

From: [Jennifer Innes](#)
To: [Elizabeth Rorie](#)
Subject: FW: SOP Pump and Haul Permit for Jasper Highlands in Marion County, TN
Date: Tuesday, February 07, 2017 11:39:31 AM
Attachments: [image004.png](#)

From: Julie Jordan [mailto:juliejordan@fieldengineering.net]
Sent: Tuesday, February 07, 2017 12:16 PM
To: Water Permits
Cc: Barry Field; 'Julie Jordan'; Clarence Howard; Jennifer Innes
Subject: SOP Pump and Haul Permit for Jasper Highlands in Marion County, TN

***** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security. *****

Please see attached. If you have any questions, let me know.

Respectfully,

The logo for FECS, consisting of the letters 'FECS' in a bold, blue, sans-serif font.

Julie Jordan,
Business Development
Field's Engineering Consultant Services, LLC
77 Cother Street
Crossville, TN 38555
931-456-6071 Office

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FIELD'S ENGINEERING CONSULTANT SERVICES

February 7, 2017

BARRY R. FIELD, P.E.

77 Cother Street, Crossville, TN 38555

To Whom It May Concern:

Field's Engineering Consultant Services, LLC is submitting the attached application for SOP Pump and Haul Permit for Jasper Highlands in Marion County, TN. The permit will serve a small recreational area within the development.

Please contact me if you have any questions.

Respectfully,



Barry R. Field, P.E., LEED GREEN ASSOCIATE

BRF/jaj

cc: FECS Project File 800-17
Clarence Howard
Jennifer Innes



Tennessee Department of Environment and Conservation
 Division of Water Resources
 William R. Snodgrass - Tennessee Tower
 312 Rosa L. Parks Avenue, 11th Floor
 Nashville, Tennessee 37243-1102
 (615) 532-0625

APPLICATION FOR A STATE OPERATION PERMIT (SOP)

Type of application: New Permit Permit Reissuance Permit Modification

Permittee Identification: (Name of city, town, industry, corporation, individual, etc., applying, according to the provisions of Tennessee Code Annotated Section 69-3-108 and Regulations of the Tennessee Water Quality Control Board.)

Permittee

Name (applicant): **JASPER Highlands**

Permittee Address: **104 BATTLECREEK ROAD
Kimball, TN 37380**

Official Contact: **Clarence Howard**

Title or Position: **Superintendent**

Mailing Address: **Same As Above**

City: **Kimball** State: **TN** Zip: **37380**

Phone number(s): **1-423-421-9775**

E-mail: **clarence@thunderenterprises.com**

Optional Contact: **BARRY R. Field**

Title or Position: **Owner's Representative (Engineer)**

Address: **77 Cothran Street**

City: **Crossville** State: **TN** Zip: **38555**

Phone number(s): **931-456-6071**

E-mail: **barryfield@fieldengineering.net**

Application Certification (must be signed in accordance with the requirements of Rule 0400-40-05-.05)

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 gathered and evaluated 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. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury

Name and title; print or type

Signature

Date

**BFIELD'S ENGINEERING
CONSULTANT SERVICES**

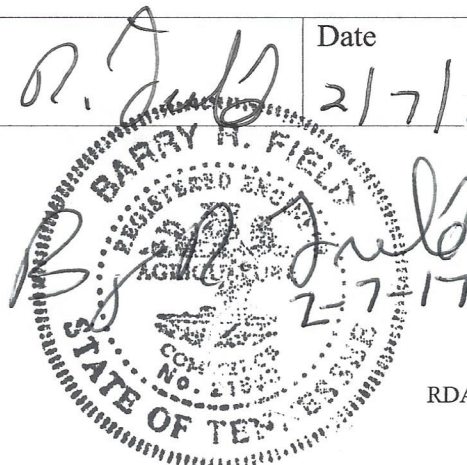
[Handwritten Signature]

2/7/17

77 Cothran St.

Crossville, TN 38555

Barry R. Field
2/7/17



Permit Number: SOP-_____

Facility Identification:	Existing Permit No.
Facility Name: <i>Jasper Highlands Recreation Area</i>	County: <i>Marion</i>
Facility Address or Location: <i>2475 Jasper Highlands Blvd Jasper, TN</i>	Latitude: <i>85.973 W</i> Longitude: <i>35.232 N</i>

