Subject: RE: Quitman WPCP application info
Date: Thursday, March 3, 2022 at 9:40:16 AM Eastern Standard Time
From: Trey Pearson
To: Hennessey, Shauna
Attachments: image002.gif, image003.png, Signed Application Quitman 030222.pdf, Aeration Pond.pdf, System Map.pdf, Treatment Pond.pdf, QUITMAN MONITORING WELLS MAP.pdf, QUITMAN DMR WELLS 0821.pdf, QUITMAN DMR WELLS 0921.pdf, QUITMAN DMR WELLS 1021.pdf, QUITMAN DMR WELLS 1121.pdf, QUITMAN DMR WELLS 1221.pdf, QUITMAN DMR WELLS 0121.pdf, QUITMAN DMR WELLS 0122.pdf, QUITMAN DMR WELLS 0221.pdf, QUITMAN DMR WELLS 0321.pdf, QUITMAN DMR WELLS 0421.pdf, QUITMAN DMR WELLS 0521.pdf, QUITMAN DMR WELLS 0621.pdf, QUITMAN DMR WELLS 0721.pdf, Quitman Topo.jpg, WRP Application Certification.pdf

Shauna we haven't gotten access to the GEOS acct for Quitman But I have attached a paper copy of their application. Just didn't want it to be late. If I can get in before tomorrow I will upload it to GEOS also.

Trey Pearson
Field Director
Tindall Enterprises, Inc.
dba Altamaha Laboratories
829 S.W. Central Avenue
PO Box 618
Blackshear, GA 31516
Office: 912-449-0999
Fax: 912-449-8999
Mobile: 912-670-1590

From: Hennessey, Shauna <Shauna.Hennessey@dnr.ga.gov>
Sent: Thursday, February 24, 2022 11:42 AM
To: Trey Pearson <treypearson@tindallenterprises.net>
Subject: Quitman WPCP application info

Mr. Pearson,

Attached is the previous renewal application for Quitman WPCP. Please let me know if you need anything else.

Best,
Shauna Hennessey
Environmental Specialist
Municipal Permitting Unit
Environmental Protection Division
2 Martin Luther King Jr. Drive
Suite 1152 – East Tower
Atlanta, GA 30334
Phone: (470) 524-0596

Did you know you can now sign up to receive electronic public notices for wastewater permits and GEFA projects currently under consideration from the Watershed Protection Branch? Please visit our website at https://epd.georgia.gov/watershed-protection-branch-public-announcements to sign up now!

GEORGIA
DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL PROTECTION DIVISION

Wastewater Regulatory Program
Certification Statement

SECTION I. APPLICANT & FACILITY INFORMATION

Permit No.: GAJ020022		**GEOS Submittal ID:**	
Applicant Organization/Legal Name: **City of Quitman**			
Applicant Mailing Address: **PO Box 208**			
City: **Quitman**	State: **Ga**	Zip Code: **31643**	County: **Brooks**
Facility Name: **City of Quitman WPCP**			
Facility Address: **Hwy 84**			
City: **Quitman**	State: **GA**	Zip Code: **31643**	County: **Brooks**

SECTION II. LIST OF ATTACHMENTS

Provide a list of the required application attachments being transmitted via U.S. mail or otherwise submitted (i.e. electronic mail) for a permit application

1. Application	6.
2. System Maps x 3	7.
3. Process Flow Diagram	8.
4. Sludge Addendum	9.
5. Monitoring Well Results	10.

SECTION III. CERTIFICATION STATEMENT

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.

Print Name: Trey Pearson	**Title: Field Director**
Signature of Applicant:	**Date: 03/01/22**

GEORGIA
DEPARTMENT OF NATURAL RESOURCES

ENVIRONMENTAL PROTECTION DIVISION

APPLICATION FOR A LAND APPLICATION SYSTEM (LAS) PERMIT

This form is to be used solely for issuance, reissuance or modification of an individual municipal or industrial LAS permit (i.e., no-discharge permit). Refer to the instructions on EPD website for more information and help with this form.

SECTION I

1. This is an application to:

☐ Apply for a new LAS permit
(A permit number will be assigned by EPD)

☒ Apply for reissuance of an existing permit – Specify LAS Permit No.:

☐ Modify an existing permit – Specify LAS Permit No.:

2. Type of land application:

The LAS permit is to cover (or currently covers): (Check all that apply)

☒ Land application of treated wastewater onto a dedicated site.

☐ Distribution of reuse water to customers.

☐ Land application of sludge only.

3. Other environmental permits:

Does the treatment facility hold any other environmental permits?

☒ No

☐ Yes – Provide a list below:

SECTION II – PERMITTEE (APPLICANT) IDENTIFICATION:

1. Name of business, company, municipality, etc. requesting the permit:
   City of Quitman
2. Street address/P.O. Box: *100 W. Screven St* *PO Box 208*
3. City: *Quitman* 4. State: *Ga* 5. Zip: *31643* 6. County: *Brooks*
7. Contact person: *Raphel Maddox*
8. Title: *City Manager*
9. Phone Number: *229-263-4166*
10. Email: *rmaddox@quitmanga.gov*

SECTION III – TREATMENT FACILITY LOCATION & CONTACT INFORMATION:

1. Treatment facility physical location:

a. Facility name: *City of Quitman*
b. Street address: *500 Essy Rd* c County: *Brooks*
d. City: *Quitman* e. State: *Ga* f. Zip: *31643*
g. Latitude-Longitude (in decimal degrees):

2. Treatment facility contact & mailing address: ☒ Same as in Section II above

a. Contact person:
b. Title:
c. Organization:
d. Phone number:
e. Email:
f. Street address/P.O. Box:
g. City: h. State: i. Zip:

SECTION IV – WASTEWATER CHARACTERISTICS:

Answer questions 1 or 2 below, as applicable.

1. Municipal facilities: ☐ Not Applicable

a. Collection system:
- ☒ Separate (sanitary sewer only)
- ☐ Combined (sanitary sewer & storm water)
- ☐ Both separate and combined

b. Does your facility accept septage?
- ☒ No
- ☐ Yes – Provide average monthly daily volume (gal/day):

c. Is the facility receiving process wastewater from industrial customers?
- ☐ No – Skip questions 1.d & 1.e below and go to Section V
- ☒ Yes – Provide information for the industrial customers:

i. Name: *Aviagen Hatchery*

SIC code(s): *0254*

SIC Description: *Poultry Hatchery*

Flow: Average: *42,600* gal/day, Peak: *52,200* gal/day

ii. Name:

SIC code(s):

SIC Description:

Flow: Average: gal/day, Peak: gal/day

iii. Name:

SIC code(s):

SIC Description:

Flow: Average: gal/day, Peak: gal/day

SECTION IV – WASTEWATER CHARACTERISTICS: **(CONTINUED)**

d. Do(es) the industrial customer(s) listed above have a pretreatment permit issued by the State?

☒ No

☐ Yes – Provide pretreatment permit number(s):

i.

ii.

iii.

e. If the industrial facility(ies) listed above do(es) not have a pretreatment permit, do you have an approved industrial pretreatment program?

☒ No

☐ Yes – Provide approval date:

SECTION IV – WASTEWATER CHARACTERISTICS: **(CONTINUED)**

2. Industrial facilities: ☒ Not Applicable

a. If your facility employs or will be employing processes in any of the industrial categories listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), check the category and enter the applicable subpart(s) that apply.

(Check all that apply)

	Industrial Categories	Code of Federal Regulations Reference No.	Subpart that Applies to Applicant's Facility
☐	Aluminum Forming	467	
☐	Asbestos Manufacturing	427	
☐	Battery Manufacturing	461	
☐	Canned and Preserved Fruits and Vegetables Processing	407	
☐	Canned and Preserved Seafood Processing	408	
☐	Carbon Black Manufacturing	458	
☐	Cement Manufacturing	411	
☐	Centralized Waste Treatment	437	
☐	Coal Mining	434	
☐	Coil Coating	465	
☐	Concentrated Aquatic Animal Production	451	
☐	Construction and Development	450	
☐	Copper Forming	468	
☐	Dairy Products Processing	405	
☐	Electrical and Electronic Components Manufacturing	469	
☐	Electroplating	413	
☐	Explosives Manufacturing	457	
☐	Feedlots	412	
☐	Ferroalloy Manufacturing	424	
☐	Fertilizer Manufacturing	418	
☐	Glass Manufacturing	426	
☐	Grain Mills	406	
☐	Gum and Wood Chemicals Manufacturing	454	
☐	Hospital	460	
☐	Ink Formulating	447	

SECTION IV – WASTEWATER CHARACTERISTICS: **(CONTINUED)**

	Industrial Categories	Code of Federal Regulations Reference No.	Subpart that Applies to Applicant's Facility
☐	Inorganic Chemicals Manufacturing	415	
☐	Iron and Steel Manufacturing	420	
☐	Landfills	445	
☐	Leather Tanning and Finishing	425	
☐	Meat Products	432	
☐	Metal Finishing	433	
☐	Metal Molding and Casting	464	
☐	Metal Products and Machinery	438	
☐	Mineral Mining and Processing	436	
☐	Nonferrous Metals Forming Metal Powders	471	
☐	Nonferrous Metals Manufacturing	421	
☐	Oil and Gas Extraction	435	
☐	Ore Mining and Dressing	440	
☐	Organic Chemicals Plastic and Synthetic Fibers	414	
☐	Paint Formulating	446	
☐	Paving and Roofing Materials	443	
☐	Pesticides Chemicals	455	
☐	Petroleum Refining	419	
☐	Pharmaceutical Manufacturing	439	
☐	Phosphate Manufacturing	422	
☐	Photographic	459	
☐	Plastics Molding and Forming	463	
☐	Porcelain Enameling	466	
☐	Pulp, Paper, and Paperboard	430	
☐	Rubber Manufacturing	428	
☐	Soap and Detergent Manufacturing	417	

SECTION IV – WASTEWATER CHARACTERISTICS: **(CONTINUED)**

	Industrial Categories	Code of Federal Regulations Reference No.	Subpart that Applies to Applicant's Facility
☐	Steam Electric Power Generating	423	
☐	Sugar Processing	409	
☐	Textile Mills	410	
☐	Timber Products Processing	429	
☐	Transportation Equipment Cleaning	442	
☐	Waste Combustor	444	

b. Provide a brief description of each of the operations that generate the wastewater at this facility including primary products or services (includes principal raw materials, catalysts, and intermediates used in the process).

c. List the daily average and daily maximum wastewater flows for each of the applicable waste streams in the table. At a minimum, use at least the last consecutive 12 months of monitoring data. New facilities must estimate the future flow.

