

From: [Madison McLaughlin](#)
To: [Water Permits](#)
Cc: [Donny Groves](#); dannybingham@townofchapelhilltn.gov; [2099](#)
Subject: [EXTERNAL] Chapel Hill, TN - NPDES Permit Renewal Application - TN0064670
Date: Thursday, September 21, 2023 2:40:42 PM
Attachments: [image001.png](#)

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To whom it may concern,

Please find attached the NPDES Permit Renewal Application for the City of Chapel Hill (TN0064670).

Please don't hesitate to reach out if you have any questions or need more information.

Thank you,

Madison P. McLaughlin, E.I.
Assistant Project Manager
2835 Lebanon Pike
Nashville, Tennessee 37214
(615) 883-3243

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WAUFORD



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: TN0064670 DATE: 9/21/2023
 PERMITTED FACILITY: Chapel Hill WWTP COUNTY: Marshall

OFFICIAL PERMIT CONTACT:

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

Official Contact: Donny Groves	Title or Position: Utilities Superintendent		
Mailing Address: P.O. Box 157	City: Chapel Hill	State: TN	Zip: 37034
Phone number(s): 931-364-7632	E-mail: donnygroves@townofchapelhilltn.gov		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact: Phillip Dye	Title or Position: Town Recorder		
Mailing Address: P.O. Box 157	City: Chapel Hill	State: TN	Zip: 37034
Phone number(s): 931-364-7632	E-mail: phillipdye@townofchapeltn.gov		


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

Facility Location Contact: Bryan Brooks	Title or Position: Wastewater Operator		
Facility Location (physical street address): Highway 99	City: Chapel Hill	State: TN	Zip: 27034
Phone number(s): 931-364-7632	E-mail: bryanbrooks@townofchapelhilltn.gov		

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: Bryan Brooks	Title or Position: Wastewater Operator		
Mailing Address: P.O. Box 157	City: Chapel Hill	State: TN	Zip: 37034
Phone number(s): 931-364-7632	E-mail: bryanbrooks@townofchapelhilltn.gov		
Fax number for reporting:	Does the facility have interest in starting electronic DMR reporting? Yes No		

EPA Identification Number		NPDES Permit Number TN0064670		Facility Name Chapel Hill WWTP		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 Chapel Hill WWTP					
		Mailing address (street or P.O. box) P.O. Box 157					
		City or town Chapel Hill		State TN		ZIP code 37034	
		Contact name (first and last) Donny Groves		Title Utilities Superintendent		Phone number (931) 364-7632	Email address donnygroves@townofchapelh
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address Highway 99					
		City or town Chapel Hill		State TN		ZIP code 37034	
	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.4.					
		Applicant name					
		Applicant address (street or P.O. box)					
		City or town		State TN		ZIP code	
		Contact name (first and last)		Title		Phone number	Email address
		1.4	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Both				
	1.5	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" 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) TN0064670		<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)		

Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.			
	Municipality Served	Population Served	Collection System Type (indicate percentage)		Ownership Status
	Chapel Hill	1,753	100 % separate sanitary sewer	<input checked="" type="checkbox"/> Own	<input type="checkbox"/> Maintain
			% combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
			<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
			% separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
			% combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
			<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
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		<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
		% separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
		% combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
	Total Population Served	1,753			
			Separate Sanitary Sewer System	Combined Storm and Sanitary Sewer	
	Total percentage of each type of sewer line (in miles)		100 %	%	

Indian Country	1.8	Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	1.9	Does the facility discharge to a receiving water that flows through Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Design and Actual Flow Rates	1.10	Provide design <i>and</i> actual flow rates in the designated spaces.			Design Flow Rate
					0.17 (.33 design) mgd
		Annual Average Flow Rates (Actual)			
		Two Years Ago	Last Year	This Year	
		0.125 mgd	0.110 mgd	0.143 mgd	
		Maximum Daily Flow Rates (Actual)			
		Two Years Ago	Last Year	This Year	
	0.57 mgd	0.98 mgd	0.82 mgd		

Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the United States by type.				
		Total Number of Effluent Discharge Points by Type				
		Treated Effluent	Untreated Effluent	Combined Sewer Overflows	Bypasses	Constructed Emergency Overflows
		001				

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
			acres	gpd
			acres	gpd
		acres	gpd	
1.16	Is effluent transported to another facility for treatment prior to discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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		

Outfalls and Other Discharge or Disposal Methods Continued	1.20	<p>In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">Receiving Facility Data</th> </tr> <tr> <td style="width:50%;">Facility name</td> <td colspan="2">Mailing address (street or P.O. box)</td> </tr> <tr> <td>City or town</td> <td>State TN</td> <td>ZIP code</td> </tr> <tr> <td>Contact name (first and last)</td> <td colspan="2">Title</td> </tr> <tr> <td>Phone number</td> <td colspan="2">Email address</td> </tr> <tr> <td>NPDES number of receiving facility (if any) <input type="checkbox"/> None</td> <td colspan="2">Average daily flow rate mgd</td> </tr> </table>	Receiving Facility Data			Facility name	Mailing address (street or P.O. box)		City or town	State TN	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 mgd																			
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NPDES number of receiving facility (if any) <input type="checkbox"/> None	Average daily flow rate mgd																																					
1.21	<p>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)?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.23.</p>																																					
1.22	<p>Provide information in the table below on these other disposal methods.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="5" style="text-align: center;">Information on Other Disposal Methods</th> </tr> <tr> <th style="width:20%;">Disposal Method Description</th> <th style="width:20%;">Location of Disposal Site</th> <th style="width:20%;">Size of Disposal Site</th> <th style="width:20%;">Annual Average Daily Discharge Volume</th> <th style="width:20%;">Continuous or Intermittent (check one)</th> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">acres</td> <td style="text-align: center;">gpd</td> <td><input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">acres</td> <td style="text-align: center;">gpd</td> <td><input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">acres</td> <td style="text-align: center;">gpd</td> <td><input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent</td> </tr> </table>	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												
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Variance Requests	1.23	<p>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.)</p> <p><input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2))</p> <p><input checked="" type="checkbox"/> Not applicable</p>																																				
Contractor Information	1.24	<p>Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 2.</p>																																				
	1.25	<p>Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">Contractor Information</th> </tr> <tr> <th style="width:30%;"></th> <th style="width:20%;">Contractor 1</th> <th style="width:20%;">Contractor 2</th> <th style="width:20%;">Contractor 3</th> </tr> <tr> <td>Contractor name (company name)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mailing address (street or P.O. box)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>City, state, and ZIP code</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contact name (first and last)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Phone number</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Email address</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Operational and maintenance responsibilities of contractor</td> <td></td> <td></td> <td></td> </tr> </table>	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			
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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		
			5,000 gpd		
		Indicate the steps the facility is taking to minimize inflow and infiltration. Chapel Hill has contracted the assistance of J.R. Wauford & Company, Consulting Engineers, Inc. The city made improvements to the sewer system beginning with the Morningside Drive SPS and will improve the WWTP.			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.			
		Briefly list and describe the scheduled improvements.			
		1. The construction of a new sequencing batch reactor.			
		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)
	1.	001	09/01/2024	11/30/2025	12/01/2025
	2.				
	3.				
	4.				
	2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable			
		Explanation: A General Construction Permit has been received, and the plans and specifications have been approved by TDEC.			

EPA Identification Number	NPDES Permit Number TN0064670	Facility Name Chapel Hill WWTP
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Form Approved 03/05/19
OMB No. 2040-0004

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 <u>001</u>	Outfall Number _____	Outfall Number _____
	State	Tennessee		
	County	Marshall		
	City or town	Chapel Hill		
	Distance from shore	_____ ft.	_____ ft.	_____ ft.
	Depth below surface	_____ ft.	_____ ft.	_____ ft.
	Average daily flow rate	0.143 mgd	_____ mgd	_____ mgd
	Latitude	35° 35' 42"	° ' "	° ' "
	Longitude	-86° 42' 21"	° ' "	° ' "
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.		

