*9	- 19	0	Weekly	Grab
Parameter Code: 51173 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.04 monthly average	0.08 maximum daily	mg/l		Weekly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
James Reeves	Signed By E2	205-744-3200	01/19/2018

			epartment of E			t Discharge Monit		MR)				
PERMITTEE NAME: Prec	oat Metals Division Se	equa Corp.		PER	MIT NUMBER	LU393700957	•			MINOR		
MAILING ADDRESS: 3399	Davey Allison Blvd	Huevtown Al	35023	MON	NITORING PO	INT: S011		C	OUNT	TY: Jefferso	n	
	, Davey Amoon Diva.		0020		MONITORI				ROGE			
FACILITY: Precoat Metals					YY   MM   DD			-		** NO DISCHA	RGE[]***	
LOCATION: 3399 Davey Allis	Dial Harden	AL 05000		From	From: 18 01 01 To: 18 01 31			NOTE: Read instructions before completing this form.				
LOCATION: 3399 Davey All	son Biva. , Hueytown,	AL 35023		FIOII.		10		NOT	E. Keau	listructions before et	Supreting this form.	
Parameter		Ouantity of	or Loading	Units	Oua	lity or Concentra	tion				Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
РН	Sample Measurement	****	****		8.99	****	10.17	10	0	Daily	Grab	
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	5.0 minimum daily	****	10.5 maximum daily	12 S.U.		Daily	Grab	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	6.0	****	19	0	Monthly	Composite	
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	report monthly average	****	mg/l		Monthly	Composite	
OIL & GREASE	Sample Measurement	****	****		****	3.50	8.60	19	0	Weekly	Grab	
Parameter Code: 00556 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	150 monthly average	report maximum daily	mg/l		Weekly	Grab	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	0.13	****	19	0	Monthly	Composite	
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	report monthly average	****	mg/l		Monthly	Composite	
CYANIDE, TOTAL (AS CN)	Sample Measurement	*9	*9	26	****	****	****	****	0	Weekly	Grab	
Parameter Code: 00720 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.027 monthly average	0.069 maximum daily	lbs/day	****	****	****			Weekly	Grab	
CHROMIUM, TOTAL (AS CR)	Sample Measurement	0.013	0.023	26	****	****	****	****	0	Weekly	Composite	
Parameter Code: 01034 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.052 monthly average	0.126 maximum daily	lbs/day	****	****	****			Weekly	Composite	
COPPER, TOTAL (AS CU)	Sample Measurement	0.010	0.021	26	*****	****	****	****	0	Weekly	Composite	
Parameter Code: 01042 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.122 monthly average	0.255 maximum daily	lbs/day	****	****	****			Weekly	Composite	

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James Reeves		Signed By E2	205-744-3200	02/16/2018

			Department of E			Discharge Monit		MR)			
PERMITTEE NAME: Precoat	Metals Division S	equa Corp.		PER	MIT NUMBER	: IU393700957	,			MINOR	
MAILING ADDRESS: 3399 Da	avev Allison Blvd	Huevtown Al	35023	MON	ITORING PO	INT: S011		0	COUNT	TY: Jefferso	n
	avey / moon bive.		50020		MONITORI				ROGE		
FACILITY: Precoat Metals					YY   MM   DD		D	-		** NO DISCHA	RGE[]***
LOCATION: 3399 Davey Allison		AL 25022		From:	10.01.01	To: 18 01 31	<u> </u>	NOT		instructions before co	
20 CTTTCT 5399 Davey Allson	bivu., nueytown,	AL 33023		110111		10.		1101	E. Read	libit de lions before et	supreting this form.
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
ZINC, TOTAL (AS ZN)	Sample Measurement	0.028	0.043		****	****	****	****	0	Weekly	Composite
Parameter Code: 01092 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.141 monthly average	0.340 maximum daily	26 lbs/day	****	****	****			Weekly	Composite
LEAD, TOTAL RECOVERABLE	Sample Measurement	****	****	****	****	0.000	0.000	19	0	Weekly	Composite
Parameter Code: 01114 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.05 monthly average	0.10 maximum daily	mg/l		Weekly	Composite
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.0668	0.1385		****	****	****	****	0	Daily	Totalizer
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily	Totalizer
CYANIDE, FREE AVAILABLE	Sample Measurement	****	****	****	****	*9	*9	19	0	Weekly	Grab
Parameter Code: 51173 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.04 monthly average	0.08 maximum daily	mg/l		Weekly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
James Reeves		Signed By E2	205-744-3200	02/16/2018