Type	Daily Average (gal/day)	Daily Maximum (gal/day)
Contact cooling water		
Non-contact cooling water		
Boiler blow down		
Process wastewater		
Sanitary wastewater		
Air pollution control wastewater		
Plant & equipment wash down wastewater		
Other (specify):		
Other (specify):		
Other (specify):		

SECTION IV – WASTEWATER CHARACTERISTICS: **(CONTINUED)**

d. Is the wastewater discharged as a batch discharge (new facilities must estimate)?

☐ No – Go to Section V

☐ Yes – Provide the following information:

i. Number of batch discharges per day:

ii. Average gallons per batch:

iii. Time(s) of batch discharges:

iv. Days of week of batch discharges:

v. Total daily flow discharged (gal/day):

SECTION V – DESCRIPTION OF THE TREATMENT FACILITY:

All questions must be answered unless otherwise instructed.

1. Flow:

a. Design flow: 1.3 MGD

b. Is the application for a phased permit? (i.e., will the facility be expanding in the future?)

☒ No - Skip question 1.c.

☐ Yes - Answer question 1.c below

c. Provide design flow(s) for the future expansion(s):

i.	MGD	*iv.*	MGD
ii.	MGD	*v.*	MGD
iii.	MGD	*vi.*	MGD

2. Treatment process:

a. Provide a plant flow diagram or schematic and a narrative description identifying:

(If applying for a phased permit, provide information for all phases)

- All treatment units
- Location(s) of flow monitoring device(s)
- Location(s) of influent/effluent sampling

b. Have any of the treatment units undergone any modifications since the last permit reissuance?

☐ Not applicable (first permit issuance)

☒ No

☐ Yes – Explain below:

c. Original DDR concurrence date:

d. DDR Amendment concurrence date(s):

SECTION V – DESCRIPTION OF THE TREATMENT FACILITY: (CONTINUED)

All questions must be answered unless otherwise instructed.

3. Storage capacity: ☐ Not Applicable

Provide volume for each storage pond or storage tank:

a.	*Aeration*	*7,400,000* gal	**d.**		gal
b.	*Treatment*	*26,180,000* gal	**e.**		gal
c.	*Storage*	*7,500,000* gal	**f.**		gal

4. Is the treated wastewater land applied on a dedicated site?

☐ No – Go to Section VI.

☒ Yes – Answer questions below.

5. Irrigation system: ☐ Not Applicable

a Provide a map or drawing showing:

(If applying for a phased permit, provide information for all phases)

- Locations of all land application sites. Include ID and surface area for each irrigation zone or field.
- Locations of all groundwater monitoring wells. Groundwater monitoring wells should be identified by the following symbols: Upgradient wells U1, U2, U3, etc.; Midfield wells M1, M2, M3, etc.; Downgradient wells D1, D2, D3, etc.
- Any surface waters adjacent to or traversing the land application site. Identify the monitoring location(s), if any.

b. Type of system: (Check all that apply)

i.	☒	Sprayfield	☒	Sprinklers
			☐	Center pivot(s)
ii.	☐	Dripfields	☐	Above-ground emitters
			☐	Subsurface emitters
iii.	☐	Drainfields	☐	Infiltration chambers
			☐	Perforated pipes with gravel bed
			☐	Other – Specify:

iv. ☐ Rapid infiltration basins

v. ☐ Other system – Specify:

SECTION V – DESCRIPTION OF THE TREATMENT FACILITY: (CONTINUED)

Complete questions 6 to 7 below based on type of irrigation system selected in Section V.5.b above:

6. Sprayfield/Dripfield information: ☒ Not Applicable

a. Total irrigation (wetted) area: *152* acres

b. Number of irrigated fields or zones: *5* fields or zones

c. Crop on each field: *Coastal Bermuda*

If the hydraulic loading rate and instantaneous application rate are the same for all fields, please provide values below:

d. Hydraulic loading rate: *2.5* in/week

e. Instantaneous application rate: *0.25* in/hour

f. If the hydraulic loading rate and instantaneous application rate are not the same for each fields/soil series or vary seasonally, please provide description & values below:

g. Is the irrigation area equipped with an underdrain system?

☒ No

☐ Yes – Explain below where effluent from the underdrain is directed:

7. Drainfield information: ☒ Not Applicable

a. Infiltration area (trench bottom only): ft^2

b. Number of irrigated fields or zones: fields or zones

c. Crop:

If the hydraulic loading rate is the same for all zones, please provide value below:

d. Hydraulic loading rate (trench bottom): $gal/ft^2.day$

e. If the hydraulic loading rate and instantaneous application rate are not the same for each fields/soil series or vary seasonally, please provide description & values below:

SECTION V – DESCRIPTION OF THE TREATMENT FACILITY: (CONTINUED)			
Complete questions 8 to 9 below based on type of irrigation system selected in Section V.5.b above:			
8.	**Rapid Infiltration Basins:**	☒	Not Applicable
a.	Total wetted area:	Acres (bottom of the basins)	
b.	Number of basins:	basins	
9.	**Other System:**	☒	Not Applicable
	Provide a description of the irrigation system:		

SECTION VI – REUSE CUSTOMERS

All questions must be answered unless otherwise instructed.

1. Is (will) the treated effluent (be) distributed to reuse customers?

- [x] No – Go to Section VII
- [ ] Yes – Answer questions below

2. Has the facility been designed to meet EPD reuse standards?

(5 mg/L BOD, 5 mg/L TSS, 23 #/100mL FCB, and 3.0 NTU Turbidity)

- [ ] Yes
- [ ] No – Provide design effluent concentrations below:

3. Is the reuse facility equipped with the following?

- [ ] Automatic diversion of reclaimed water that does not meet the turbidity criteria and automatic diversion of the reclaimed water should any component of the disinfection system fail, but no electronic monitoring and alarm system
- [ ] Automatic diversion of reclaimed water that does not meet the turbidity criteria and automatic diversion of the reclaimed water should any component of the disinfection system fail, and electronic monitoring and alarm system
- [ ] None of the above

SECTION VII - OPERATIONAL DATA (for reissuance of existing permits only) ☐ Not Applicable

1. All municipal and industrial facilities:

a. Effluent data:

Provide the last 12 months of effluent monitoring results (monthly average) in the table below.

- Flow, BOD, TSS: Provide data for the discharge from the treatment process.
- TKN, Nitrate, Total Phosphorus: Provide data for the discharge to the land application sites (dripfield, sprayfield, drainfield, etc.)
- If your permit does not require monitoring for one (or more) of the parameters listed above, write NA.

THE VALUES FOR TKN & NO3 ARE FROM STORAGE

	Date (MM/YY)	Flow (MGD)	BOD_5 (mg/L)	TSS (mg/L)	TKN (mg/L)	Nitrate (mg/L)	Total Phosphorus (mg/L)
1	01/22	0.703	24	26			
2	02/21	1.746	25	21			
3	03/21	1.415	14	14	25.3	0.123	
4	04/21	0.861	12	15			
5	05/21	0.736	20	51			
6	06/21	0.574	35	52	15.5	0.167	
7	07/21	1.992	14	32			
8	08/21	1.766	13	23			
9	09/21	1.581	16	23	6.25	0.253	
10	10/21	0.758	15	27			
11	11/21	0.865	17	26			
12	12/21	0.707	44	10	6.04	0.619	

SECTION VII – OPERATIONAL DATA (for reissuance of existing permits only) **(CONTINUED)**

b. Groundwater data

Identify all the wells below and provide the last 12 months of groundwater monitoring results for each of them. The monitoring results should include all parameters required by your current permit and should be presented as shown in the table below.

- Upgradient wells ID:
- Midfield wells ID:
- Downgradient wells ID:

	Monitoring well ID:					
	Date (MM/YY)	Parameter A (units)	Parameter B (units)	Parameter C (units)	Parameter D (units)	etc. (units)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

c. Were all the wells installed in accordance with EPA Region IV guidance document *Design and Installation of Monitoring Wells, January 2013* (or latest edition)?

☒ Yes

☐ No – Give a description of the monitoring wells:

2. Industrial facilities only:

a. The table below lists the significant industrial categories and the types of pollutants that must be analyzed and submitted in Section VII.2.b of this application.

Industrial Category	Volatile	Acid Compounds	Base / Neutral Compounds	Pesticide
Adhesives and Sealants	x	x	x	-
Aluminum Forming	x	x	x	-
Auto and other laundries	x	x	x	x
Battery Manufacturing	x	x	x	-
Coal Mining	x	x	x	x
Coil Coating	x	x	x	-
Copper Forming	x	x	x	-
Electric and Electronic Compounds	x	x	x	x
Electroplating	x	x	x	-
Explosives Manufacturing	-	x	x	-
Foundries	x	x	x	-
Gum and Wood Chemicals	x	x	x	x
Inorganic Chemicals Manufacturing	x	x	x	-
Iron and Steel Manufacturing	x	x	x	-
Leather Tanning and Finishing	x	x	x	x
Mechanical Products Manufacturing	x	x	x	-
Metal Finishing	x	x	x	-
Nonferrous Metals Manufacturing	x	x	x	x
Ore Mining and Dressing	x	x	x	x
Organic Chemicals Plastic and Synthetic Fibers	x	x	x	x
Paint and Ink Formulating	x	x	x	x
Pesticides Chemicals	x	x	x	x
Petroleum Refining	x	x	x	x
Pharmaceutical Manufacturing	x	x	x	-
Photographic Equipment and Supplies	x	x	x	x
Plastics and Synthetic Materials Manufacturing	x	x	x	x
Plastic Processing	x	-	-	-
Pulp, Paper, and Paperboard	x	x	x	-
Rubber Manufacturing	x	x	x	-
Porcelain Enameling	x	-	x	x
Printing and Publishing	x	x	x	x
Soap and Detergent Manufacturing	x	x	x	-
Steam Electric Power Generating	x	x	x	-
Textile Mills	x	x	x	x
Timber Products Processing	x	x	x	x

b. **All industrial applicants** must provide analytical wastewater effluent data in the following table. Data must be representative of the effluent waste stream and analyzed using a sufficiently sensitive test method in accordance with 40 CFR Part 136. The table below is not an all-encompassing list. It is the responsibility of the applicant to ensure the effluent discharge has been adequately characterized and the applicable information is reported to EPD.

i. **All Applicants.** If you believe a pollutant listed below may be present in your effluent discharge, place an "X" in the Believed Present box and provide the corresponding analytical data.

ii. **For Categorical Industrial Users Only.** Check the box "Believed Present" and analyze the discharge for the corresponding type of pollutants for your specific industrial category. Refer to Section IV.2.a for specific industrial category.