EPA Identification Number	NPDES Permit Number TN0064670	Facility Name Chapel Hill WWTP
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Form Approved 03/05/19
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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	Duck River		
	Name of watershed, river, or stream system	Duck River - Upper		
	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	6040002		
	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 checked="" 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	80 %	%	%
	TSS	80 %	%	%
	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	Sodium Hypochlorite			
	Seasons used	All			
	Dechlorination used?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input checked="" 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
		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 checked="" type="checkbox"/> Yes → Complete Table B, including chlorine. <input 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 checked="" type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <input 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 checked="" 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 checked="" 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;"> <thead> <tr> <th style="width:45%;">Date(s) Submitted (MM/DD/YYYY)</th> <th style="width:55%;">Summary of Results</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"> </td> <td> </td> </tr> </tbody> </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;"> <thead> <tr> <th style="width:50%;">Number of SIUs</th> <th style="width:50%;">Number of NSCIUs</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"> </td> <td> </td> </tr> </tbody> </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			


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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

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 checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> w/ process flow diagram
		<input checked="" type="checkbox"/> Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B <input checked="" type="checkbox"/> w/ Table C	<input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ additional attachments
		<input checked="" type="checkbox"/> Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ additional attachments	<input type="checkbox"/> w/ Table F
		<input checked="" type="checkbox"/> Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ CSO system diagram	<input type="checkbox"/> w/ additional attachments
		<input checked="" type="checkbox"/> Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	
	6.2	Certification Statement		
		<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
	Name (print or type first and last name)	Official title		
	Danny Bingham	Town Administrator		
	Signature	Date signed		
		9/21/2023		

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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input type="checkbox"/> BOD ₅ or <input type="checkbox"/> CBOD ₅ (report one)	102	mg/L	40.1	mg/L	160		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform	2419.6	mg/L	33.53	mg/L	152		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	8.13	MGD	0.14	MGD	1,066		
pH (minimum)	8.89	S.U.					
pH (maximum)	7.00	S.U.					
Temperature (winter)							
Temperature (summer)							
Total suspended solids (TSS)	52	mg/L	13.2	mg/L	161		<input type="checkbox"/> ML <input 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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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)	0.65	mg/L	0.58	mg/L	3	350.1	0.250 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorine (total residual, TRC) ²	1.91	mg/L	1.00	mg/L	762		<input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dissolved oxygen	13.4	mg/L	6.54	mg/L	761	365.4	0.2 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrate/nitrite	1.89	mg/L	1.04	mg/L	3	353.2	0.2 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Kjeldahl nitrogen	3.51	mg/L	2.97	mg/L	3	351.2	0.250 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Oil and grease	7.14	mg/L	6.01	mg/L	3	1664A	5.32 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phosphorus	6.88	mg/L	6.41	mg/L	3	365.4	0.2 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total dissolved solids	441	mg/L	427	mg/L	3	2540C-2011	10 <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.