			epartment of E			t Discharge Monit		MR)				
PERMITTEE NAME: Pred	coat Metals Division Se	equa Corp.		PER	MIT NUMBER	U393700957	•			MINOR		
MAILING ADDRESS: 3399	9 Davey Allison Blvd	Huevtown AL '	35023	MON	NITORING PO	INT: S011		0	OUNT	TY: Jefferso	n	
		, Hueytown, AL	0020		MONITORI				ROGE			
FACILITY: Precoat Metals					YY   MM   DD			-		** NO DISCHA	<b>RCE[]</b> ***	
	Dial Harden	AL 05000		From	From: 18 02 01 To: 18 02 28			NOTE: Read instructions before completing this form.				
LOCATION: 3399 Davey Alli	son Biva., Hueytown,	AL 35023		FIOII.				NOI	L. Reau	listituctions before co	Supreting this form.	
Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
РН	Sample Measurement	****	****		8.37	****	10.11	12	0	Daily	Grab	
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	5.0 minimum daily	****	10.5 maximum daily	S.U.		Daily	Grab	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	35	****	19	0	Monthly	Composite	
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	report monthly average	****	mg/l		Monthly	Composite	
OIL & GREASE	Sample Measurement	****	****		****	3.85	7.2	19	0	Weekly	Grab	
Parameter Code: 00556 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	150 monthly average	report maximum daily	mg/l		Weekly	Grab	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	0.67	****	19	0	Monthly	Composite	
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	report monthly average	****	mg/l		Monthly	Composite	
CYANIDE, TOTAL (AS CN)	Sample Measurement	*9	*9	26	****	****	****	*****	0	Weekly	Grab	
Parameter Code: 00720 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.027 monthly average	0.069 maximum daily	lbs/day	****	****	****			Weekly	Grab	
CHROMIUM, TOTAL (AS CR)	Sample Measurement	0.021	0.034	26	****	****	****	****	0	Weekly	Composite	
Parameter Code: 01034 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.052 monthly average	0.126 maximum daily	lbs/day	****	****	****			Weekly	Composite	
COPPER, TOTAL (AS CU)	Sample Measurement	0.018	0.030	26	****	****	****	****	0	Weekly	Composite	
Parameter Code: 01042 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.122 monthly average	0.255 maximum daily	lbs/day	****	****	****			Weekly	Composite	

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James Reeves		Signed By E2	205-744-3200	03/19/2018

			Department of E			Discharge Monit		MR)			
PERMITTEE NAME: Precoat	Metals Division S	equa Corp.		PER	MIT NUMBER	: IU393700957	,			MINOR	
MAILING ADDRESS: 3399 Da	avev Allison Blvd.	Huevtown, AL	35023	MON	<b>ITORING PO</b>	INT: S011		C	COUNT	TY: Jefferso	n
		·····,···		_	MONITORI				ROGE		
FACILITY: Precoat Metals					YY   MM   DD	YY   MM   D	D			** NO DISCHA	RGE[]***
LOCATION: 3399 Davey Allison	Blvd Huevtown	AL 35023		From:	10.00.01	To: 18 02 28		NOT		instructions before co	
_ = = = = = = = = = = = = = = = = = = =	bivu., mueytown,	AL 00020									
Parameter	Parameter Quantity or Loading Units					lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
ZINC, TOTAL (AS ZN)	Sample Measurement	0.051	0.086		****	****	****	*****	0	Weekly	Composite
Parameter Code: 01092 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.141 monthly average	0.340 maximum daily	26 lbs/day	****	****	****			Weekly	Composite
LEAD, TOTAL RECOVERABLE	Sample Measurement	****	****	****	****	0.000	0.000	19	0	Weekly	Composite
Parameter Code: 01114 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.05 monthly average	0.10 maximum daily	mg/l		Weekly	Composite
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.0645	0.1150		****	****	****	****	0	Daily	Totalizer
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily	Totalizer
CYANIDE, FREE AVAILABLE	Sample Measurement	****	****	****	****	*9	*9	19	0	Weekly	Grab
Parameter Code: 51173 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.04 monthly average	0.08 maximum daily	mg/l		Weekly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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James Reeves		Signed By E2	205-744-3200	03/19/2018

			epartment of E			t Discharge Monit		MR)				
PERMITTEE NAME: Pred	coat Metals Division Se	equa Corp.		PER	MIT NUMBER	U393700957	•			MINOR		
MAILING ADDRESS: 339	9 Davey Allison Blyd	Huevtown AL '	35023	MON	NITORING PO	INT. S011		0	OUNT	TV. Jefferso	n	
	o Davey / insort Diva. ,	They town, 712 (	00020		MONITORI				ROGE			
FACILITY: Precoat Metals					YY   MM   DD			-		** NO DISCHA	<b>PCE[]</b> ***	
				From	From: 18 03 01 To: 18 03 31							
LOCATION: 3399 Davey Alli	ison Blvd. , Hueytown,	AL 35023		FIOIII:	10 00 01	10. 10 00 01		NOI	NOTE: Read instructions before completing this form.			
Parameter	$\sim$	Ouantity of	or Loading	Units	Oua	lity or Concentra	tion				Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
РН	Sample Measurement	****	****		8.78	****	10.17		0	Daily	Grab	
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	5.0 minimum daily	****	10.5 maximum daily	12 S.U.		Daily	Grab	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	20	****	19	0	Monthly	Composite	
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	report monthly average	****	mg/l		Monthly	Composite	
OIL & GREASE	Sample Measurement	****	****		****	12.48	53.2	19	0	Weekly	Grab	
Parameter Code: 00556 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	150 monthly average	report maximum daily	mg/l		Weekly	Grab	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	0.72	****	19	0	Monthly	Composite	
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	report monthly average	****	mg/l		Monthly	Composite	
CYANIDE, TOTAL (AS CN)	Sample Measurement	*9	*9	26	****	****	****	****	0	Weekly	Grab	
Parameter Code: 00720 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.027 monthly average	0.069 maximum daily	lbs/day	****	****	****			Weekly	Grab	
CHROMIUM, TOTAL (AS CR)	Sample Measurement	.017	.024	26	****	****	****	*****	0	Weekly	Composite	
Parameter Code: 01034 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.052 monthly average	0.126 maximum daily	lbs/day	****	****	****			Weekly	Composite	
COPPER, TOTAL (AS CU)	Sample Measurement	.019	.041	26	****	****	****	****	0	Weekly	Composite	
Parameter Code: 01042 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.122 monthly average	0.255 maximum daily	lbs/day	****	****	****			Weekly	Composite	