Pollutant	Place "X" if Believed Present	Average Sample Result (mg/L)	Maximum Sample Result (mg/L)	Number of Analyses	EPA Test Method
Toxic Metals, Cyanides, & Phenols					
Antimony, Total					
Arsenic, Total					
Beryllium, Total					
Copper, Total					
Cadmium, Total					
Chromium, Total					
Cyanide, Total					
Cyanide, Amenable					
Chromium, Hexavalent					
Lead, Total					
Mercury, Total					
Nickel, Total					
Phenols, Total					
Thallium, Total					
Selenium, Total					
Silver, Total					
Zinc, Total					
Volatiles					
Acrolein					
Acrylonitrile					
Benzene					
Bromoform					
Carbon Tetrachloride					
Chlorobenzene					
Chlorodibromomethane					

SECTION VII – OPERATIONAL DATA (for reissuance of existing permits only) **(CONTINUED)**

Pollutant	Place "X" if Believed Present	Average Sample Result (mg/L)	Maximum Sample Result (mg/L)	Number of Analyses	EPA Test Method
Chloroethane					
2-Chloroethylvinyl Ether					
Chloroform					
Dichlorobromomethane					
1, 1-Dichloroethane					
1, 2-Dichloroethane					
1, 1-Dichloroethylene					
1, 2-Dichloropropane					
1, 3-Dichloroproplyene					
Ethylbenzene					
Methylbromide					
Methylchloride					
Methylene Chloride					
1,1,2,2- Tetrachloroethane					
Tetrachloroethylene					
Toluene					
1,2-Trans-Dichloroethylene					
1,1,1-Trichloroethane					
1,1,2-Trichloroethane					
Trichloroethylene					
Vinyl Chloride					
Acid Compounds					
2-Chlorophenol					
2,4-Dichlorophenol					
2,4-Dimethylphenol					
4,6-Dinitro-O-Cresol					
2,4-Dinitrophenol					
2-Nitrophenol					
4-Nitrophenol					
P-Chloro-M-Cresol					
Pentachlorophenol					
Phenol					
2,4,6-Trichlorophenol					
Base/Neutral Compounds					
Acenaphthene					
Acenaphthylene					
Anthracene					
Benzidine					

SECTION VII – OPERATIONAL DATA (for reissuance of existing permits only) **(CONTINUED)**

Pollutant	Place "X" if Believed Present	Average Sample Result (mg/L)	Maximum Sample Result (mg/L)	Number of Analyses	EPA Test Method
Benzo(a)anthracene					
Benzo(a)pyrene					
3,4-Benzo-fluoranthene					
Benzo(ghi)perylene					
Benzo(k)fluoranthene					
Bis(2-Chloroethoxy) Methane					
Bis(2-Chloroethly) Ether					
Bis(2-Chloroisopropyl) Ether					
Bis(2-Ethylhexyl) Phthalate					
4-Bromophenylphenyl Ether					
Butylbenzyl Phthalate					
2-Chloronaphthalene					
4-Chlorophenylphenyl Ether					
Chrysene					
Dibenzo(a,H) anthracene					
1,2-Dichlorobenzene					
1,3-Dichlorobenzene					
1,4-Dichlorobenzene					
3,3-Dichlorobenzidine					
Diethy phthalate					
Dimethly phthalate					
Di-n-butyl phthalate					
2,4-Dinitrotoluene					
2,6-Dinitrotoluene					
Di-n-octyl phthalate					
1,2-Diphenylhydrazine (as Azobenzene)					
Fluoranthene					
Fluorene					
Hexachlorobenzene					
Hexachlorobutadiene					
Hexachlorocyclopentadiene					
Hexachloroethane					
Indeno(1,2,3-cd) Pyrene					
Isophorone					
Naphthalene					
Nitrobenzene					
N-nitroso dimethylamine					
N-Nitrosodi-n-Propylamine					
N-Nitrosodiphenylamine					

SECTION VII – OPERATIONAL DATA (for reissuance of existing permits only) **(CONTINUED)**

Pollutant	Place "X" if Believed Present	Average Sample Result (mg/L)	Maximum Sample Result (mg/L)	Number of Analyses	EPA Test Method
Phenanthrene					
Pyrene					
1,24-Trichlorobenzene					
Pesticides					
Aldrin					
Alpha-BHC					
Beta-BHC					
Gamma-BHC					
Delta-BHC					
Chlordane					
4,4-DDT					
4,4-DDE					
4,4-DDD					
Dieldrin					
Alpha-Endosulfan					
Beta-Endosulfan					
Endosulfan Sulfade					
Endrin					
Endrin Aldehyde					
Heptachlor					
Heptachlor Epoxide					
PCB-1242					
PCB-1254					
PCB-1221					
PCB-1232					
PCB-1248					
PCB-1260					
PCB-1016					
Toxaphene					
Other Substances					
Bromide					
Color					
Fecal Coliform					
Fluoride					
Nitrogen, Total Organic					
Radioactivity					
Alpha, Total					
Beta, Total					
Radium, Total					

SECTION VII - OPERATIONAL DATA (for reissuance of existing permits only) **(CONTINUED)**

Pollutant	Place "X" if Believed Present	Average Sample Result (mg/L)	Maximum Sample Result (mg/L)	Number of Analyses	EPA Test Method
Radium, 226 Total					
Sulfate					
Sulfide					
Sulfite					
Surfactants					
Aluminum, Total					
Barium, Total					
Boron, Total					
Cobalt, Total					
Iron, Total					
Magnesium, Total					
Molybdenum, Total					
Manganese, Total					
Tin, Total					

SECTION VIII – SLUDGE TREATMENT AND DISPOSAL

Answer all questions unless otherwise instructed.

1. Provide a narrative description and a process flow diagram of the solids treatment process.

- Include all treatment units used to collect, store, stabilize, digest, dewater, etc. solids before ultimate disposal.
- If solids just settle and stabilize at the bottom of a basin (e.g., pond systems), please state so.

1. Is the wastewater treatment system only generating septage? (e.g., septic tanks)

☐ Yes – Skip remaining questions in Section VIII

☒ No – Answer questions below:

2. Sludge generation and management

a. Amount of sludge generated at your facility in the last 12 months: *0* dry tons

b. Does your facility receive sludge from another facility on a routine basis for treatment and disposal? (Please note that septage is not considered sludge)

☒ No – Go to question 3

☐ Yes – Answer questions below:

c. Amount of sludge received from offsite facility(ies) in the last 12 months: dry tons

d. Provide the following information for each facility from which sludge is received:

Facility name:

NPDES or LAS Permit No:

Street address:

City: State: Zip code: County:

Contact person:

Title:

Phone number:

Email:

SECTION VIII – SLUDGE TREATMENT AND DISPOSAL (CONTINUED)	
Answer all questions unless otherwise instructed.	
3.	**Sludge disposal method:** (Check all that apply)
	☒ Permitted landfill
	☐ Send offsite for further treatment and ultimate disposal
	☐ Land application
	☐ Sell or given away in bag or other container
	☐ Incineration
	☐ Registered as soil amendment by Georgia Department of Agriculture
	☐ Licensed as fertilizer by Georgia Department of Agriculture
4.	**If disposing of sludge by any method(s) other than co-disposal in a landfill, do you have an approved Sludge Management Plan?**
	☐ No
	☐ Yes – Provide SMP approval date:
Complete questions 5 to 9 below based on the disposal method selected in Section VIII.3 above:	
5.	**Sanitary landfill** (Use attachment if more than one landfill is used) ☐ Not Applicable
a.	Facility name: *Evergreen Landfill Advanced Disposal*
b.	Street address: *3163 Wetherington lane* **c.** County: *Lowndes*
d.	City: *Valdosta* **e.** State: *Ga* **f.** Zip code: *31601*
g.	Contact person: *Gerald Allen Jr*
h.	Title: *Owner*
i.	Phone: *229-671-8153*
j.	Email:
k.	Provide number(s) for State permit(s) regulating the operation of the Solid Waste landfill:
	i. *092-022D(MSWL)*
	ii.
	iii.

SECTION VIII – SLUDGE TREATMENT AND DISPOSAL (CONTINUED)	
Complete questions 5 to 9 below based on the disposal method selected above:	
6. Sludge sent offsite for further treatment and ultimate disposal (Use attachment if more than one facility is used)	☒ Not Applicable
a. Receiving facility name:	
b. Street address:	**c.** County:
d. City: **e.** State:	**f.** Zip code:
g. Contact person:	
h. Title:	
i. Phone:	
j. Email:	
7. Land application of biosolids	☒ Not Applicable
a. Do the biosolids produced at the facility meet the following requirements?	
☐ Class B requirements	
☐ Class A requirements	
☐ None of the above	
b. Are the biosolids applied onto a site (or sites) not previously approved by the State?	
☐ No	
☐ Yes	
c. Maps – If this application is for a "sludge only" LAS permit (Refer to Section I.2), provide map(s) for all the land application sites. Map(s) should include the following features:	
i. Boundaries of the application site(s) showing buffer areas	
ii. Latitude-longitude of the centroid of the site(s)	
iii. Street address of each site	
iv. Total and useable acreage of the site(s)	
8. Biosolids sold or given away in bags or other containers	☒ Not Applicable
Do the biosolids produced at the facility meet Class A requirements?	
☐ Yes	
☐ No	

SECTION IX – PERMIT MODIFICATION:	☒ Not Applicable
Explain/describe modification requested:	

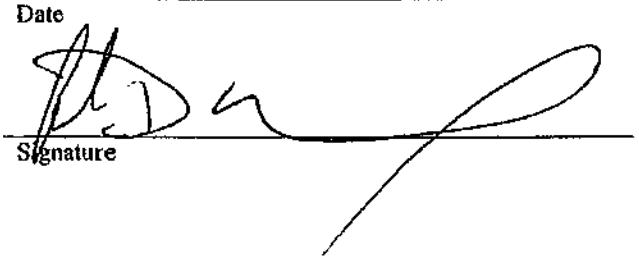
SECTION X – CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under 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.

