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J. R. Wauford & Company, Consulting Engineers, Inc.
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March 4, 2022

Mr. Vojin Janjic
Manager - Water Based Systems
Division of Water Resources
William R. Snodgrass Tennessee Tower, 11th Floor
312 Rosa L. Parks Avenue
Nashville, Tennessee 37243

RE: Alternative Discharge Analysis
NPDES Permit No. TN0061841
Cornersville Wastewater Treatment Plant
Cornersville, Tennessee
Wauford Project No. 1960

Dear Mr. Janjic:

Lewisburg Water & Wastewater operates the Cornersville Wastewater Treatment Plant (WWTP). Lewisburg Water & Wastewater has analyzed the alternatives for discharge from the Cornersville Public Owned Treatment Works which discharges to Town Creek. The City of Cornersville serves approximately 650 households with no industrial users and the average daily discharge rate is 0.10 MGD. The alternatives to continued discharge to Town Creek include (1) land application, (2) direct potable reuse, and (3) discharge to another municipality.

Land application would likely consist of the purchase of approximately 100 acres of nearby farmland in order to develop 50 acres of drip fields. Considering the cost of land, this purchase would likely cost the city in excess of \$1 million which would not include the cost of necessary improvements to the STP to land apply effluent. For these reasons, land application is not considered a feasible option.

The second alternative to the current discharge would consist of treating the effluent to standards for direct potable reuse. The order of magnitude treatment cost for this alternative is approximately \$10 million. In addition, the use of the Duck River as a raw water source is widely accepted in Cornersville and Marshall County and the use of treated effluent for potable reuse will likely result in public outcry due to plentiful local sources of raw water. For these reasons, this alternative is not considered a feasible option.

The third alternative to the current discharge would consist of pumping the effluent to a local municipality for discharge through their permitted outfall. This alternative would likely consist of an effluent pumping station and force main resulting in an order of magnitude cost of \$5 million. In addition, this alternative would result in an increase in treated effluent from a currently permitted outfall which would reduce the amount the receiving municipality could discharge. For these reasons, pumping to a local municipality is not considered a feasible option.

60 Volunteer Boulevard
Jackson, Tennessee 38305
(731) 668-1953
Fax (731) 668-6809

2835 Lebanon Pike
P.O. Box 140350 Nashville,
Tennessee 37214
(615) 883-3243
Fax (615) 391-3710

908 West Broadway Avenue
Maryville, Tennessee 37801
(865) 984-9638
Fax (865) 983-4327

Mr. Vojin Janjic
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The most economical alternative for the City of Cornersville is to continue the operation of the existing sewer treatment plant. Please do not hesitate to contact me if you have questions.

Yours very truly,

J. R. WAUFORD & COMPANY,
CONSULTING ENGINEERS, INC.



J. Gregory Davenport, P.E.
President

JGD:lan

cc: Trigg Cathey, P.E., Lewisburg Water & Wastewater



STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER RESOURCES
Water-Based Systems
William R. Snodgrass - Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, TN 37243-1102

PERMIT CONTACT INFORMATION

Please complete all sections. If one person serves multiple functions, please repeat this information in each section.

PERMIT NUMBER: TN0061841

DATE: March 3, 2022

PERMITTED FACILITY: Cornersville Wastewater Treatment Plant

COUNTY: Marshall

OFFICIAL PERMIT CONTACT:

(The permit signatory authority, e.g. responsible corporate officer, principle executive officer or ranking elected official)

Official Contact: Ms. Caryl Giles	Title or Position: Laboratory and Pretreatment Supervisor		
Mailing Address: 100 Water Street	City: Lewisburg	State: TN	Zip: 37091
Phone number(s): (931)359-2363	E-mail: caryl@lewisburgwater.org		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact: Mr. Trigg Cathey, P.E.	Title or Position: General Manager		
Mailing Address: 100 Water Street	City: Lewisburg	State: TN	Zip: 37091
Phone number(s): (931)359-6831	E-mail: trigg@lewisburgwater.org		

FACILITY LOCATION (actual location of permit site and local contact for site activity):