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 submitted lase information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
James Reeves		Signed By E2	205-744-3200	04/25/2018

			Department of E			Discharge Monit		MR)			
PERMITTEE NAME: Precoat	Metals Division S	equa Corp.		PER	MIT NUMBER	: IU393700957	7			MINOR	
MAILING ADDRESS: 3399 Da	avev Allison Blvd	Huevtown Al	35023	MON	NITORING PO	INT: S011		C	COUNT	TY: Jefferso	n
	avey ranson bive.	, Hudytown, AL	00020		MONITORI				ROGE		
FACILITY: Precoat Metals					YY   MM   DD		D	-		** NO DISCHA	<b>BCE[]</b> ***
				From:	10 00 01	To: 18 03 31	<u> </u>	NOT		instructions before co	
LOCATION: 3399 Davey Allison	Blvd., Hueytown,	AL 35023		FIOIII:		10, 10,000		NOT	E. Keau	instructions before co	Sinpleting this form.
Parameter	$\smallsetminus$	Ouantity	or Loading	Units	Oua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
	$\nearrow$	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
ZINC, TOTAL (AS ZN)	Sample Measurement	.055	.073		****	****	****	****	0	Weekly	Composite
Parameter Code: 01092 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.141 monthly average	0.340 maximum daily	26 lbs/day	****	****	****			Weekly	Composite
LEAD, TOTAL RECOVERABLE	Sample Measurement	****	****	****	****	*9	*9	19	0	Weekly	Composite
Parameter Code: 01114 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.05 monthly average	0.10 maximum daily	mg/l		Weekly	Composite
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	.0724	.1220		****	****	****	****	0	Daily	Totalizer
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily	Totalizer
CYANIDE, FREE AVAILABLE	Sample Measurement	****	****	****	****	*9	*9	19	0	Weekly	Grab
Parameter Code: 51173 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.04 monthly average	0.08 maximum daily	mg/l		Weekly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
James Reeves		Signed By E2	205-744-3200	04/25/2018

			Department of E			Discharge Monit		MR)				
PERMITTEE NAME: Preco	at Metals Division S	equa Corp.		PER	MIT NUMBER	: IU393700957	,			MINOR		
MAILING ADDRESS: 3399	Dovov Allicon Plud		5000	MON	NITORING PO	 INT: S011		ſ	OUNT	Jefferso	n	
MAILING ADDRESS: 5599	Davey Allison Divu.	, Hueylown, AL	55025		MONITORI				ROGE			
FACILITY: Precoat Metals								1				
					YY   MM   DD 18 04 01	YY   MM   DI To: 18 04 30	0	*** NO DISCHARGE [ ] ***				
LOCATION: 3399 Davey Alliso	on Blvd , Bessemer,	AL 35023		From:	10 04 01	To: 10 04 30		NOT	NOTE: Read instructions before completing this form.			
<b>D</b> (	$\sim$		T 1'	TT '4	0		 	Units No. Frequency of Samp			Sample Type	
Parameter	$\sim$		or Loading	Units		lity or Concentra		Units		Analysis	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	,		
РН	Sample Measurement	****	****		8.85	****	10.14	12	0	Daily	Grab	
Parameter Code: 00400 Stage Code: 1	Permit Requirement	****	****	****	5.0	****	10.5	S.U.		Daily	Grab	
EFFLUENT GROSS VALUE	Requirement				minimum daily		maximum daily			Daily	Giud	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	22	****	19	0	Monthly	Composite	
Parameter Code: 00530	Permit	****	****		****	report	****	mg/l			<b>a</b>	
Stage Code: 1	Requirement					monthly		Ū		Monthly	Composite	
EFFLUENT GROSS VALUE	Comm1.					average						
OIL & GREASE	Sample Measurement	****	****		****	2.00	2.60		0	Weekly	Grab	
Parameter Code: 00556	Permit	****	****	****	****	150	report	19				
Stage Code: 1	Requirement					monthly	maximum	mg/l		Weekly	Grab	
EFFLUENT GROSS VALUE						average	daily			-		
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	0.44	****	19	0	Monthly	Composite	
Parameter Code: 00665	Permit	****	****		****	report	*****	mg/l				
Stage Code: 1	Requirement					monthly		-		Monthly	Composite	
EFFLUENT GROSS VALUE	C					average						
CYANIDE, TOTAL (AS CN)	Sample Measurement	*9	*9	26	****	****	****	****	0	Weekly	Grab	
Parameter Code: 00720	Permit	0.027	0.069	lbs/day	****	****	****					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum							Weekly	Grab	
EFFLUEINI GRUSS VALUE	Sample	average	daily									
CHROMIUM, TOTAL (AS CR)	Measurement	0.011	0.016	26	****	****	****	****	0	Weekly	Composite	
Parameter Code: 01034	Permit	0.052	0.126	lbs/day	****	****	****					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum							Weekly	Composite	
EFFLUEINI GRUSS VALUE	Sampla	average	daily									
COPPER, TOTAL (AS CU)	Sample Measurement	0.011	0.025	26	****	****	****	****	0	Weekly	Composite	
Parameter Code: 01042	Permit	0.122	0.255	lbs/day	****	*****	****					
Stage Code: 1 EFFLUENT GROSS VALUE	Requirement	monthly	maximum							Weekly	Composite	
EFFLUENT GRUSS VALUE		average	daily									