Raphel Maddox
Printed Name

City Manager
Title

3-2-22
Date


Signature

FACILITY NAME	City of Quitman LAS
FACILITY ADDRESS	US Highway 84 Quitman, Georgia
PHONE NUMBER	229-263-4166

PERMIT NO.	**GAJ020022**	
MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
1/1/2021		**1/31/2021**

GROUNDWATER MONITORING WELLS

DATE SAMPLED: 1/18/2021

Parameter	**Depth to Groundwater**	**pH**	**Electrical Conductance**	**Nitrate Nitrogen**	**Fecal Coliform**
Code	00068 GW 0	00400 GW 0	00094 GW 0	00620 GW 0	74055 GW 0
Units	feet	std. units	µmho/cm	mg/l	mpn/100 ml
Frequency	monthly	quarterly	quarterly	quarterly	semi-annual
Well I.D. #	***	***	***	***	***
U001	**23.8**	***	***	***	***
M001	**24.0**	***	***	***	***
D001	**6.67**	***	***	***	***
D002	**4.50**	***	***	***	***
D003	**7.00**	***	***	***	***
D004	**4.50**	***	***	***	***
D005	**23.0**	***	***	***	***
D006	**5.00**	***	***	***	***

ND indicates not detected at the accepted detection limit for the parameter.

Accepted detection limits:	
Nitrates	0.1
Fecal Coliform	1

SPRAYFIELD SOILS

DATE SAMPLED:

Parameter	**Units**	**Frequency**	**Series 1**	**Series 2**	**Series 3**
Soil Map Unit Symbol			**NfA**	**TqA**	**TqB**
Lime Recommendations			***	***	***
Soil pH	std units	June/October	***	***	***
CEC	meq/100 g	If pH change > 1.0	***	***	***
% Base Sat	%	If pH change > 1.0	***	***	***
P (Mehlich-1)	lb/acre	Annually in October	***	***	***
K (Mehlich-1)	lb/acre	Annually in October	***	***	***
Ca (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mg (Mehlich-1)	lb/acre	Annually in October	***	***	***
Zn (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mn (Mehlich-1)	lb/acre	Annually in October	***	***	***

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 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.

Trey Pearson,Operator — **1/25/2021**

Signature of Principal Executive Officer or Authorized Representative — **Date**

FACILITY NAME	City of Quitman LAS
FACILITY ADDRESS	US Highway 84 Quitman, Georgia
PHONE NUMBER	229-263-4166

PERMIT NO.	**GAJ020022**	
MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
1/1/2022		**1/31/2022**

GROUNDWATER MONITORING WELLS

DATE SAMPLED: 1/17/2022

Parameter	**Depth to Groundwater**	**pH**	**Electrical Conductance**	**Nitrate Nitrogen**	**Fecal Coliform**
Code	00068 GW 0	00400 GW 0	00094 GW 0	00620 GW 0	74055 GW 0
Units	feet	std. units	µmho/cm	mg/l	mpn/100 ml
Frequency	monthly	quarterly	quarterly	quarterly	semi-annual
Well I.D. #	***	***	***	***	***
U001	**29.0**	*******	*******	*******	*******
M001	**29.0**	*******	*******	*******	*******
D001	**2.50**	*******	*******	*******	*******
D002	**6.00**	*******	*******	*******	*******
D003	**18.0**	*******	*******	*******	*******
D004	**6.50**	*******	*******	*******	*******
D005	**26.5**	*******	*******	*******	*******
D006	**6.00**	*******	*******	*******	*******

ND indicates not detected at the accepted detection limit for the parameter.

Accepted detection limits:	
Nitrates	0.1
Fecal Coliform	1

SPRAYFIELD SOILS

DATE SAMPLED:

Parameter	**Units**	**Frequency**	**Series 1**	**Series 2**	**Series 3**
Soil Map Unit Symbol			**NfA**	**TqA**	**TqB**
Lime Recommendations			*******	*******	*******
Soil pH	std units	June/October	*******	*******	*******
CEC	meq/100 g	If pH change > 1.0	*******	*******	*******
% Base Sat	%	If pH change > 1.0	*******	*******	*******
P (Mehlich-1)	lb/acre	Annually in October	*******	*******	*******
K (Mehlich-1)	lb/acre	Annually in October	*******	*******	*******
Ca (Mehlich-1)	lb/acre	Annually in October	*******	*******	*******
Mg (Mehlich-1)	lb/acre	Annually in October	*******	*******	*******
Zn (Mehlich-1)	lb/acre	Annually in October	*******	*******	*******
Mn (Mehlich-1)	lb/acre	Annually in October	*******	*******	*******

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Trey Pearson,Operator

2/15/2022

Signature of Principal Executive Officer or Authorized Representative **Date**

FACILITY NAME	City of Quitman LAS
FACILITY ADDRESS	US Highway 84 Quitman, Georgia
PHONE NUMBER	229-263-4166

PERMIT NO.	**GAJ020022**	
MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
2/1/2021		**2/28/2021**

GROUNDWATER MONITORING WELLS

DATE SAMPLED: 2/4/2021

Parameter	**Depth to Groundwater**	**pH**	**Electrical Conductance**	**Nitrate Nitrogen**	**Fecal Coliform**
Code	00068 GW 0	00400 GW 0	00094 GW 0	00620 GW 0	74055 GW 0
Units	feet	std. units	µmho/cm	mg/l	mpn/100 ml
Frequency	monthly	quarterly	quarterly	quarterly	semi-annual
Well I.D. #	***	***	***	***	***
U001	**23.0**	***	***	***	***
M001	**24.3**	***	***	***	***
D001	**5.0**	***	***	***	***
D002	**5.0**	***	***	***	***
D003	**6.5**	***	***	***	***
D004	**4.0**	***	***	***	***
D005	**23.0**	***	***	***	***
D006	**4.0**	***	***	***	***

ND indicates not detected at the accepted detection limit for the parameter.

Accepted detection limits:	
Nitrates	0.1
Fecal Coliform	1

SPRAYFIELD SOILS

DATE SAMPLED:

Parameter	**Units**	**Frequency**	**Series 1**	**Series 2**	**Series 3**
Soil Map Unit Symbol			**NfA**	**TqA**	**TqB**
Lime Recommendations			***	***	***
Soil pH	std units	June/October	***	***	***
CEC	meq/100 g	If pH change > 1.0	***	***	***
% Base Sat	%	If pH change > 1.0	***	***	***
P (Mehlich-1)	lb/acre	Annually in October	***	***	***
K (Mehlich-1)	lb/acre	Annually in October	***	***	***
Ca (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mg (Mehlich-1)	lb/acre	Annually in October	***	***	***
Zn (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mn (Mehlich-1)	lb/acre	Annually in October	***	***	***

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Trey Pearson,Operator

2/22/2021

Signature of Principal Executive Officer or Authorized Representative **Date**

FACILITY NAME	City of Quitman LAS
FACILITY ADDRESS	US Highway 84 Quitman, Georgia
PHONE NUMBER	229-263-4166

PERMIT NO.	**GAJ020022**	
MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
3/1/2021		**3/31/2021**

GROUNDWATER MONITORING WELLS

DATE SAMPLED: 3/16/2021

Parameter	**Depth to Groundwater**	**pH**	**Electrical Conductance**	**Nitrate Nitrogen**	**Fecal Coliform**
Code	00068 GW 0	00400 GW 0	00094 GW 0	00620 GW 0	74055 GW 0
Units	feet	std. units	µmho/cm	mg/l	mpn/100 ml
Frequency	monthly	quarterly	quarterly	quarterly	semi-annual
Well I.D. #	***	***	***	***	***
U001	**22.7**	**3.4**	**25**	**ND**	***
M001	**23.0**	**3.3**	**65**	**1.53**	***
D001	**4.0**	**3.7**	**241**	**0.495**	***
D002	**4.0**	**4.5**	**188**	**0.465**	***
D003	**7.0**	**6.2**	**214**	**0.456**	***
D004	**4.0**	**3.6**	**207**	**1.78**	***
D005	**18.7**	**3.7**	**98**	**2.15**	***
D006	**4.5**	**3.9**	**244**	**0.796**	***

ND indicates not detected at the accepted detection limit for the parameter.