Facility Location Contact: Ms. Caryl Giles	Title or Position: Laboratory and Pretreatment Supervisor		
Facility Location (physical street address): 1880 New Ostella Road	City: Cornersville	State: TN	Zip: 37047
Phone number(s): (931)359-2363	E-mail: caryl@lewisburgwater.org		

Alternate Contact (if desired):	Title or Position:		
Mailing Address:	City:	State:	Zip:
Phone number(s):	E-mail:		

FACILITY REPORTING (Discharge Monitoring Report (DMR) or other reporting):

Cognizant Official authorized for permit reporting: Ms. Caryl Giles	Title or Position: Laboratory and Pretreatment Supervisor		
Mailing Address: 100 Water Street	City: Lewisburg	State: TN	Zip: 37091
Phone number(s): (931)359-2363	E-mail: caryl@lewisburgwater.org		
Fax number for reporting: (931)270-0229	Does the facility have interest in starting electronic DMR reporting? Yes No		

EPA Identification Number	NPDES Permit Number TN0061841	Facility Name Cornersville WWTP
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Form Approved 03/05/19
OMB No. 2040-0004

Form 2A NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS
		SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))

Facility Information	1.1	Facility name Cornersville Wastewater Treatment Plant			
		Mailing address (street or P.O. box) 100 Water Street			
		City or town Lewisburg	State Tennessee	ZIP code 37091	
		Contact name (first and last) Ms. Caryl Giles	Title Laboratory and Pretreatment	Phone number (931) 359-2363	Email address caryl@lewisburgwater.org
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 1880 New Ostella Road			
		City or town Cornersville	State Tennessee	ZIP code 37047	
	1.2	Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No			
Applicant Information	1.3	Is applicant different from entity listed under Item 1.1 above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.4.			
		Applicant name Lewisburg Water & Wastewater Department			
		Applicant address (street or P.O. box) 100 Water Street			
		City or town Lewisburg	State Tennessee	ZIP code 37091	
		Contact name (first and last) Mr. Trigg Cathey, P.E.	Title General Manager	Phone number (931) 359-6831	Email address trigg@lewisburgwater.org
	1.4	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Both			
	1.5	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)			
Existing Environmental Permits	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)			
		Existing Environmental Permits			
		<input checked="" type="checkbox"/> NPDES (discharges to surface water) TN0061841	<input type="checkbox"/> RCRA (hazardous waste)	<input type="checkbox"/> UIC (underground injection control)	
		<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)	
	<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input type="checkbox"/> Other (specify)		

Outfalls and Other Discharge or Disposal Methods

Outfalls Other Than to Waters of the United States

1.12 Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States?
 Yes No → SKIP to Item 1.14.

1.13 Provide the location of each surface impoundment and associated discharge information in the table below.

Surface Impoundment Location and Discharge Data

Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.14 Is wastewater applied to land?
 Yes No → SKIP to Item 1.16.

1.15 Provide the land application site and discharge data requested below.

Land Application Site and Discharge Data

Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.16 Is effluent transported to another facility for treatment prior to discharge?
 Yes No → SKIP to Item 1.21.

1.17 Describe the means by which the effluent is transported (e.g., tank truck, pipe).

1.18 Is the effluent transported by a party other than the applicant?
 Yes No → SKIP to Item 1.20.

1.19 Provide information on the transporter below.

Transporter Data

Entity name	Mailing address (street or P.O. box)	
City or town	State	ZIP code
Contact name (first and last)	Title	
Phone number	Email address	

EPA Identification Number		NPDES Permit Number TN0061841		Facility Name Cornersville WWTP		Form Approved 03/05/19 OMB No. 2040-0004	
Outfalls and Other Discharge or Disposal Methods Continued	1.20	In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.					
	Receiving Facility Data						
	Facility name				Mailing address (street or P.O. box)		
	City or town			State		ZIP code	
	Contact name (first and last)				Title		
	Phone number				Email address		
	NPDES number of receiving facility (if any) <input type="checkbox"/> None				Average daily flow rate		
	1.21	Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.23.					
Outfalls and Other Discharge or Disposal Methods Continued	1.22	Provide information in the table below on these other disposal methods.					
	Information on Other Disposal Methods						
		Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume	Continuous or Intermittent (check one)	
				acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
				acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		
Variance Requests	1.23	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.) <input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2)) <input checked="" type="checkbox"/> Not applicable					
Contractor Information	1.24	Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 2.					
	1.25	Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.					
	Contractor Information						
			Contractor 1		Contractor 2		Contractor 3
		Contractor name (company name)					
		Mailing address (street or P.O. box)					
		City, state, and ZIP code					
		Contact name (first and last)					
		Phone number					
	Email address						
	Operational and maintenance responsibilities of contractor						

SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))

Design Flow	Outfalls to Waters of the United States					
	2.1	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.				
Inflow and Infiltration	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.	Average Daily Volume of Inflow and Infiltration 36,615 gpd			
	Indicate the steps the facility is taking to minimize inflow and infiltration. The Lewisburg Water & Wastewater performs on-going sewer rehabilitation projects using contracted forces. In house sewer system rehabilitation work is also performed by Lewisburg Water & Wastewater.					
Topographic Map	2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Flow Diagram	2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Scheduled Improvements and Schedules of Implementation	2.5	Are improvements to the facility scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3.				
	Briefly list and describe the scheduled improvements.					
	1.					
	2.					
	3.					
	4.					
	2.6	Provide scheduled or actual dates of completion for improvements.				
Scheduled or Actual Dates of Completion for Improvements						
	Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
	1.					
	2.					
	3.					
	4.					
2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable					
Explanation:						

SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))

Description of Outfalls	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)		
		Outfall Number 001	Outfall Number _____	Outfall Number _____
	State	Tennessee		
	County	Marshall		
	City or town	Cornersville		
	Distance from shore	0.00 ft.	ft.	ft.
	Depth below surface	3.00 ft.	ft.	ft.
	Average daily flow rate	0.100 mgd	mgd	mgd
	Latitude	35° 19' 56"	° ' "	° ' "
	Longitude	-86° 51' 32"	° ' "	° ' "
Seasonal or Periodic Discharge Data	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.4.		
	3.3	If so, provide the following information for each applicable outfall.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
	Number of times per year discharge occurs			
	Average duration of each discharge (specify units)			
Average flow of each discharge	mgd	mgd	mgd	
Months in which discharge occurs				
Diffuser Type	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.6.		
	3.5	Briefly describe the diffuser type at each applicable outfall.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
Waters of the U.S.	3.6	Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		

Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.		
		Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____
	Receiving water name	Town Creek at Mile 0.9		
	Name of watershed, river, or stream system	Elk-Lower		
	U.S. Soil Conservation Service 14-digit watershed code			
	Name of state management/river basin			
	U.S. Geological Survey 8-digit hydrologic cataloging unit code			
	Critical low flow (acute)	cfs	cfs	cfs
	Critical low flow (chronic)	cfs	cfs	cfs
	Total hardness at critical low flow	mg/L of CaCO ₃	mg/L of CaCO ₃	mg/L of CaCO ₃
Treatment Description	3.8	Provide the following information describing the treatment provided for discharges from each outfall.		
		Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____
	Highest Level of Treatment (check all that apply per outfall)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____
	Design Removal Rates by Outfall			
	BOD ₅ or CBOD ₅	85 %	%	%
	TSS	85 %	%	%
	Phosphorus	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Nitrogen	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
Other (specify) _____	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	

Treatment Description Continued	3.9	Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below.						
			Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____			
	Disinfection type	Ultraviolet Disinfection						
	Seasons used	All						
	Dechlorination used?	<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No			
Effluent Testing Data	3.10	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	3.11	Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.13.						
	3.12	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.						
			Outfall Number <u>001</u>		Outfall Number _____		Outfall Number _____	
			Acute	Chronic	Acute	Chronic	Acute	Chronic
		Number of tests of discharge water						
		Number of tests of receiving water						
	3.13	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16.						
	3.14	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input type="checkbox"/> Yes → Complete Table B, including chlorine. <input checked="" type="checkbox"/> No → Complete Table B, omitting chlorine.						
	3.15	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
3.16	Does one or more of the following conditions apply? <ul style="list-style-type: none"> • The facility has a design flow greater than or equal to 1 mgd. • The POTW has an approved pretreatment program or is required to develop such a program. • The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E). <input type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <input checked="" type="checkbox"/> No → SKIP to Section 4.							
3.17	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No							
3.18	Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No additional sampling required by NPDES permitting authority.							