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Metals, Cyanide, and Total Phenols							
Hardness (as CaCO ₃)	227	mg/L	221	mg/L	3	Calculated	2.50 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Antimony, total recoverable	<0.005	mg/L	<0.005	mg/L	3	200.8	0.005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Arsenic, total recoverable	<0.001	mg/L	<0.001	mg/L	3	200.8	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Beryllium, total recoverable	<0.001	mg/L	<0.001	mg/L	3	200.8	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cadmium, total recoverable	<0.001	mg/L	<0.001	mg/L	3	200.8	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chromium, total recoverable	<0.02	mg/L	<0.02	mg/L	3	200.8	0.02 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Copper, total recoverable	0.00342	mg/L	0.0025	mg/L	3	200.8	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Lead, total recoverable	<0.002	mg/L	<0.002	mg/L	3	200.8	0.002 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Mercury, total recoverable	0.00000081	mg/L	0.0000007	mg/L	3	EPA 1631E	0.0000005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nickel, total recoverable	<0.002	mg/L	<0.002	mg/L	3	200.8	0.002 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Selenium, total recoverable	<0.002	mg/L	<0.002	mg/L	3	200.8	0.002 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Silver, total recoverable	<0.001	mg/L	<0.001	mg/L	3	200.8	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Thallium, total recoverable	<0.001	mg/L	<0.001	mg/L	3	200.8	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Zinc, total recoverable	<0.02	mg/L	<0.02	mg/L	3	200.8	0.02 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cyanide	0.0129	mg/L	0.00997	mg/L	3	4500CN E-2016	0.005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total phenolic compounds	<0.04	mg/L	<0.04	mg/L	3	420.4	0.04 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Volatile Organic Compounds							
Acrolein	<0.0054	mg/L	<0.0054	mg/L	3	624.1	0.0054 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acrylonitrile	<0.0054	mg/L	<0.0054	mg/L	3	624.1	0.0054 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzene	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bromoform	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorobenzene	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorodibromomethane	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroethane	<0.005	mg/L	<0.005	mg/L	3	624.1	0.005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloroethylvinyl ether	<0.05	mg/L	<0.05	mg/L	3	624.1	0.05 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroform	0.0143	mg/L	0.01357	mg/L	3	624.1	0.005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dichlorobromomethane	0.00181	mg/L	0.0017	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1-dichloroethane	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloroethane	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
trans-1,2-dichloroethylene	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1-dichloroethylene	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloropropane	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,3-dichloropropylene	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Ethylbenzene	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methyl bromide	<0.005	mg/L	<0.005	mg/L	3	624.1	0.005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methyl chloride	<0.0025	mg/L	<0.0025	mg/L	3	624.1	0.00250 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methylene chloride	<0.005	mg/L	<0.005	mg/L	3	624.1	0.005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,1,2-tetrachloroethane	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Tetrachloroethylene	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Toluene	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,1-trichloroethane	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2-trichloroethane	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Trichloroethylene	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Vinyl chloride	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acid-Extractable Compounds							
p-chloro-m-cresol	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chlorophenol	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dichlorophenol	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dimethylphenol	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4,6-dinitro-o-cresol	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dinitrophenol	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-nitrophenol	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-nitrophenol	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Pentachlorophenol	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phenol	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4,6-trichlorophenol	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Base-Neutral Compounds							
Acenaphthene	<0.001	mg/L	<0.001	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acenaphthylene	<0.001	mg/L	<0.001	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Anthracene	<0.001	mg/L	<0.001	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzidine	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)anthracene	<0.001	mg/L	<0.001	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)pyrene	<0.001	mg/L	<0.001	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
3,4-benzofluoranthene	<0.001	mg/L	<0.001	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Benzo(ghi)perylene	<0.001	mg/L	<0.001	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(k)fluoranthene	<0.001	mg/L	<0.001	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethoxy) methane	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethyl) ether	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate	<0.003	mg/L	<0.003	mg/L	3	625.1	0.003 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-bromophenyl phenyl ether	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Butyl benzyl phthalate	<0.003	mg/L	<0.003	mg/L	3	625.1	0.003 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloronaphthalene	<0.001	mg/L	<0.001	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-chlorophenyl phenyl ether	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chrysene	<0.001	mg/L	<0.001	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-butyl phthalate	<0.003	mg/L	<0.003	mg/L	3	625.1	0.003 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-octyl phthalate	<0.003	mg/L	<0.003	mg/L	3	625.1	0.003 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dibenzo(a,h)anthracene	<0.001	mg/L	<0.001	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichlorobenzene	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,3-dichlorobenzene	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,4-dichlorobenzene	<0.001	mg/L	<0.001	mg/L	3	624.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
3,3-dichlorobenzidine	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Diethyl phthalate	<0.003	mg/L	<0.003	mg/L	3	625.1	0.003 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dimethyl phthalate	<0.003	mg/L	<0.003	mg/L	3	625.1	0.003 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dinitrotoluene	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,6-dinitrotoluene	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1,2-diphenylhydrazine	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fluoranthene	<0.001	mg/L	<0.001	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fluorene	<0.001	mg/L	<0.001	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorobenzene	<0.001	mg/L	<0.001	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorobutadiene	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorocyclo-pentadiene	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachloroethane	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene	<0.001	mg/L	<0.001	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Isophorone	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Naphthalene	<0.001	mg/L	<0.001	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrobenzene	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodi-n-propylamine	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodimethylamine	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodiphenylamine	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phenanthrene	<0.001	mg/L	<0.001	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Pyrene	<0.001	mg/L	<0.001	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2,4-trichlorobenzene	<0.01	mg/L	<0.01	mg/L	3	625.1	0.01 <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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TABLE D. ADDITIONAL POLLUTANTS AS REQUIRED BY NPDES PERMITTING AUTHORITY