Name and distance to nearest receiving waters:

If any other State or Federal Water/Wastewater Permits have been obtained for this site, list their permit numbers:
N/A

Name of company or governmental entity that will operate the permitted system: *Jasper Highlands*

Operator address: *104 Battle Creek Road
Kimball, TN 37380*

Has the owner/operator filed for a Certificate of Convenience & Necessity (CCN), or an amended CCN, with the Tennessee Regulatory Authority (TRA) (may be required for collection systems and land application treatment systems)? Yes No N/A

If the applicant listed above does not yet own the facility/site or if the applicant will not be the operator, explain how and when the ownership will be transferred or describe the contractual arrangement and renewal terms of the contract for operations.

Facility owned & operated by Jasper Highlands

Complete the following information explaining the entity type, number of design units, and daily design wastewater flow:

Entity Type	Number of Design Units		Flow (gpd)
<input type="checkbox"/> City, town or county	No. of connections:		
<input type="checkbox"/> Subdivision	No. of homes:	Avg. No. bedrooms per home:	
<input type="checkbox"/> School	No. of students:	Size of cafeteria(s): No. of showers:	
<input type="checkbox"/> Apartment	No. of units:	No. units with Washer/Dryer hookups: No. units without W/D hookups:	
<input type="checkbox"/> Commercial Business	No. of employees:	Type of business:	
<input type="checkbox"/> Industry	No. of employees:	Product(s) manufactured:	
<input type="checkbox"/> Resort	No. of units:		
<input type="checkbox"/> Camp	No. of hookups:		
<input type="checkbox"/> RV Park	No. of hookups:	No. of dump stations:	
<input type="checkbox"/> Car Wash	No. of bays:		
<input type="checkbox"/> Other	<i>Picnic Area</i>	<i>Two (Restrooms)</i>	<i>Max 500gpd</i>

Describe the type and frequency of activities that result in wastewater generation.

Permit Number: SOP- _____

Engineering Report (required for collection systems and/or land application treatment systems):	<input type="checkbox"/> N/A	
<input type="checkbox"/> Prepared in accordance with Rule 0400-40-05-.03 and Section 1.2 of the State of Tennessee Design Criteria for Sewage Works (see website for more information)		
<input type="checkbox"/> Attached, or		
<input type="checkbox"/> Previously submitted and entitled:	Approved? <input type="checkbox"/> Yes. Date: <input type="checkbox"/> No	
Operation and Maintenance Inspection Schedule Submitted:	Approved? <input type="checkbox"/> Yes. Date: <input type="checkbox"/> No	
Wastewater Collection System:	<input type="checkbox"/> N/A	
System type (i.e., gravity, low pressure, vacuum, combination, etc.):		
System Description:		
Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.):		
In the event of a system failure describe means of operator notification:		
List the emergency contact(s) (name/phone):		
For low-pressure systems, who is responsible for maintenance of STEP/STEG tanks and pumps or grinder pumps (list all contact information)?		
Approximate length of sewer (excluding private service lateral):		
Number/hp of lift stations: /	Number/hp of lift pumps /	
Number/volume of low pressure and or grinder pump tanks /		
Number/volume septic tanks /		
Attach a schematic of the collection system. <input type="checkbox"/> Attached		
If this is a satellite sewer and you are tying in to another sewer system complete the following section, listing tie-in points to the sewer system and their location (attach additional sheets as necessary):		
<u>Tie-in Point</u>	<u>Latitude (xx.xxxx°)</u>	<u>Longitude (xx.xxxx°)</u>