Accepted detection limits:	
Nitrates	0.1
Fecal Coliform	1

SPRAYFIELD SOILS

DATE SAMPLED:

Parameter	**Units**	**Frequency**	**Series 1**	**Series 2**	**Series 3**
Soil Map Unit Symbol			**NfA**	**TqA**	**TqB**
Lime Recommendations			***	***	***
Soil pH	std units	June/October	***	***	***
CEC	meq/100 g	If pH change > 1.0	***	***	***
% Base Sat	%	If pH change > 1.0	***	***	***
P (Mehlich-1)	lb/acre	Annually in October	***	***	***
K (Mehlich-1)	lb/acre	Annually in October	***	***	***
Ca (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mg (Mehlich-1)	lb/acre	Annually in October	***	***	***
Zn (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mn (Mehlich-1)	lb/acre	Annually in October	***	***	***

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Trey Pearson,Operator	**3/23/2021**
Signature of Principal Executive Officer or Authorized Representative	**Date**

FACILITY NAME	City of Quitman LAS
FACILITY ADDRESS	US Highway 84 Quitman, Georgia
PHONE NUMBER	229-263-4166

PERMIT NO.	**GAJ020022**	
MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
4/1/2021		**4/30/2021**

GROUNDWATER MONITORING WELLS

DATE SAMPLED: 4/12/2021

Parameter	**Depth to Groundwater**	**pH**	**Electrical Conductance**	**Nitrate Nitrogen**	**Fecal Coliform**
Code	00068 GW 0	00400 GW 0	00094 GW 0	00620 GW 0	74055 GW 0
Units	feet	std. units	µmho/cm	mg/l	mpn/100 ml
Frequency	monthly	quarterly	quarterly	quarterly	semi-annual
Well I.D. #	***	***	***	***	***
U001	**23.0**	***	***	***	***
M001	**25.0**	***	***	***	***
D001	**24.0**	***	***	***	***
D002	**5.5**	***	***	***	***
D003	**7.0**	***	***	***	***
D004	**5.0**	***	***	***	***
D005	**18.5**	***	***	***	***
D006	**6.0**	***	***	***	***

ND indicates not detected at the accepted detection limit for the parameter.

Accepted detection limits:	
Nitrates	0.1
Fecal Coliform	1

SPRAYFIELD SOILS

DATE SAMPLED:

Parameter	**Units**	**Frequency**	**Series 1**	**Series 2**	**Series 3**
Soil Map Unit Symbol			**NfA**	**TqA**	**TqB**
Lime Recommendations			***	***	***
Soil pH	std units	June/October	***	***	***
CEC	meq/100 g	If pH change > 1.0	***	***	***
% Base Sat	%	If pH change > 1.0	***	***	***
P (Mehlich-1)	lb/acre	Annually in October	***	***	***
K (Mehlich-1)	lb/acre	Annually in October	***	***	***
Ca (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mg (Mehlich-1)	lb/acre	Annually in October	***	***	***
Zn (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mn (Mehlich-1)	lb/acre	Annually in October	***	***	***

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 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.

Trey Pearson,Operator — **4/15/2021**

Signature of Principal Executive Officer or Authorized Representative — **Date**

FACILITY NAME	City of Quitman LAS
FACILITY ADDRESS	US Highway 84 Quitman, Georgia
PHONE NUMBER	229-263-4166

PERMIT NO.	**GAJ020022**	
MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
2/20/1900		**5/31/2021**

GROUNDWATER MONITORING WELLS

DATE SAMPLED: 5/21/2021

Parameter	**Depth to Groundwater**	**pH**	**Electrical Conductance**	**Nitrate Nitrogen**	**Fecal Coliform**
Code	00068 GW 0	00400 GW 0	00094 GW 0	00620 GW 0	74055 GW 0
Units	feet	std. units	µmho/cm	mg/l	mpn/100 ml
Frequency	monthly	quarterly	quarterly	quarterly	semi-annual
Well I.D. #	***	***	***	***	***
U001	**23.00**	***	***	***	***
M001	**28.00**	***	***	***	***
D001	**7.00**	***	***	***	***
D002	**8.00**	***	***	***	***
D003	**10.00**	***	***	***	***
D004	**6.00**	***	***	***	***
D005	**21.50**	***	***	***	***
D006	**6.00**	***	***	***	***

ND indicates not detected at the accepted detection limit for the parameter.

Accepted detection limits:	
Nitrates	0.1
Fecal Coliform	1

SPRAYFIELD SOILS

DATE SAMPLED:

Parameter	**Units**	**Frequency**	**Series 1**	**Series 2**	**Series 3**
Soil Map Unit Symbol			**NfA**	**TqA**	**TqB**
Lime Recommendations			***	***	***
Soil pH	std units	June/October	***	***	***
CEC	meq/100 g	If pH change > 1.0	***	***	***
% Base Sat	%	If pH change > 1.0	***	***	***
P (Mehlich-1)	lb/acre	Annually in October	***	***	***
K (Mehlich-1)	lb/acre	Annually in October	***	***	***
Ca (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mg (Mehlich-1)	lb/acre	Annually in October	***	***	***
Zn (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mn (Mehlich-1)	lb/acre	Annually in October	***	***	***

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 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.

Trey Pearson,Operator

5/21/2021

Signature of Principal Executive Officer or Authorized Representative **Date**

FACILITY NAME	City of Quitman LAS
FACILITY ADDRESS	US Highway 84 Quitman, Georgia
PHONE NUMBER	229-263-4166

PERMIT NO.	**GAJ020022**	
MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
6/1/2021		**6/30/2021**

GROUNDWATER MONITORING WELLS

DATE SAMPLED: 6/24/2021

Parameter	**Depth to Groundwater**	**pH**	**Electrical Conductance**	**Nitrate Nitrogen**	**Fecal Coliform**
Code	00068 GW 0	00400 GW 0	00094 GW 0	00620 GW 0	74055 GW 0
Units	feet	std. units	µmho/cm	mg/l	mpn/100 ml
Frequency	monthly	quarterly	quarterly	quarterly	semi-annual
Well I.D. #	***	***	***	***	***
U001	**27.0**	**3.6**	**27**	**0.139**	**4.1**
M001	**29.0**	**3.4**	**67**	**2.09**	**12.1**
D001	**7.0**	**4.2**	**235**	**0.459**	**ND**
D002	**9.0**	**4.0**	**161**	**0.391**	**3.1**
D003	**19.0**	**4.9**	**184**	**0.847**	**21.8**
D004	**6.50**	**3.9**	**197**	**1.49**	**ND**
D005	**25.0**	**4.1**	**98**	**1.85**	**2.0**
D006	**2.5**	**4.3**	**338**	**0.665**	**25.0**

ND indicates not detected at the accepted detection limit for the parameter.

Accepted detection limits:	
Nitrates	0.1
Fecal Coliform	1

SPRAYFIELD SOILS

DATE SAMPLED:

Parameter	**Units**	**Frequency**	**Series 1**	**Series 2**	**Series 3**
Soil Map Unit Symbol			**NfA**	**TqA**	**TqB**
Lime Recommendations			***	***	***
Soil pH	std units	June/October	***	***	***
CEC	meq/100 g	If pH change > 1.0	***	***	***
% Base Sat	%	If pH change > 1.0	***	***	***
P (Mehlich-1)	lb/acre	Annually in October	***	***	***
K (Mehlich-1)	lb/acre	Annually in October	***	***	***
Ca (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mg (Mehlich-1)	lb/acre	Annually in October	***	***	***
Zn (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mn (Mehlich-1)	lb/acre	Annually in October	***	***	***

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 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.

Trey Pearson,Operator	**7/7/2021**
Signature of Principal Executive Officer or Authorized Representative	**Date**

FACILITY NAME	City of Quitman LAS
FACILITY ADDRESS	US Highway 84 Quitman, Georgia
PHONE NUMBER	229-263-4166

PERMIT NO.	**GAJ020022**	
MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
7/1/2021		**7/31/2021**

GROUNDWATER MONITORING WELLS

DATE SAMPLED: 7/22/2021

Parameter	**Depth to Groundwater**	**pH**	**Electrical Conductance**	**Nitrate Nitrogen**	**Fecal Coliform**
Code	00068 GW 0	00400 GW 0	00094 GW 0	00620 GW 0	74055 GW 0
Units	feet	std. units	µmho/cm	mg/l	mpn/100 ml
Frequency	monthly	quarterly	quarterly	quarterly	semi-annual
Well I.D. #	***	***	***	***	***
U001	**23.5**	***	***	***	***
M001	**25.0**	***	***	***	***
D001	**3.50**	***	***	***	***
D002	**6.00**	***	***	***	***
D003	**16.0**	***	***	***	***
D004	**4.50**	***	***	***	***
D005	**22.5**	***	***	***	***
D006	**4.00**	***	***	***	***

ND indicates not detected at the accepted detection limit for the parameter.

Accepted detection limits:	
Nitrates	0.1
Fecal Coliform	1

SPRAYFIELD SOILS

DATE SAMPLED:

Parameter	**Units**	**Frequency**	**Series 1**	**Series 2**	**Series 3**
Soil Map Unit Symbol			**NfA**	**TqA**	**TqB**
Lime Recommendations			***	***	***
Soil pH	std units	June/October	***	***	***
CEC	meq/100 g	If pH change > 1.0	***	***	***
% Base Sat	%	If pH change > 1.0	***	***	***
P (Mehlich-1)	lb/acre	Annually in October	***	***	***
K (Mehlich-1)	lb/acre	Annually in October	***	***	***
Ca (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mg (Mehlich-1)	lb/acre	Annually in October	***	***	***
Zn (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mn (Mehlich-1)	lb/acre	Annually in October	***	***	***

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 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.

Trey Pearson,Operator — **7/27/2021**

Signature of Principal Executive Officer or Authorized Representative — **Date**

FACILITY NAME	City of Quitman LAS
FACILITY ADDRESS	US Highway 84 Quitman, Georgia
PHONE NUMBER	229-263-4166

PERMIT NO.	**GAJ020022**	
MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
8/1/2021		**8/31/2021**

GROUNDWATER MONITORING WELLS

DATE SAMPLED: 8/23/2021

Parameter	**Depth to Groundwater**	**pH**	**Electrical Conductance**	**Nitrate Nitrogen**	**Fecal Coliform**
Code	00068 GW 0	00400 GW 0	00094 GW 0	00620 GW 0	74055 GW 0
Units	feet	std. units	µmho/cm	mg/l	mpn/100 ml
Frequency	monthly	quarterly	quarterly	quarterly	semi-annual
Well I.D. #	***	***	***	***	***
U001	**24.0**	***	***	***	***
M001	**23.5**	***	***	***	***
D001	**3.5**	***	***	***	***
D002	**3.5**	***	***	***	***
D003	**5.0**	***	***	***	***
D004	**6.0**	***	***	***	***
D005	**2.0**	***	***	***	***
D006	**3.5**	***	***	***	***

ND indicates not detected at the accepted detection limit for the parameter.