Pollutant (list)	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
<input type="checkbox"/> No additional sampling is required by NPDES permitting authority.							
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input 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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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

Test Information

	Test Number _____	Test Number _____	Test Number _____
Test species			
Age at initiation of test			
Outfall number			
Date sample collected			
Date test started			
Duration			

Toxicity Test Methods

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

Sample Type

Check one:	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite
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Sample Location

Check one:	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before disinfection <input type="checkbox"/> After disinfection <input type="checkbox"/> After dechlorination
------------	--	--	--

Point in Treatment Process

Describe the point in the treatment process at which the sample was collected for each test.			
--	--	--	--

Toxicity Type

Indicate for each test whether the test was performed to assess acute or chronic toxicity, or both. (Check one response.)	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both
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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

	Test Number _____	Test Number _____	Test Number _____
Test Type			
Indicate the type of test performed. (Check one response.)	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through
Source of Dilution Water			
Indicate the source of dilution water. (Check one response.)	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water
If laboratory water, specify type.			
If receiving water, specify source.			
Type of Dilution Water			
Indicate the type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)
Percentage Effluent Used			
Specify the percentage effluent used for all concentrations in the test series.			
Parameters Tested			
Check the parameters tested.	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature
		<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature
			<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results			
Percent survival in 100% effluent		%	%
LC ₅₀			
95% confidence interval		%	%
Control percent survival		%	%

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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

	Test Number _____	Test Number _____	Test Number _____
Acute Test Results Continued			
Other (describe)			
Chronic Test Results			
NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			
Quality Control/Quality Assurance			
Is reference toxicant data available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was reference toxicant test within acceptable bounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