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
James Reeves		Signed By E2	205-744-3200	06/22/2018

			Department of E			Discharge Monit		MR)			
PERMITTEE NAME: Precoat	Metals Division S	equa Corp.		PER	MIT NUMBER	: IU393700957	,			MINOR	
MAILING ADDRESS: 3399 Da	avev Allison Blvd.	Huevtown, AL	35023	MON	ITORING PO	INT: S011		C	COUNT	TY: Jefferso	n
	· · · · · · · ·	, , , , , , , , , , , , , , , , , , , .			MONITORI			Р	ROGE	RAM: SID	
FACILITY: Precoat Metals					YY   MM   DD	YY   MM   D	D		**	** NO DISCHA	RGE[]***
LOCATION: 3399 Davey Allison	Blyd Bessemer	AL 35023		From:	10 01 01	To: 18 04 30		NOT		instructions before co	
	biva, bessemer,	AE 00020							E. Read instructions before completing this form.		
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
ZINC, TOTAL (AS ZN)	Sample Measurement	0.029	0.038		****	****	****	****	0	Weekly	Composite
Parameter Code: 01092 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.141 monthly average	0.340 maximum daily	26 lbs/day	****	****	****			Weekly	Composite
LEAD, TOTAL RECOVERABLE	Sample Measurement	****	****	****	****	0.000	0.000	19	0	Weekly	Composite
Parameter Code: 01114 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.05 monthly average	0.10 maximum daily	mg/l		Weekly	Composite
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.0631	0.1139		****	****	****	****	0	Daily	Totalizer
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily	Totalizer
CYANIDE, FREE AVAILABLE	Sample Measurement	****	****	****	****	*9	*9	19	0	Weekly	Grab
Parameter Code: 51173 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.04 monthly average	0.08 maximum daily	mg/l		Weekly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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James Reeves		Signed By E2	205-744-3200	06/22/2018

			Department of E			t Discharge Monit		MR)			
PERMITTEE NAME: Pre-	coat Metals Division Se	equa Corp.		PER	MIT NUMBER	IU393700957	7			MINOR	
MAILING ADDRESS: 339	9 Davey Allison Blvd	Huevtown AL ?	35023	MON	NITORING PO	INT: S011		0	OUNT	TY: Jefferso	n
	o Davey / moon Diva. ,	The year, the c	00020		MONITORI				ROGE		
FACILITY: Precoat Metals					YY   MM   DD		D	-		* NO DISCHA	<b>RCE[]</b> ***
				From	From: 18 05 01 To: 18 05 31			NOTE: Read instructions before completing this form.			
LOCATION: 3399 Davey All	ison Blvd , Bessemer,	AL 35023		FIOIII:		10. 10 00 01		NOTE. Read instructions before completing			Supreung uns form.
Parameter		Quantity of	or Loading	Units	Oua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
РН	Sample Measurement	****	****		8.24	****	9.72		0	Daily	Grab
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	5.0 minimum daily	****	10.5 maximum daily	12 S.U.		Daily	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	24	****	19	0	Monthly	Composite
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	report monthly average	****	mg/l		Monthly	Composite
OIL & GREASE	Sample Measurement	****	****		****	2.05	4.20	19	0	Weekly	Grab
Parameter Code: 00556 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	150 monthly average	report maximum daily	mg/l		Weekly	Grab
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	0.31	****	19	0	Monthly	Composite
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	report monthly average	****	mg/l		Monthly	Composite
CYANIDE, TOTAL (AS CN)	Sample Measurement	*9	*9	26	****	****	****	*****	0	Weekly	Grab
Parameter Code: 00720 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.027 monthly average	0.069 maximum daily	lbs/day	****	****	****			Weekly	Grab
CHROMIUM, TOTAL (AS CR)	Sample Measurement	0.010	0.025	26	****	****	****	*****	0	Weekly	Composite
Parameter Code: 01034 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.052 monthly average	0.126 maximum daily	lbs/day	****	****	****			Weekly	Composite
COPPER, TOTAL (AS CU)	Sample Measurement	0.004	0.008	26	*****	****	****	****	0	Weekly	Composite
Parameter Code: 01042 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.122 monthly average	0.255 maximum daily	lbs/day	****	****	****			Weekly	Composite

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James Reeves		Signed By E2	205-744-3200	06/22/2018