Accepted detection limits:	
Nitrates	0.1
Fecal Coliform	1

SPRAYFIELD SOILS

DATE SAMPLED:

Parameter	**Units**	**Frequency**	**Series 1**	**Series 2**	**Series 3**
Soil Map Unit Symbol			**NfA**	**TqA**	**TqB**
Lime Recommendations			***	***	***
Soil pH	std units	June/October	***	***	***
CEC	meq/100 g	If pH change > 1.0	***	***	***
% Base Sat	%	If pH change > 1.0	***	***	***
P (Mehlich-1)	lb/acre	Annually in October	***	***	***
K (Mehlich-1)	lb/acre	Annually in October	***	***	***
Ca (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mg (Mehlich-1)	lb/acre	Annually in October	***	***	***
Zn (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mn (Mehlich-1)	lb/acre	Annually in October	***	***	***

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Trey Pearson,Operator

9/2/2021

Signature of Principal Executive Officer or Authorized Representative **Date**

FACILITY NAME	City of Quitman LAS
FACILITY ADDRESS	US Highway 84 Quitman, Georgia
PHONE NUMBER	229-263-4166

PERMIT NO.	**GAJ020022**	
MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
9/1/2021		**9/30/2021**

GROUNDWATER MONITORING WELLS

DATE SAMPLED: 9/27/2021

Parameter	**Depth to Groundwater**	**pH**	**Electrical Conductance**	**Nitrate Nitrogen**	**Fecal Coliform**
Code	00068 GW 0	00400 GW 0	00094 GW 0	00620 GW 0	74055 GW 0
Units	feet	std. units	µmho/cm	mg/l	mpn/100 ml
Frequency	monthly	quarterly	quarterly	quarterly	semi-annual
Well I.D. #	***	***	***	***	***
U001	**4.3**	**2.9**	**193**	**1.16**	***
M001	**24.3**	**4.0**	**63**	**1.13**	***
D001	**23.5**	**3.7**	**27**	**ND**	***
D002	**5.0**	**3.1**	**179**	**0.456**	***
D003	**7.0**	**5.2**	**240**	**2.13**	***
D004	**6.5**	**3.9**	**237**	**0.486**	***
D005	**20.0**	**3.6**	**98**	**1.62**	***
D006	**4.5**	**3.6**	**238**	**2.36**	***

ND indicates not detected at the accepted detection limit for the parameter.

Accepted detection limits:	
Nitrates	0.1
Fecal Coliform	1

SPRAYFIELD SOILS

DATE SAMPLED:

Parameter	**Units**	**Frequency**	**Series 1**	**Series 2**	**Series 3**
Soil Map Unit Symbol			**NfA**	**TqA**	**TqB**
Lime Recommendations			***	***	***
Soil pH	std units	June/October	***	***	***
CEC	meq/100 g	If pH change > 1.0	***	***	***
% Base Sat	%	If pH change > 1.0	***	***	***
P (Mehlich-1)	lb/acre	Annually in October	***	***	***
K (Mehlich-1)	lb/acre	Annually in October	***	***	***
Ca (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mg (Mehlich-1)	lb/acre	Annually in October	***	***	***
Zn (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mn (Mehlich-1)	lb/acre	Annually in October	***	***	***

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Trey Pearson,Operator — **10/15/2021**

Signature of Principal Executive Officer or Authorized Representative — **Date**

Trey Pearson

FACILITY NAME	City of Quitman LAS
FACILITY ADDRESS	US Highway 84 Quitman, Georgia
PHONE NUMBER	229-263-4166

PERMIT NO.	**GAJ020022**	
MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
10/1/2021		**10/31/2021**

GROUNDWATER MONITORING WELLS

DATE SAMPLED: 10/12/2021

Parameter	**Depth to Groundwater**	**pH**	**Electrical Conductance**	**Nitrate Nitrogen**	**Fecal Coliform**
Code	00068 GW 0	00400 GW 0	00094 GW 0	00620 GW 0	74055 GW 0
Units	feet	std. units	µmho/cm	mg/l	mpn/100 ml
Frequency	monthly	quarterly	quarterly	quarterly	semi-annual
Well I.D. #	***	***	***	***	***
U001	**25.67**	***	***	***	***
M001	**26.0**	***	***	***	***
D001	**4.50**	***	***	***	***
D002	**5.25**	***	***	***	***
D003	**8.00**	***	***	***	***
D004	**6.50**	***	***	***	***
D005	**22.5**	***	***	***	***
D006	**4.00**	***	***	***	***

ND indicates not detected at the accepted detection limit for the parameter.

Accepted detection limits:	
Nitrates	0.1
Fecal Coliform	1

SPRAYFIELD SOILS

DATE SAMPLED:

Parameter	**Units**	**Frequency**	**Series 1**	**Series 2**	**Series 3**
Soil Map Unit Symbol			**NfA**	**TqA**	**TqB**
Lime Recommendations			***	***	***
Soil pH	std units	June/October	***	***	***
CEC	meq/100 g	If pH change > 1.0	***	***	***
% Base Sat	%	If pH change > 1.0	***	***	***
P (Mehlich-1)	lb/acre	Annually in October	***	***	***
K (Mehlich-1)	lb/acre	Annually in October	***	***	***
Ca (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mg (Mehlich-1)	lb/acre	Annually in October	***	***	***
Zn (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mn (Mehlich-1)	lb/acre	Annually in October	***	***	***

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Trey Pearson,Operator — **11/15/2021**

Signature of Principal Executive Officer or Authorized Representative — **Date**

Trey Pearson

FACILITY NAME	City of Quitman LAS
FACILITY ADDRESS	US Highway 84 Quitman, Georgia
PHONE NUMBER	229-263-4166

PERMIT NO.	**GAJ020022**	
MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
11/1/2021		**11/30/2021**

GROUNDWATER MONITORING WELLS

DATE SAMPLED: 11/18/2021

Parameter	**Depth to Groundwater**	**pH**	**Electrical Conductance**	**Nitrate Nitrogen**	**Fecal Coliform**
Code	00068 GW 0	00400 GW 0	00094 GW 0	00620 GW 0	74055 GW 0
Units	feet	std. units	µmho/cm	mg/l	mpn/100 ml
Frequency	monthly	quarterly	quarterly	quarterly	semi-annual
Well I.D. #	***	***	***	***	***
U001	**28.5**	***	***	***	***
M001	**28.5**	***	***	***	***
D001	**8.0**	***	***	***	***
D002	**6.0**	***	***	***	***
D003	**8.0**	***	***	***	***
D004	**5.0**	***	***	***	***
D005	**24.0**	***	***	***	***
D006	**5.5**	***	***	***	***

ND indicates not detected at the accepted detection limit for the parameter.

Accepted detection limits:	
Nitrates	0.1
Fecal Coliform	1

SPRAYFIELD SOILS

DATE SAMPLED:

Parameter	**Units**	**Frequency**	**Series 1**	**Series 2**	**Series 3**
Soil Map Unit Symbol			**NfA**	**TqA**	**TqB**
Lime Recommendations			***	***	***
Soil pH	std units	June/October	***	***	***
CEC	meq/100 g	If pH change > 1.0	***	***	***
% Base Sat	%	If pH change > 1.0	***	***	***
P (Mehlich-1)	lb/acre	Annually in October	***	***	***
K (Mehlich-1)	lb/acre	Annually in October	***	***	***
Ca (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mg (Mehlich-1)	lb/acre	Annually in October	***	***	***
Zn (Mehlich-1)	lb/acre	Annually in October	***	***	***
Mn (Mehlich-1)	lb/acre	Annually in October	***	***	***

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Trey Pearson,Operator — **11/15/2021**

Signature of Principal Executive Officer or Authorized Representative — **Date**

Trey Pearson

FACILITY NAME	City of Quitman LAS
FACILITY ADDRESS	US Highway 84 Quitman, Georgia
PHONE NUMBER	229-263-4166

PERMIT NO.	**GAJ020022**	
MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
12/1/2021		**12/31/2021**

GROUNDWATER MONITORING WELLS

DATE SAMPLED: **12/28/2021**

Parameter	**Depth to Groundwater**	**pH**	**Electrical Conductance**	**Nitrate Nitrogen**	**Fecal Coliform**
Code	00068 GW 0	00400 GW 0	00094 GW 0	00620 GW 0	74055 GW 0
Units	feet	std. units	µmho/cm	mg/l	mpn/100 ml
Frequency	monthly	quarterly	quarterly	quarterly	semi-annual
Well I.D. #	***	***	***	***	***
U001	**7.0**	**4**	**229**	**0.442**	**ND**
M001	**31.0**	**3.5**	**57**	**1.38**	**ND**
D001	**29.0**	**3.5**	**22**	**0.137**	**ND**
D002	**7.00**	**3.9**	**176**	**0.459**	**ND**
D003	**17.5**	**5.0**	**157**	**0.724**	**ND**
D004	**6.0**	**3.5**	**178**	**1.22**	**ND**
D005	**23.0**	**4.0**	**92**	**2.00**	**1.0**
D006	**6.00**	**4.1**	**219**	**0.393**	**ND**

ND indicates not detected at the accepted detection limit for the parameter.