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TABLE F. INDUSTRIAL DISCHARGE INFORMATION

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Name of SIU			
Mailing address (street or P.O. box)			
City, state, and ZIP code			
Description of all industrial processes that affect or contribute to the discharge.			
List the principal products and raw materials that affect or contribute to the SIU's discharge.			
Indicate the average daily volume of wastewater discharged by the SIU.	gpd	gpd	gpd
How much of the average daily volume is attributable to process flow?	gpd	gpd	gpd
How much of the average daily volume is attributable to non-process flow?	gpd	gpd	gpd
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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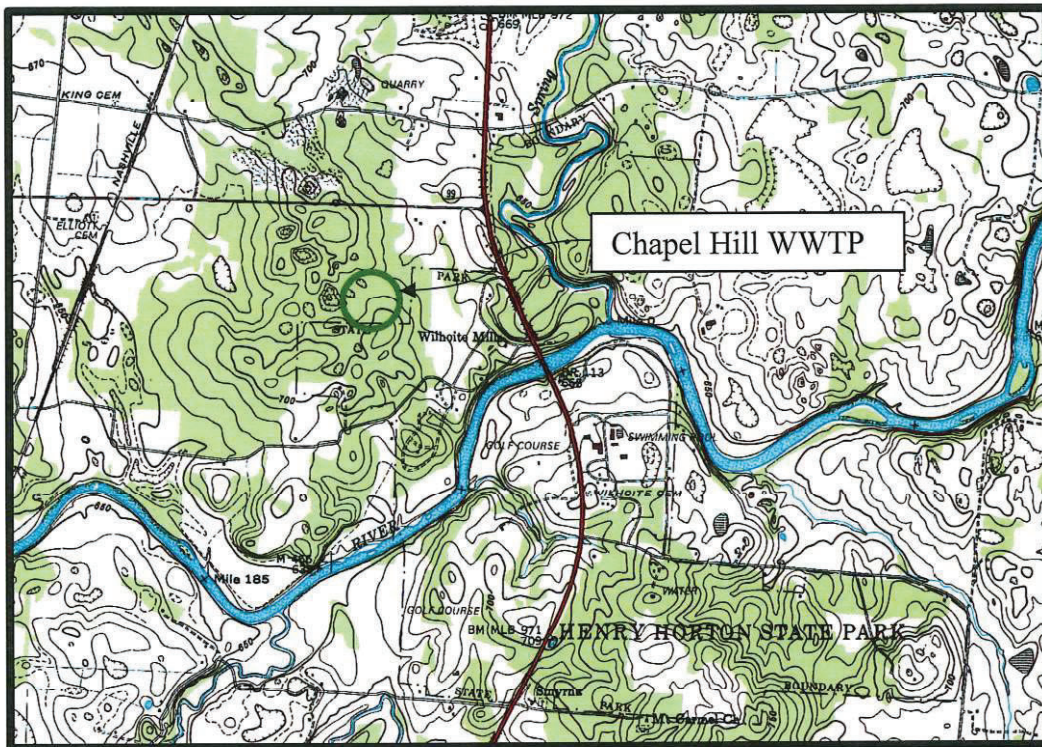
TABLE F. INDUSTRIAL DISCHARGE INFORMATION

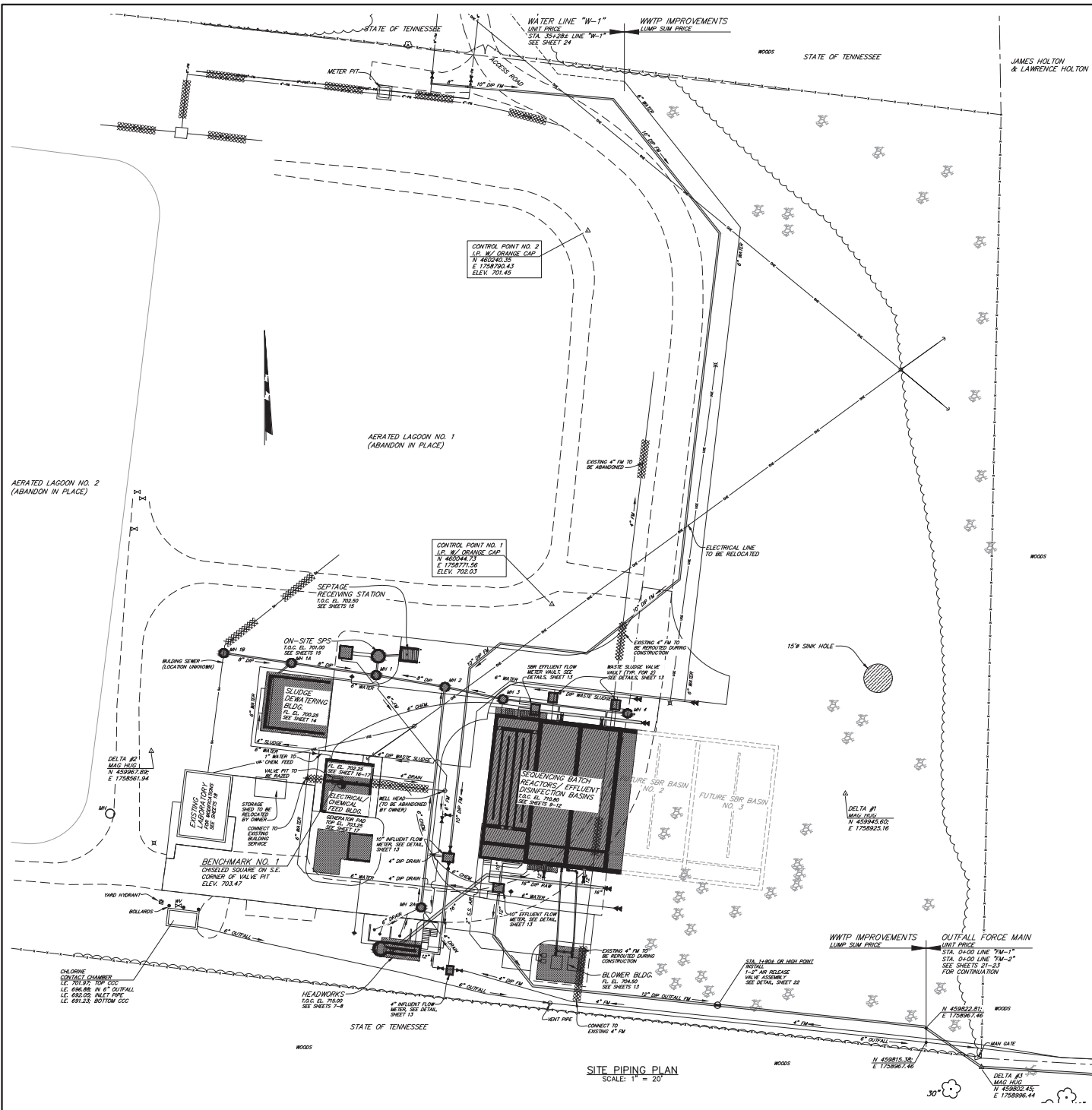
Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?			
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe.			