Permit Number: SOP-_____

Land Application Treatment System:	<input type="checkbox"/> N/A
Type of Land Application Treatment System: <input type="checkbox"/> Drip <input type="checkbox"/> Spray <input type="checkbox"/> Other, explain:	
Type of treatment facility preceding land application (recirculating media filters, lagoons, other, etc.):	
Attach a treatment schematic. <input type="checkbox"/> Attached	
Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.):	
For New or Modified Projects: Name of Developer for the project:	
Developer address and phone number:	
For land application, list:	Proposed acreage involved: Inches/week gpd/sq.ft loading rate to be applied:
Is wastewater disinfection proposed?	
<input type="checkbox"/> Yes Describe land application area access:	
<input type="checkbox"/> No Describe how access to the land application area will be restricted:	
Attach required additional Engineering Report Information (see website for more information)	
<input type="checkbox"/> Topographic map (1:24,000 scale presented at a six inch by six inch minimum size) showing the location of the project including quadrangle(s) name(s) GPS coordinates, and latitude and longitude in decimal degrees should also be included.	
<input type="checkbox"/> Scaled layout of facility showing the following: lots, buildings, etc. being served, the wastewater collection system routes, the pretreatment system location, the proposed land application area(s), roads, property boundaries, and sensitive areas such as streams, lakes, springs, wells, wellhead protection areas, sinkholes and wetlands.	
<input type="checkbox"/> Soils information for the proposed land disposal area in the form of a Water Resources Soils Map per Chapter 16 and 17 State of Tennessee Design Criteria for Sewage Works. The soils information should include soil depth (borings to a minimum of 4 feet or refusal) and soil profile description for each soil mapped.	
<input type="checkbox"/> Topographic map of the area where the wastewater is to be land applied with no greater than ten foot contours presented at a minimum size of 24 inches by 24 inches.	
<input type="checkbox"/> Describe alternative application methods based on the following priority rating: (1) connection to a municipal/public sewer system, (2) connection to a conventional subsurface disposal system as regulated by the Division of Water Resources, and/or (3) land application.	

Permit Number: SOP-_____

<p>For Drip Dispersal Systems Only: Unless otherwise determined by the Department, sewage treatment effluent wells, i.e, large capacity treatment/drip dispersal systems after approval of the SOP Application, will be issued an UIC tracking number and will be authorized as Permit by Rule per UIC Rule 0400-45-06-.14(2) and upon issue of a State Operating Permit and Sewage System Construction Approval by the Department. Describe the following:</p>	<input type="checkbox"/> N/A
<p>The area of review (AOR) for each Drip Dispersal System shall, unless otherwise specified by the Department, consist of the area lying within a one mile radius or an area defined by using calculations under 0400-45-06-.09 of the Drip Dispersal System site or facility, and shall include, but not be limited to general surface geographic features, general subsurface geology, and general demographic and cultural features within the area. Attach to this part of the application a general characterization of the AOR, including the following: (This can be in narrative form)</p>	
<input type="checkbox"/> A general description of all past and present groundwater uses as well as the general groundwater flow direction and general water quality.	
<input type="checkbox"/> A general description of the population and cultural development within the AOR (i.e. agricultural, commercial, residential or mixed)	
<input type="checkbox"/> Nature of injected fluid to include physical, chemical, biological or radiological characteristics.	
<input type="checkbox"/> If groundwater is used for drinking water within the area of review, then identify and locate on a topographic map all groundwater withdrawal points within the AOR, which supply public or private drinking water systems. Or supply map showing general location of publicly supplied water for the area (this can be obtained from the water provider)	
<input type="checkbox"/> If the proposed system is located within a wellhead protection area or source water protection area designated by Rule 0400-45-01-.34, show the boundary of the protection area on the facility site plan.	
<input type="checkbox"/> Description of system, Volume of injected fluid in gallons per day based upon design flow, including any monitoring wells	
<input type="checkbox"/> Nature and type of system, including installed dimensions of wells and construction materials	

<p>Pump and Haul:</p>	<input checked="" type="checkbox"/> N/A
<p>Reason system cannot be served by public sewer:</p>	<p>Not available</p>
<p>Distance to the nearest manhole where public sewer service is available:</p>	<p>3 miles</p>
<p>When sewer service will be available:</p>	<p>N/A</p>
<p>Volume of holding tank: 1500</p>	
<p>Tennessee licensed septage hauler (attach copy of agreement): Attached</p>	
<p>Facility accepting the septage (attach copy of acceptance letter): Stevenson Utilities</p>	
<p>Latitude and Longitude (in decimal degrees) of approved manhole for discharge of septage: 34.86N, 85.82W</p>	
<p>Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.):</p>	

WATER usage estimated at minimal due to type facility served. A float switch will be installed at the 3/4 full level which will trigger an audio/visual alarm to notify that tank needs to be pumped.