Accepted detection limits:	
Nitrates	0.1
Fecal Coliform	1

SPRAYFIELD SOILS

DATE SAMPLED: 12/15/2020

Parameter	**Units**	**Frequency**	**Series 1**	**Series 2**	
Soil Map Unit Symbol			**TfB**	**FsB**	
Lime Recommendations			**0.3**	**0.2**	
Soil pH	std units	June/October	**6.24**	**6.58**	
CEC	meq/100 g	If pH change > 1.0	**4.9**	**4.21**	
% Base Sat	%	If pH change > 1.0	**81.9**	**88.9**	
Ca (Mehlich-1)	lb/acre	Annually in October	**1326**	**1232**	
K (Mehlich-1)	lb/acre	Annually in October	**21.1**	**43.2**	
Mg (Mehlich-1)	lb/acre	Annually in October	**131.6**	**123**	
Mn (Mehlich-1)	lb/acre	Annually in October	**4.47**	**11.07**	
P (Mehlich-1)	lb/acre	Annually in October	**9.26**	**19.87**	
Zn (Mehlich-1)	lb/acre	Annually in October	**0.64**	**0.54**	

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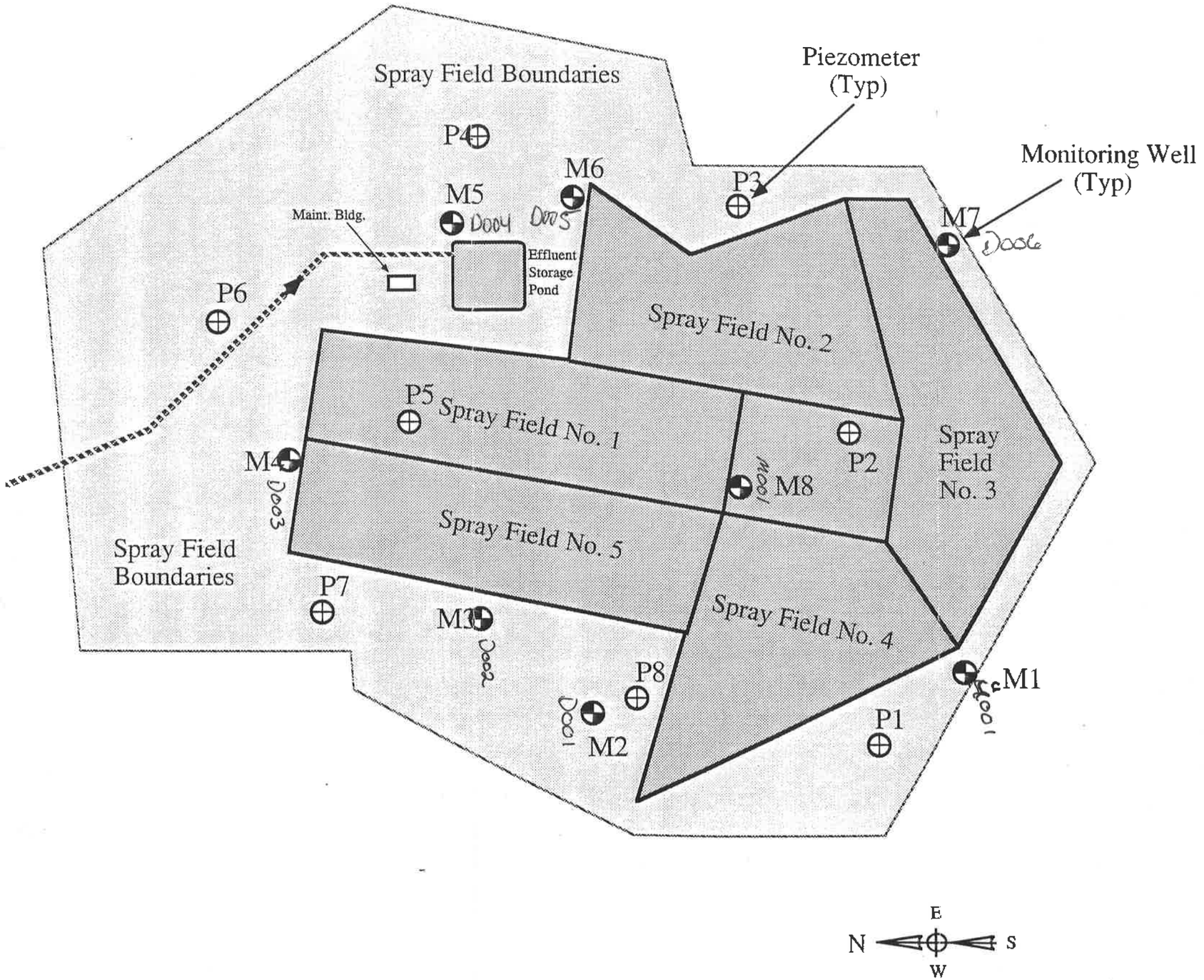
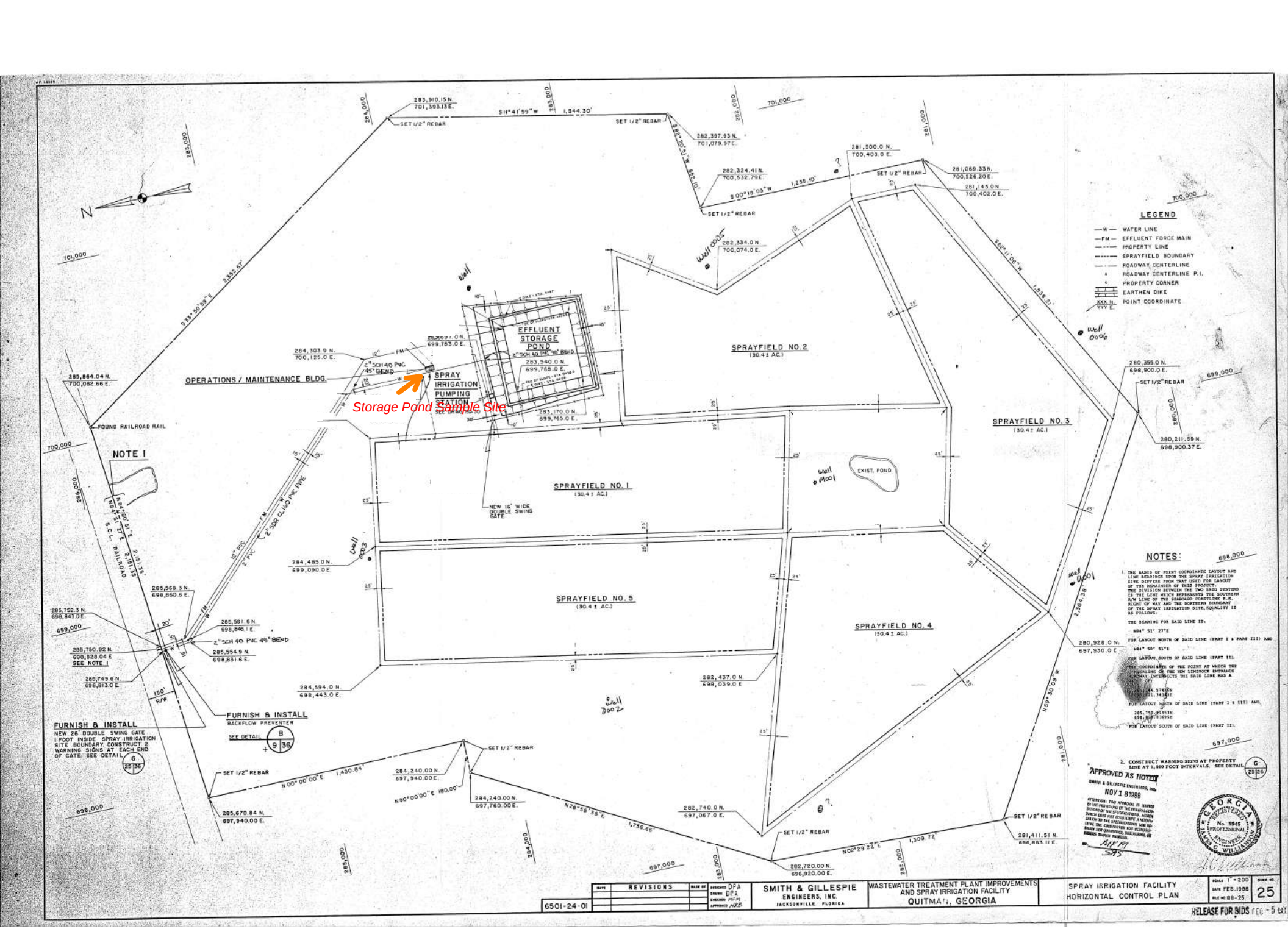
Trey Pearson,Operator