Effluent Testing Data Continued	3.19	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.				
	3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority? <input type="checkbox"/> Yes <input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.				
	3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Date(s) Submitted (MM/DD/YYYY)</th> <th style="width:50%;">Summary of Results</th> </tr> <tr> <td style="height: 100px;"></td> <td></td> </tr> </table>	Date(s) Submitted (MM/DD/YYYY)	Summary of Results		
	Date(s) Submitted (MM/DD/YYYY)	Summary of Results				
	3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.				
	3.23	Describe the cause(s) of the toxicity:				
	3.24	Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.				
3.25	Provide details of any toxicity reduction evaluations conducted.					
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.					
SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(j)(6) and (7))						
Industrial Discharges and Hazardous Wastes	4.1	Does the POTW receive discharges from SIUs or NSCIUs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.7.				
	4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW.				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Number of SIUs</th> <th style="width:50%;">Number of NSCIUs</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	Number of SIUs	Number of NSCIUs		
	Number of SIUs	Number of NSCIUs				
	4.3	Does the POTW have an approved pretreatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	4.4	Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.6.				
4.5	Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.					
4.6	Have you completed and attached Table F to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Industrial Discharges and Hazardous Wastes Continued	4.7	Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.9.			
	4.8	If yes, provide the following information:			
		Hazardous Waste Number	Waste Transport Method (check all that apply)		Annual Amount of Waste Received
			<input type="checkbox"/> Truck	<input type="checkbox"/> Rail	
			<input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Other (specify) _____	
			<input type="checkbox"/> Truck	<input type="checkbox"/> Rail	
			<input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Other (specify) _____	
		<input type="checkbox"/> Truck	<input type="checkbox"/> Rail		
		<input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Other (specify) _____		
	4.9	Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.			
	4.10	Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)? <input type="checkbox"/> Yes → SKIP to Section 5. <input type="checkbox"/> No			
	4.11	Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8))

CSO Map and Diagram	5.1	Does the treatment works have a combined sewer system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.			
	5.2	Have you attached a CSO system map to this application? (See instructions for map requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	5.3	Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

EPA Identification Number	NPDES Permit Number TN0061841	Facility Name Cornersville WWTP
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Form Approved 03/05/19
OMB No. 2040-0004

CSO Outfall Description	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	City or town			
	State and ZIP code			
	County			
	Latitude	° ' "	° ' "	° ' "
	Longitude	° ' "	° ' "	° ' "
	Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.	
CSO Monitoring	5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Rainfall	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO flow volume	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO pollutant concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Receiving water quality	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of storm events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CSO Events in Past Year	5.6	Provide the following information for each of your CSO outfalls.		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Number of CSO events in the past year	events	events	events
	Average duration per event	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
	Average volume per event	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
Minimum rainfall causing a CSO event in last year	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	

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CSO Receiving Waters

5.7

Provide the information in the table below for each of your CSO outfalls.

	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
Receiving water name			
Name of watershed/ stream system			
U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
Name of state management/river basin			
U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

6.1

In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.

Column 1	Column 2
<input checked="" type="checkbox"/> Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s) <input type="checkbox"/> w/ additional attachments
<input checked="" type="checkbox"/> Section 2: Additional Information	<input type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments
<input checked="" type="checkbox"/> Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ Table C <input type="checkbox"/> w/ additional attachments
<input type="checkbox"/> Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ Table F <input type="checkbox"/> w/ additional attachments
<input type="checkbox"/> Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ additional attachments <input type="checkbox"/> w/ CSO system diagram
<input checked="" type="checkbox"/> Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments

6.2

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.

Name (print or type first and last name)

Trigg Cathey, P.E.