			Department of E			Discharge Monit		MR)			
PERMITTEE NAME: Precoat	Metals Division S	equa Corp.		PER	MIT NUMBER	: IU393700957	,			MINOR	
MAILING ADDRESS: 3399 Da	avev Allison Blvd.	Huevtown, AL	35023	MON	<b>ITORING PO</b>	INT: S011		C	COUNT	TY: Jefferso	n
					MONITORI				ROGE		
FACILITY: Precoat Metals					YY   MM   DD	YY   MM   D	D			** NO DISCHA	RGE[]***
LOCATION: 3399 Davey Allison	Blud Bessemer	AL 35023		From:	10 05 01	To: 18 05 31		NOT			
20 01110110 5399 Davey Allson	bivu, bessemer,	AL 33023		110110		100		1.01	E: Read instructions before completing this form.		
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
ZINC, TOTAL (AS ZN)	Sample Measurement	0.025	0.042		****	****	****	****	0	Weekly	Composite
Parameter Code: 01092 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.141 monthly average	0.340 maximum daily	26 lbs/day	****	****	****			Weekly	Composite
LEAD, TOTAL RECOVERABLE	Sample Measurement	****	****	****	*****	0.000	0.000	19	0	Weekly	Composite
Parameter Code: 01114 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.05 monthly average	0.10 maximum daily	mg/l		Weekly	Composite
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.0683	0.1100		****	****	****	****	0	Daily	Totalizer
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily	Totalizer
CYANIDE, FREE AVAILABLE	Sample Measurement	****	****	****	****	*9	*9	19	0	Weekly	Grab
Parameter Code: 51173 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.04 monthly average	0.08 maximum daily	mg/l		Weekly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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James Reeves		Signed By E2	205-744-3200	06/22/2018

			Department of E			Discharge Monit		MR)				
PERMITTEE NAME: Pre	coat Metals Division Se	equa Corp.		PER	MIT NUMBER	: IU393700957	•			MINOR		
MAILING ADDRESS: 339	9 Davey Allison Blyd	Huevtown AL '	35023	MON	NITORING PO	INT: S011		0	OUNT	TY: Jefferso	n	
	bavey / anson biva. ,	The year, the c	00020		MONITORI				ROGE			
FACILITY: Precoat Metals					YY   MM   DD			-		* NO DISCHA	<b>PCF</b> []***	
				From	From: 18 06 01 To: 18 06 30				NOTE: Read instructions before completing this form.			
LOCATION: 3399 Davey All	ison Blvd , Bessemer,	AL 35023		FIOIII:		10, 10,0000		10112. Read instructions before completing			Sinpleting this form.	
Parameter		Quantity of	or Loading	Units	Oua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
РН	Sample Measurement	****	****		8.41	****	10.37		0	Daily	Grab	
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	5.0 minimum daily	****	10.5 maximum daily	12 S.U.		Daily	Grab	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	13	****	19	0	Monthly	Composite	
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	report monthly average	****	mg/l		Monthly	Composite	
OIL & GREASE	Sample Measurement	****	****		****	0.92	1.2	19	0	Weekly	Grab	
Parameter Code: 00556 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	150 monthly average	report maximum daily	mg/l		Weekly	Grab	
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	0.31	****	19	0	Monthly	Composite	
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	report monthly average	****	mg/l		Monthly	Composite	
CYANIDE, TOTAL (AS CN)	Sample Measurement	*9	*9	26	*****	****	****	****	0	Weekly	Grab	
Parameter Code: 00720 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.027 monthly average	0.069 maximum daily	lbs/day	****	****	****			Weekly	Grab	
CHROMIUM, TOTAL (AS CR)	Sample Measurement	0.012	0.024	26	****	****	****	*****	0	Weekly	Composite	
Parameter Code: 01034 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.052 monthly average	0.126 maximum daily	lbs/day	****	****	****			Weekly	Composite	
COPPER, TOTAL (AS CU)	Sample Measurement	0.008	0.019	26	*****	****	****	****	0	Weekly	Composite	
Parameter Code: 01042 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.122 monthly average	0.255 maximum daily	lbs/day	****	****	****			Weekly	Composite	