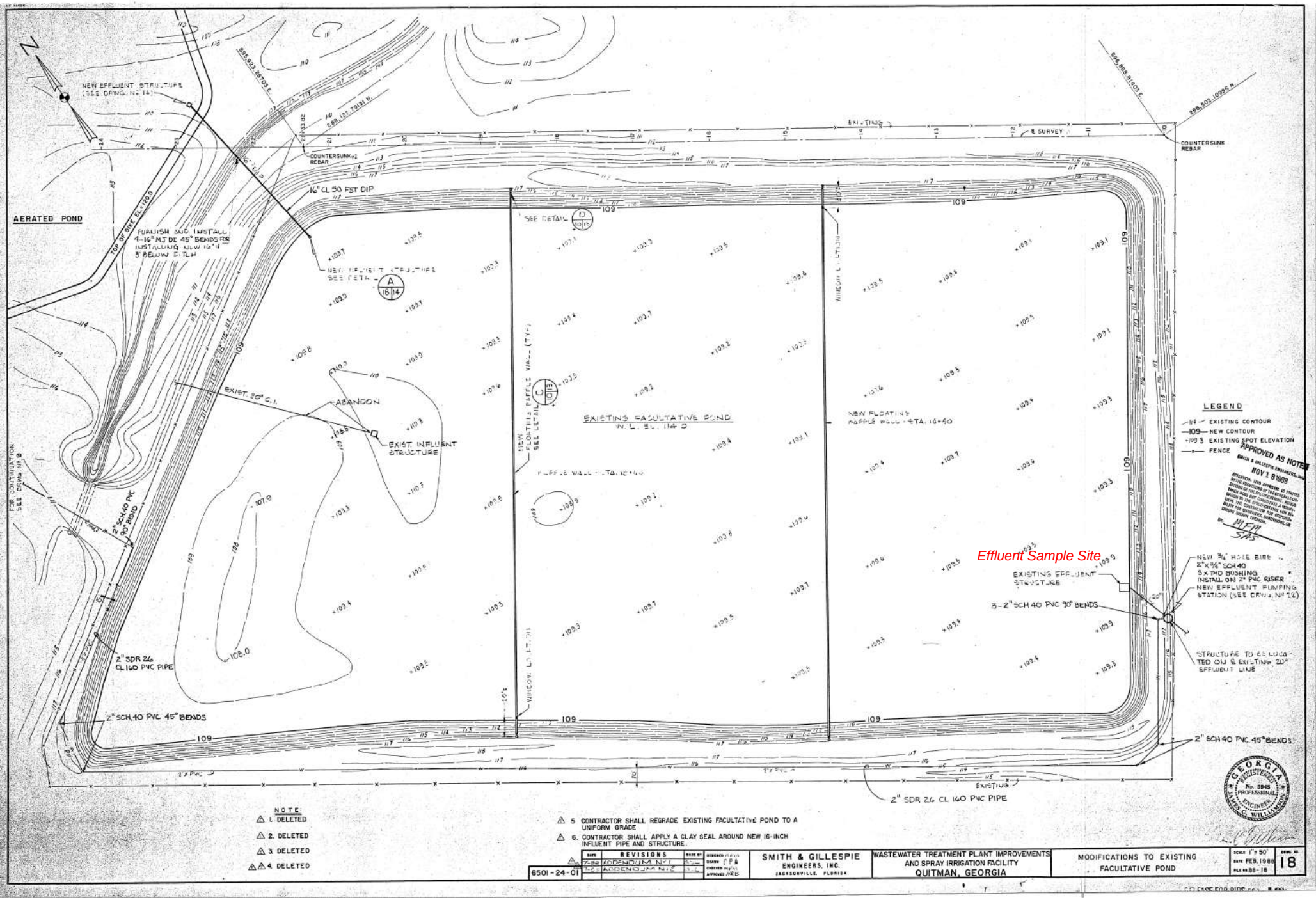
1/15/2022

Signature of Principal Executive Officer or Authorized Representative **Date**



MONITORING WELLS & PIEZOMETER LOCATIONS SPRAY IRRIGATION SITE


LEGEND
—W— WATER LINE
—FM— EFFLUENT FORCE MAIN
PROPERTY LINE
SPRAYFIELD BOUNDARY
ROADWAY CENTERLINE
ROADWAY CENTERLINE P.I.
PROPERTY CORNER
EARTHEN DIKE
XXX.N. YYY.E. POINT COORDINATE
EFFLUENT STORAGE POND
SPRAY IRRIGATION PUMPING STATION
OPERATIONS / MAINTENANCE BLDG
Storage Pond Sample Site
SPRAYFIELD NO. 1 (30.4 ± AC.)
SPRAYFIELD NO. 2 (30.4 ± AC.)
SPRAYFIELD NO. 3 (30.4 ± AC.)
SPRAYFIELD NO. 4 (30.4 ± AC.)
SPRAYFIELD NO. 5 (30.4 ± AC.)
EXIST. POND
NEW 16' WIDE DOUBLE SWING GATE
FOUND RAILROAD RAIL
NOTE 1
FURNISH & INSTALL BACKFLOW PREVENTER
FURNISH & INSTALL NEW 26' DOUBLE SWING GATE 1 FOOT INSIDE SPRAY IRRIGATION SITE BOUNDARY CONSTRUCT 2 WARNING SIGNS AT EACH END OF GATE. SEE DETAIL
NOTES:
1. THE BASIS OF POINT COORDINATE LAYOUT AND LINE BEARINGS UPON THE SPRAY IRRIGATION SITE DIFFERS FROM THAT USED FOR LAYOUT OF THE REMAINDER OF THIS PROJECT. THE DIVISION BETWEEN THE TWO GRID SYSTEMS IS THE LINE WHICH REPRESENTS THE SOUTHERN R/W LINE OF THE SEABOARD COASTLINE R.R. RIGHT OF WAY AND THE NORTHERN BOUNDARY OF THE SPRAY IRRIGATION SITE. EQUALITY IS AS FOLLOWS:
THE BEARING FOR SAID LINE IS:
N84° 51' 27"E
FOR LAYOUT NORTH OF SAID LINE (PART I & PART III) AND
N84° 50' 51"E
FOR LAYOUT SOUTH OF SAID LINE (PART II).
2. CONSTRUCT WARNING SIGNS AT PROPERTY LINE AT 1,000 FOOT INTERVALS. SEE DETAIL
APPROVED AS NOTED
SMITH & GILLESPIE ENGINEERS, INC.
NOV 1 8 1988
GEORGIA REGISTERED No. 5945 PROFESSIONAL ENGINEER
6501-24-01
REVISIONS
SMITH & GILLESPIE ENGINEERS, INC. JACKSONVILLE, FLORIDA
WASTEWATER TREATMENT PLANT IMPROVEMENTS AND SPRAY IRRIGATION FACILITY QUITMAN, GEORGIA
SPRAY IRRIGATION FACILITY HORIZONTAL CONTROL PLAN
SCALE 1" = 200
DATE FEB. 1988
FILE NO. 88-25
DRWG. NO. 25
RELEASE FOR BIDS



NOTE:

△ 1. DELETED

△ 2. DELETED

△ 3. DELETED

△△ 4. DELETED

△ 5. CONTRACTOR SHALL REGRADE EXISTING FACULTATIVE POND TO A UNIFORM GRADE

△ 6. CONTRACTOR SHALL APPLY A CLAY SEAL AROUND NEW 16-INCH INFLUENT PIPE AND STRUCTURE.

DATE	REVISIONS	BASE BY
7-88	ADDENDUM No. 1	
7-88	ADDENDUM No. 2	

DESIGNED
DRAWN CPA
CHECKED
APPROVED

6501-24-01

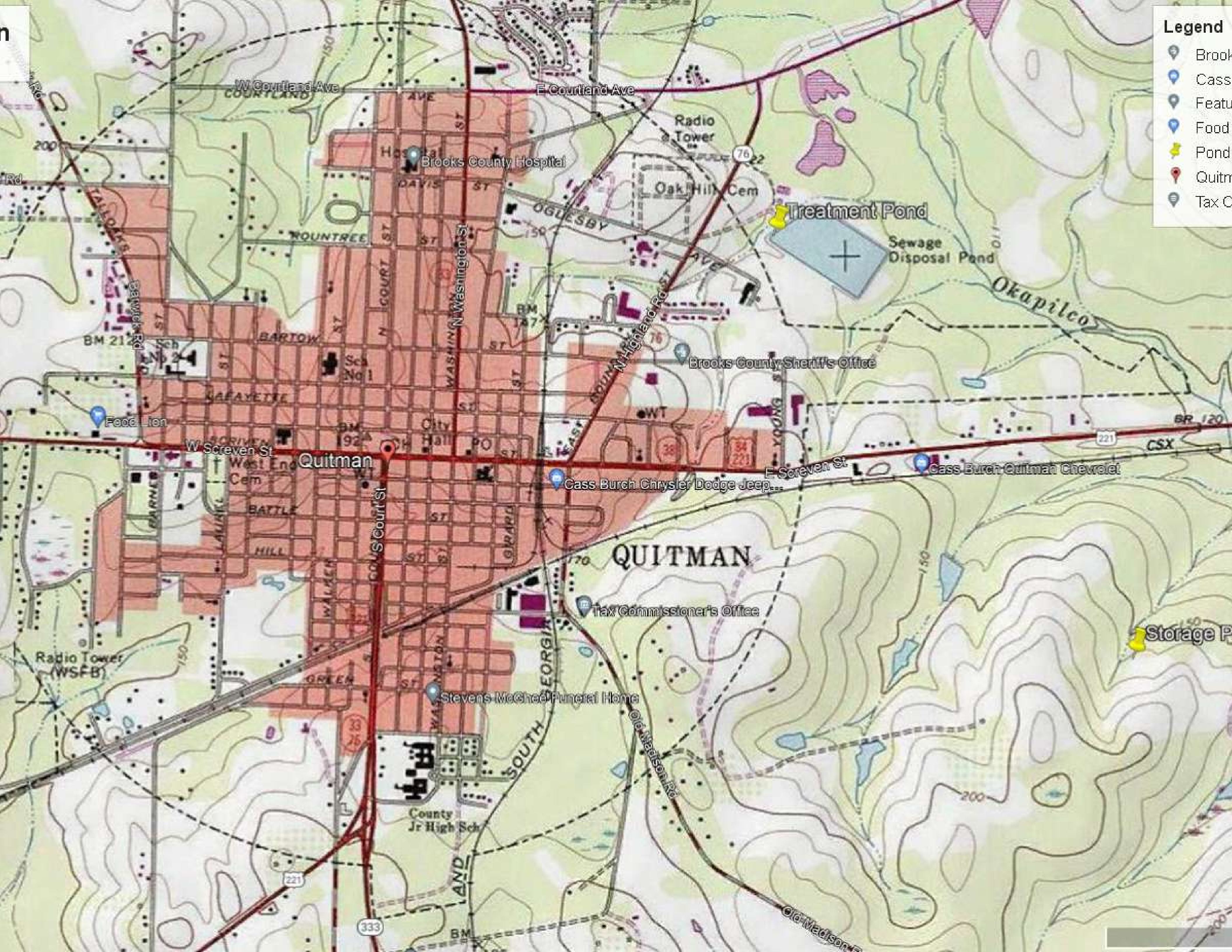
SMITH & GILLESPIE ENGINEERS, INC. JACKSONVILLE, FLORIDA

WASTEWATER TREATMENT PLANT IMPROVEMENTS AND SPRAY IRRIGATION FACILITY QUITMAN, GEORGIA

MODIFICATIONS TO EXISTING FACULTATIVE POND

SCALE 1" = 50'
DATE FEB. 1988
FILE No. 88-18

DRWG. No. 18


Legend
Brook
Cass
Featu
Food
Pond
Quitm
Tax C
W Courtland Ave
E Courtland Ave
Radio Tower
Brooks County Hospital
Oak Hill Cem
Treatment Pond
Sewage Disposal Pond
Okapilco
Brooks County Sheriff's Office
N Highland Rd
N Washington St
Food Lion
W Screven St
Quitman
West End Cem
City Hall
Cass Burch Chrysler Dodge Jeep...
E Screven St
Cass Burch Quitman Chevrolet
S Court St
QUITMAN
Tax Commissioner's Office
Storage P
Radio Tower (WSFB)
Stevens McGhee Funeral Home
Old Madison Rd
County Jr High Sch
CSX