Official title

General Manager

Signature

Date signed

3/28/22

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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge		Number of Samples	Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units			
Biochemical oxygen demand <input type="checkbox"/> BOD ₅ or <input checked="" type="checkbox"/> CBOD ₅ (report one)	19.0	mg/L	2.91	mg/L	470	SM 5210 B	0.1 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fecal coliform	2420	count/100 mL	21.61	count/100 mL	470	SM 9222 D	1 count/ <input checked="" type="checkbox"/> <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Design flow rate	0.14	MGD	0.10	MGD	1096		
pH (minimum)	5.9	S.U.					
pH (maximum)	8.9	S.U.					
Temperature (winter)	19.2	deg. C	12.2	deg. C	130		
Temperature (summer)	28.6	deg. C	21.8	deg. C	130		
Total suspended solids (TSS)	279	mg/L	6.82	mg/L	471	SM 2540 D	1.0 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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

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EPA Identification Number	NPDES Permit Number TN0061841	Facility Name Cornersville WWTP	Outfall Number 001	Form Approved 03/05/19 OMB No. 2040-0004
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TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD

Pollutant	Maximum Daily Discharge			Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples			
Ammonia (as N)	9.27	mg/L	0.34	mg/L	470	4500NH3 D-2011	0.20 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Chlorine (total residual, TRC) ²							<input type="checkbox"/> ML <input type="checkbox"/> MDL	
Dissolved oxygen	6.5 (min)	mg/L	10.08	mg/L	784	SM 4500-CIG	0.1 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Nitrate/nitrite	37.2	mg/L	22.32	mg/L	23	353.2	0.50 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Kjeldahl nitrogen	12.2	mg/L	2.64	mg/L	16	EPA-351.2	1.00 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Oil and grease	2.8	mg/L	2.43	mg/L	3	EPA-1664B	1.4 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Phosphorus	32	mg/L	4.31	mg/L	70	EPA-365.1	0.20 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	
Total dissolved solids	322	mg/L	298	mg/L	3	2400C-2011	20 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL	

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).
² Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.



Cornersville Wastewater Treatment Plant Site

Location Map
Cornersville WWTP
Lewisburg, Tennessee
JRWCO Job No. 1960

MARSHALL CO
GILES CO

(BM 18 FE)
(893)

EKB 32
865

EKB 31
914

MLB 796
838

BM 29 FE
796

EKB 30
844

EKB 29
810

EKB 27
822

EKB 28
823

Trigg

Cherry Corner

New Hope
Cem

Water

umping station

Richland
Creek

Creek

Burgess
Hollow

Mile 61

Mile 63

31

MARSHALL CO
GILES CO

9313593971

HWY

TENN.