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			Department of E			Discharge Monit		MR)			
PERMITTEE NAME: Precoat	Metals Division S	equa Corp.		PER	MIT NUMBER	: IU393700957	,			MINOR	
MAILING ADDRESS: 3399 Da	avev Allison Blvd.	Huevtown, AL	35023	MON	ITORING PO	INT: S011		C	COUNT	TY: Jefferso	n
		·····,···		_	MONITORI				ROGE		
FACILITY: Precoat Metals					YY   MM   DD	YY   MM   D	D			** NO DISCHA	RGE[]***
LOCATION: 3399 Davey Allison	Blud Bessemer	AL 35023		From:	10.00.01	To: 18 06 30		NOT		instructions before co	
_ = = = = = = = = = = = = = = = = = = =	bivu, bessemer,	AL 33023									
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
ZINC, TOTAL (AS ZN)	Sample Measurement	0.033	0.051		****	****	****	****	0	Weekly	Composite
Parameter Code: 01092 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.141 monthly average	0.340 maximum daily	26 lbs/day	****	****	****			Weekly	Composite
LEAD, TOTAL RECOVERABLE	Sample Measurement	****	****	****	****	0.000	0.000	19	0	Weekly	Composite
Parameter Code: 01114 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.05 monthly average	0.10 maximum daily	mg/l		Weekly	Composite
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.0729	0.1118		****	****	****	****	0	Daily	Totalizer
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily	Totalizer
CYANIDE, FREE AVAILABLE	Sample Measurement	****	****	****	****	*9	*9	19	0	Weekly	Grab
Parameter Code: 51173 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.04 monthly average	0.08 maximum daily	mg/l		Weekly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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			Department of E			t Discharge Monit		MR)			
PERMITTEE NAME: Prec	coat Metals Division Se	equa Corp.		PER	MIT NUMBER	LU393700957				MINOR	
MAILING ADDRESS: 3399	Davey Allison Blyd	Huevtown AL '	35023	MON	ITORING PO			0	OUNT	. Jefferso	on
	bavey Alison bive.	Hucytown, AL	55025		MONITORI			-	ROGE		
FACILITY: Precoat Metals					YY   MM   DD		<u> </u>	1		* NO DISCHA	<b>BCE[]</b> ***
				From:				NOT			
LOCATION: 3399 Davey Alli	son Blvd , Bessemer,	AL 35023		From;		10: 10 01 01		NOTE: Read instructions before comple			Simpleting this form.
Parameter		Quantity of	or Loading	Units	Oua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
РН	Sample Measurement	****	****		9.04	****	10.47		0	Daily	Grab
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	5.0 minimum daily	****	10.5 maximum daily	12 S.U.		Daily	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	27	****	19	0	Monthly	Composite
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	report monthly average	****	mg/l		Monthly	Composite
OIL & GREASE	Sample Measurement	****	****		****	2.10	3.60	19	0	Weekly	Grab
Parameter Code: 00556 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	150 monthly average	report maximum daily	mg/l		Weekly	Grab
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	0.53	****	19	0	Monthly	Composite
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	report monthly average	****	mg/l		Monthly	Composite
CYANIDE, TOTAL (AS CN)	Sample Measurement	*9	*9	26	****	****	****	****	0	Weekly	Grab
Parameter Code: 00720 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.027 monthly average	0.069 maximum daily	lbs/day	****	****	****			Weekly	Grab
CHROMIUM, TOTAL (AS CR)	Sample Measurement	0.006	0.007	26	****	****	****	****	0	Weekly	Composite
Parameter Code: 01034 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.052 monthly average	0.126 maximum daily	lbs/day	****	****	****			Weekly	Composite
COPPER, TOTAL (AS CU)	Sample Measurement	0.010	0.016	26	****	****	****	****	0	Weekly	Composite
Parameter Code: 01042 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.122 monthly average	0.255 maximum daily	lbs/day	****	****	****			Weekly	Composite

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James Reeves		Signed By E2	205-744-3200	08/27/2018

			Department of E			Discharge Monit		OMR)			
PERMITTEE NAME: Precoat	Metals Division Se	equa Corp.		PER	MIT NUMBER	. IU393700957	7			MINOR	
MAILING ADDRESS: 3399 Da	vev Allison Blvd.	Huevtown, AL	35023	MON	<b>ITORING PO</b>	INT: S011		(	COUNT	TY: Jefferso	n
		·····,···		_	MONITORI				ROGE		
FACILITY: Precoat Metals					YY   MM   DD	YY   MM   D	D		**	** NO DISCHA	RGE[]***
LOCATION: 3399 Davey Allison	Blud Bessemer	AL 35023		From:						instructions before co	
	biva, bessemer,	AE 00020									1 8
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
ZINC, TOTAL (AS ZN)	Sample Measurement	0.029	0.055		****	****	****	****	0	Weekly	Composite
Parameter Code: 01092 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.141 monthly average	0.340 maximum daily	26 lbs/day	****	****	****			Weekly	Composite
LEAD, TOTAL RECOVERABLE	Sample Measurement	****	****	****	****	0.000	0.000	19	0	Weekly	Composite
Parameter Code: 01114 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.05 monthly average	0.10 maximum daily	mg/l		Weekly	Composite
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.0671	0.1355		****	****	****	****	0	Daily	Totalizer
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily	Totalizer
CYANIDE, FREE AVAILABLE	Sample Measurement	****	****	****	****	*9	*9	19	0	Weekly	Grab
Parameter Code: 51173 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.04 monthly average	0.08 maximum daily	mg/l		Weekly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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James Reeves		Signed By E2	205-744-3200	08/27/2018

			Department of E			t Discharge Monit		MR)			
PERMITTEE NAME: Pre	coat Metals Division Se	equa Corp.		PER	MIT NUMBER	LU393700957	•			MINOR	
MAILING ADDRESS: 339	9 Davey Allison Blyd	Huevtown AL '	35023	MON	NITORING PO	INT: S011		0	OUNT	TY: Jefferso	n
	bavey / moor biva. ,	The year, the c	00020		MONITORI			PROGRAM: SID			
FACILITY: Precoat Metals					YY   MM   DD			-		* NO DISCHA	<b>PCF</b> []***
				From:	40 00 01	To: 18 08 31	<u> </u>	NOTE: Read instructions before completing this form.			
LOCATION: 3399 Davey All	ison Blvd , Bessemer,	AL 35023		FIOIII:		10. 10 00 01		NOTE: Read instructions before comp			Supreung uns form.
Parameter		Quantity of	or Loading	Units	Oua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
РН	Sample Measurement	****	****		9.16	****	10.45	10	0	Daily	Grab
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	5.0 minimum daily	****	10.5 maximum daily	12 S.U.		Daily	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	28	****	19	0	Monthly	Composite
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	report monthly average	****	mg/l		Monthly	Composite
OIL & GREASE	Sample Measurement	****	****		****	0.88	1.4	19	0	Weekly	Grab
Parameter Code: 00556 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	150 monthly average	report maximum daily	mg/l		Weekly	Grab
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	0.41	****	19	0	Monthly	Composite
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	report monthly average	****	mg/l		Monthly	Composite
CYANIDE, TOTAL (AS CN)	Sample Measurement	*9	*9	26	****	****	****	*****	0	Weekly	Grab
Parameter Code: 00720 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.027 monthly average	0.069 maximum daily	lbs/day	****	****	****			Weekly	Grab
CHROMIUM, TOTAL (AS CR)	Sample Measurement	0.025	0.081	26	****	****	****	*****	0	Weekly	Composite
Parameter Code: 01034 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.052 monthly average	0.126 maximum daily	lbs/day	****	****	****			Weekly	Composite
COPPER, TOTAL (AS CU)	Sample Measurement	0.005	0.007	26	*****	****	****	****	0	Weekly	Composite
Parameter Code: 01042 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.122 monthly average	0.255 maximum daily	lbs/day	****	****	****			Weekly	Composite