Permit Number: SOP-_____

Holding Ponds (for non-domestic wastewater only):	<input type="checkbox"/> N/A
Pond use: <input type="checkbox"/> Recirculation <input type="checkbox"/> Sedimentation <input type="checkbox"/> Cooling <input type="checkbox"/> Other (describe):	
Describe pond use and operation:	
If the pond(s) are existing pond(s), what was the previous use?	
Have you prepared a plan to dispose of rainfall in excess of evaporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, describe disposal plan:	
Is the pond ever dewatered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, describe the purpose for dewatering and procedures for disposal of wastewater and/or sludge:	
Is(are) the pond(s) aerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Volume of pond(s):	gal. Dimensions:
Is the pond lined (Note if this is a new pond system it must be lined for SOP coverage. Otherwise, you must apply for an Underground Injection Control permit.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the liner material (if soil liner is used give the compaction specifications):	
Is there an emergency overflow structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If so, provide a design drawing of structure.</i>	
Are monitoring wells or lysimeters installed near or around the pond(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If so, provide location information and describe monitoring protocols (attach additional sheets as necessary):</i>	

Permit Number: SOP-_____

Mobile Wash Operations:		<input type="checkbox"/> N/A
<input type="checkbox"/> Individual Operator		<input type="checkbox"/> Fleet Operation Operator
Indicate the type of equipment, vehicle, or structure to be washed during normal operations (check all that apply):		
<input type="checkbox"/> Cars	<input type="checkbox"/> Parking Lot(s):	sq. ft.
<input type="checkbox"/> Trucks	<input type="checkbox"/> Windows:	sq. ft.
<input type="checkbox"/> Trailers (Interior washing of dump-trailers, or tanks, is prohibited.)	<input type="checkbox"/> Structures (describe):	
<input type="checkbox"/> Other (describe):		
Wash operations take place at (check all that apply):		
<input type="checkbox"/> Car sales lot(s)	<input type="checkbox"/> Public parking lot(s)	
<input type="checkbox"/> Private industry lot(s)	<input type="checkbox"/> Private property(ies)	
<input type="checkbox"/> County(ies), list:	<input type="checkbox"/> Statewide	
Wash equipment description:		
<input type="checkbox"/> Truck mounted	<input type="checkbox"/> Trailer mounted	
<input type="checkbox"/> Rinse tank size(s) (gal.):	<input type="checkbox"/> Mixed tanks size(s) (gal.):	
<input type="checkbox"/> Collection tank size(s) (gal.):	Number of tanks per vehicle:	
Pressure washer: psi (rated)	gpm (rated)	
<input type="checkbox"/> gas powered	<input type="checkbox"/> electric	
Vacuum system manufacturer/model:	Vacuum system capacity:	inches Hg
Describe any other method or system used to contain and collect wastewater:		
List the public sewer system where you are permitted or have written permission to discharge waste wash water (include a copy of the permit or permission letter):		
Are chemicals pre-mixed, prior to arriving at wash location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe all soaps, detergents, or other chemicals used in the wash operation (attach additional sheets as necessary):		
Chemical name:	Manufacturer:	Primary CAS No. or Product No.

STEVENSON UTILITIES

42274 US Highway 72
Stevenson, AL 35772-5415

Telephone (256) 437-0277

Fax (256) 437-2859

February 6, 2017

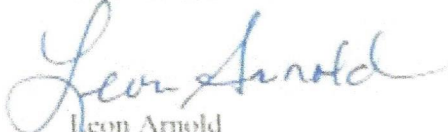
Gulley Construction
119 Olcott Ave
Bridgeport, AL 35740

To Whom It May Concern:

Please be advised that Gulley Construction is permitted to utilize the Stevenson Utilities Board's wastewater plant for the purpose of disposing of domestic waste, for the year of 2017. All septic tanks, holding tanks or portable toilets must be from inside the Stevenson Utilities service area. No industrial or petroleum products are permitted at this facility.

Sincerely,

STEVENSON UTILITIES



Leon Arnold
General Manager