OLD OSTELLO ROAD

120

CREEK

OUTFALL LINE

EFFLUENT LINE

WASTE SLUDGE

6" WATER

4" FORCE MAIN

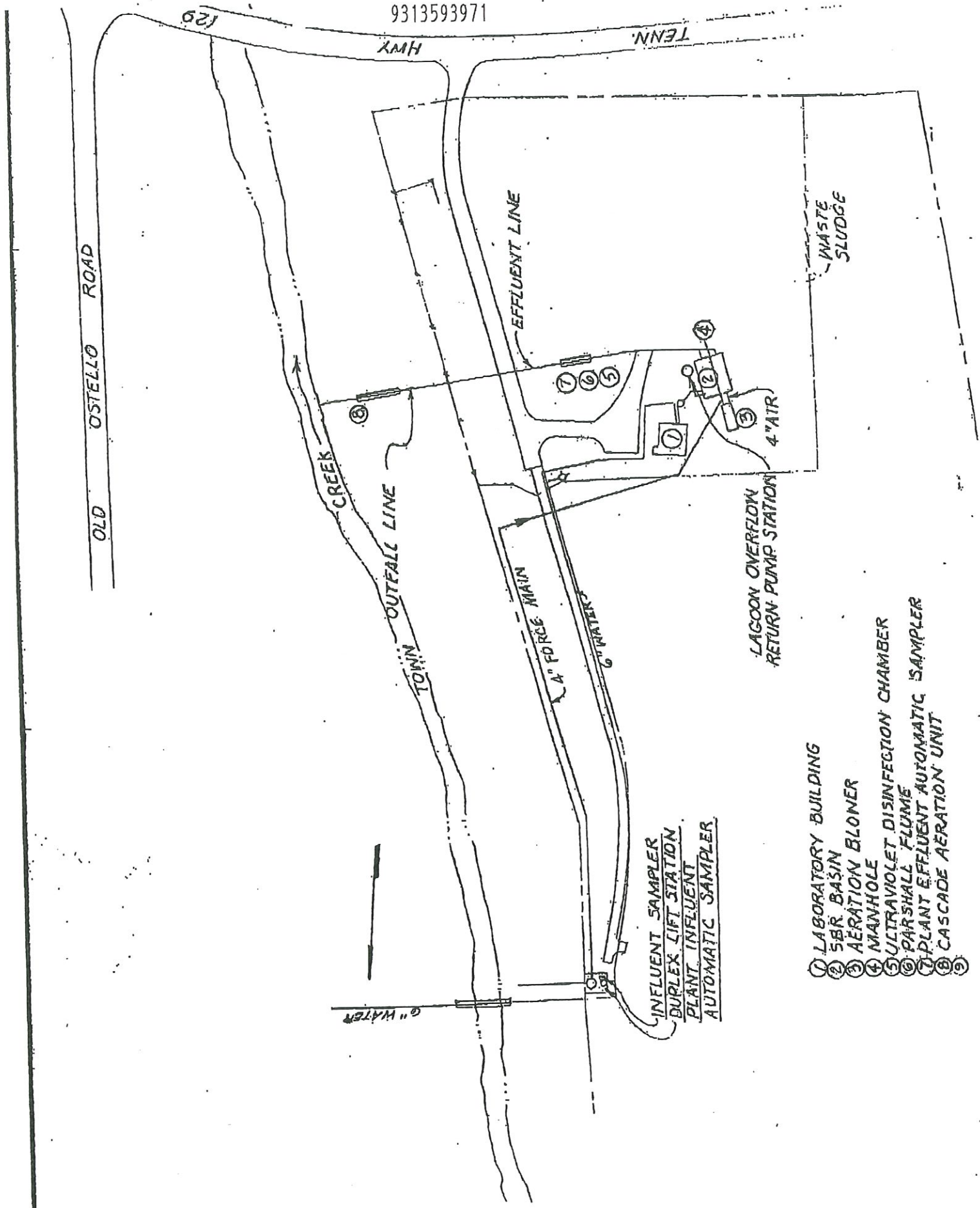
6" WATER

LAGOON OVERFLOW
RETURN PUMP STATION

4" ATR

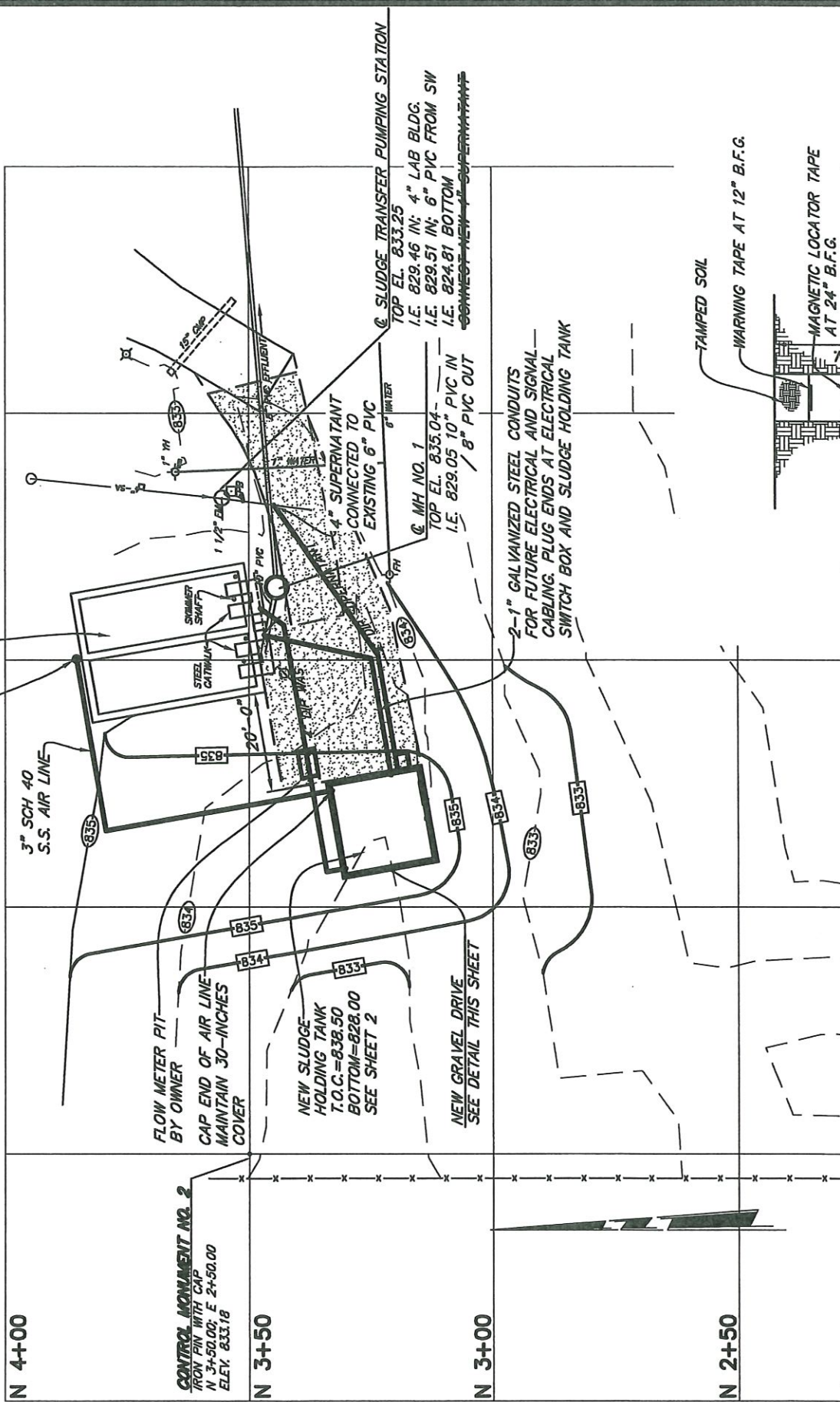
INFLUENT SAMPLER
BURLEX LIFT STATION
PLANT INFLUENT
AUTOMATIC SAMPLER

- ① LABORATORY BUILDING
- ② SBR BASIN
- ③ AERATION BLOWER
- ④ MANHOLE
- ⑤ ULTRAVIOLET DISINFECTION CHAMBER
- ⑥ PARSHALL FLUME
- ⑦ PLANT EFFLUENT AUTOMATIC SAMPLER
- ⑧ CASCADE AERATION UNIT
- ⑨



INSTALL 3-INCH TEE & 3-INCH BFLY VALVE
30" ABOVE GRADE ON EXISTING GALVANIZED
AIR LINE. ROUTE NEW 3-INCH LINE UNDERGROUND
AS SHOWN.

EXISTING SBR TANKS
T.O.C. 840.30
BOTTOM 826.9±
FOR MODIFICATIONS
SEE THIS SHEET



N 4+00

CONTROL MONUMENT NO. 2
IRON PIN WITH CAP
N 3+50.00; E 2+50.00
ELEV. 833.18

N 3+50

N 3+00

N 2+50

4" SUPERNATANT
CONNECTED TO
EXISTING 6" PVC

8" INTER
MH NO. 1
TOP EL. 835.04
I.E. 829.05 10" PVC IN
8" PVC OUT

SLUDGE TRANSFER PUMPING STATION
TOP EL. 833.25
I.E. 829.46 IN; 4" LAB BLDG.
I.E. 829.51 IN; 6" PVC FROM SW
I.E. 824.81 BOTTOM
CONNECT NEW 4" SUPERNATANT

2-1" GALVANIZED STEEL CONDUITS
FOR FUTURE ELECTRICAL AND SIGNAL
CABLING. PLUG ENDS AT ELECTRICAL
SWITCH BOX AND SLUDGE HOLDING TANK