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
James Reeves		Signed By E2	205-744-3200	09/27/2018

			Department of E			Discharge Monit		OMR)			
PERMITTEE NAME: Precoat	Metals Division S	equa Corp.		PER	MIT NUMBER	: IU393700957	7			MINOR	
MAILING ADDRESS: 3399 Da	avev Allison Blvd.	Huevtown, AL	35023	MON	ITORING PO	INT: S011		C	COUNT	TY: Jefferso	n
		,		_	MONITORI				ROGE		
FACILITY: Precoat Metals					YY   MM   DD	YY   MM   D	D			** NO DISCHA	RGE[]***
LOCATION: 3399 Davey Allison	Blud Bessemer	AL 35023		From:	10.00.01	To: 18 08 31		NOT		instructions before co	
20 01220110 5599 Davey Allson	bivu, bessemer,	AL 33023		110110		100			2		inproving this form
Parameter	$\searrow$	Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
ZINC, TOTAL (AS ZN)	Sample Measurement	0.021	0.036		****	****	****	****	0	Weekly	Composite
Parameter Code: 01092 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.141 monthly average	0.340 maximum daily	26 lbs/day	****	****	****			Weekly	Composite
LEAD, TOTAL RECOVERABLE	Sample Measurement	****	****	****	*****	0.000	0.000	19	0	Weekly	Composite
Parameter Code: 01114 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.05 monthly average	0.10 maximum daily	mg/l		Weekly	Composite
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	0.0672	0.1324		****	****	****	****	0	Daily	Totalizer
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily	Totalizer
CYANIDE, FREE AVAILABLE	Sample Measurement	****	****	****	****	*9	*9	- 19	0	Weekly	Grab
Parameter Code: 51173 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.04 monthly average	0.08 maximum daily	mg/l		Weekly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
James Reeves		Signed By E2	205-744-3200	09/27/2018

			Department of E			Discharge Monit		MR)			
PERMITTEE NAME: Pre-	coat Metals Division Se	equa Corp.		PER	MIT NUMBER	: IU393700957	•			MINOR	
MAILING ADDRESS: 339	9 Davey Allison Blyd	Huevtown AL ?	35023	MON	NITORING PO	INT: S011		0	OUNT	TY: Jefferso	n
	o Davey Alloon Diva. ,	The year, the c	00020		MONITORI			PROGRAM: SID			
FACILITY: Precoat Metals					YY   MM   DD			-		* NO DISCHA	<b>PCF</b> []***
				From:	40.00.01	To: 18 09 30	<u> </u>	NOTE: Read instructions before completing this form.			
LOCATION: 3399 Davey All	ison Blvd , Bessemer,	AL 35023		FIOIII:		10, 10,0000		NOTE: Read instructions before complet			Sinpleting this form.
Parameter		Quantity of	or Loading	Units	Oua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
РН	Sample Measurement	****	****		8.80	****	10.34		0	Daily	Grab
Parameter Code: 00400 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	5.0 minimum daily	****	10.5 maximum daily	12 S.U.		Daily	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****	****	****	25	****	19	0	Monthly	Composite
Parameter Code: 00530 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	report monthly average	****	mg/l		Monthly	Composite
OIL & GREASE	Sample Measurement	****	****		****	1.15	2.80	19	0	Weekly	Grab
Parameter Code: 00556 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	150 monthly average	report maximum daily	mg/l		Weekly	Grab
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	****	****	****	****	0.34	****	19	0	Monthly	Composite
Parameter Code: 00665 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	report monthly average	****	mg/l		Monthly	Composite
CYANIDE, TOTAL (AS CN)	Sample Measurement	*9	*9	26	****	****	****	*****	0	Weekly	Grab
Parameter Code: 00720 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.027 monthly average	0.069 maximum daily	lbs/day	****	****	****			Weekly	Grab
CHROMIUM, TOTAL (AS CR)	Sample Measurement	.011	.025	26	****	****	****	*****	0	Weekly	Composite
Parameter Code: 01034 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.052 monthly average	0.126 maximum daily	lbs/day	****	****	****			Weekly	Composite
COPPER, TOTAL (AS CU)	Sample Measurement	.016	.026	26	*****	****	****	****	0	Weekly	Composite
Parameter Code: 01042 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.122 monthly average	0.255 maximum daily	lbs/day	****	****	****			Weekly	Composite

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James Reeves		Signed By E2	205-744-3200	10/22/2018

			Department of E			Discharge Monit		MR)			
PERMITTEE NAME: Precoat	Metals Division Se	equa Corp.		PER	MIT NUMBER	. IU393700957	7			MINOR	
MAILING ADDRESS: 3399 Da	avev Allison Blvd	Huevtown AL	35023	MON	NITORING PO	INT: S011		C	COUNT	TY: Jefferso	n
		, 1100 , 10111, 7 12	00020		MONITORI				ROGE		
FACILITY: Precoat Metals					YY   MM   DD		D	-		** NO DISCHA	RGE[]***
LOCATION: 3399 Davey Allison	Dhud Decement	AL 25022		From:		To: 18 09 30		NOT		instructions before co	
Do chillion 3399 Davey Allison	bivu, bessemer,	AL 35023		TTOIN.					L. Read	instructions before et	supreting this form.
Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
ZINC, TOTAL (AS ZN)	Sample Measurement	.043	.057		****	****	****	****	0	Weekly	Composite
Parameter Code: 01092 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	0.141 monthly average	0.340 maximum daily	26 lbs/day	****	****	****			Weekly	Composite
LEAD, TOTAL RECOVERABLE	Sample Measurement	****	****	****	****	0.000	0.000	19	0	Weekly	Composite
Parameter Code: 01114 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.05 monthly average	0.10 maximum daily	mg/l		Weekly	Composite
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	.0802	0.1252		****	****	****	****	0	Daily	Totalizer
Parameter Code: 50050 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	report monthly average	report maximum daily	03 MGD	****	****	****			Daily	Totalizer
CYANIDE, FREE AVAILABLE	Sample Measurement	****	****	****	****	*9	*9	19	0	Weekly	Grab
Parameter Code: 51173 Stage Code: 1 EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	0.04 monthly average	0.08 maximum daily	mg/l		Weekly	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
James Reeves	Signed By E2	205-744-3200	10/22/2018

Winslow Parc WWTP

Alabama Department of Environmental Management Discharge Monitoring Report (DMR)												
PERMITTEE NAME: Pinnacle Wastewater Systems, LLC PERMIT NUMBER: ALSI9937715 MINOR												
MAILING ADDRESS: 2025 First Avenue North Unit 100, Birmingham, AL 35203				MON	MONITORING POINT: EFF-0				COUNTY: Jefferson			
MAILING ADDICESS, 2020 Filst Avenue North Unit 100, Dirmingham, AL 30203									PROGRAM: UIC Sites			
TA CITE TOTAL Winslow Parc W/WTP					MONITORING PERIOD:							
FACILITY: Winslow Parc WWTP				YY   MM   DD YY   MM   DD			*** NO DISCHARGE [X] ***					
LOCATION: Liles Lane and Winslow Drive, Trussville, AL 35173				From:	From: 18 02 01 To: 18 02 28			NOTE: Read instructions before completing this form.				
Parameter	Parameter Quantity (		or Loading	Units Quali	lity or Concentration		Units	No.	Frequency of	Sample Type		
T drameter	$\sim$		Maximum	Onits	Minimum	2	Maximum	Onto	Ex.	Analysis	1 71	
	S1.	Average				Average	Iviaxiiliuili		LA.			
BOD, 5-DAY (20 DEG. C)	Sample Measurement	****	****		****	****		19				
Parameter Code: 00310	Permit	****	****	*****	*****	****	report	mg/l				
Stage Code: 1	Requirement						maximum			Monthly		
EFFLUENT GROSS VALUE	~ .											
PH	Sample Measurement	****	****	****	****	****		10				
Parameter Code: 00400	Permit	****	****		*****	****	report	12 S.U.				
Stage Code: 1	Requirement						maximum	5.0.		Monthly		
EFFLUENT GROSS VALUE							daily					
SOLIDS, TOTAL SUSPENDED	Sample Measurement	****	****		****	****		10				
Parameter Code: 00530	Permit	****	****	*****	****	****	report	19 mg/l				
Stage Code: 1	Requirement						maximum	ing/1		Monthly		
EFFLUENT GROSS VALUE												
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	****	****	****	****	****		19				
Parameter Code: 00625	Permit	****	****		****	****	report	mg/l				
Stage Code: 1	Requirement						maximum	Ũ		Monthly		
EFFLUENT GROSS VALUE	~ .											
FLOW, IN CONDUIT OR THRU TREATMENT PL	Sample Measurement	****		07	****	****	****	****				
Parameter Code: 50050	Permit	****	26340	GPD	****	****	****					
Stage Code: 1	Requirement		maximum							Daily		
EFFLUENT GROSS VALUE	G 1		daily									
COLIFORM, FECAL GENERAL	Sample Measurement	****	****	****	****	****						
Parameter Code: 74055	Permit	****	****	****	****	****	report	13 col/100mL				
Stage Code: 1	Requirement	1.1.1.1.1.1.1	1.1.1.1.1.1.1.			de de de de de	maximum	coi/ tooiniL		Monthly		
EFFLUENT GROSS VALUE	-											
	Sample Measurement											
	Permit							1				
	Requirement											

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Mike Walraven		Signed By E2	205-396-3170	03/27/2018