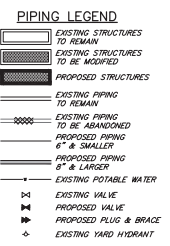
Location Map

Farmington USGS Quadrangle
Chapel Hill
Marshall County, Tennessee
NPDES Permit No. TN0064670





- ### CONSTRUCTION NOTES
- SEE "GENERAL NOTES" ON SHEET 1.
 - SEE PIPING PROFILES SHEETS 4-5.
 - BACKFILL ALL DITCHES UNDER EXISTING OR PROPOSED PAVEMENT AND SIDEWALKS WITH COMPACTED CRUSHED STONE.
 - UNLESS INDICATED OTHERWISE, ALL PIPING 12-INCH AND SMALLER FOR BURIED INSTALLATION SHALL BE CLASS 350 DIP. ALL PIPING LARGER THAN 12-INCH FOR BURIED INSTALLATION SHALL BE CLASS 500 DIP.
 - ALL BURIED FITTINGS SHALL UTILIZE RETAINER GLANDS AS SPECIFIED.
 - EXISTING PIPING WHICH IS TO BE ABANDONED MAY BE ABANDONED IN PLACE EXCEPT WHERE IT INTERFERES WITH NEW CONSTRUCTION. ALL WALL OPENINGS AND OPEN PIPES SHALL BE PLUGGED WITH CLASS "C" CONCRETE.
 - INDICATES INFORMATION TAKEN FROM EXISTING PLANS OR FIELD SURVEY WHICH SHALL BE VERIFIED BY THE CONTRACTOR.
 - THE LOCATION OF EXISTING FIELD PIPING IS TAKEN FROM EXISTING PLANS AND FROM FIELD SURVEY BUT IS NOT GUARANTEED. THE CONTRACTOR SHALL LOCATE ALL EXISTING PIPING THAT MAY INTERFERE WITH PROPOSED CONSTRUCTION AND SHALL RELOCATE SAME AS REQUIRED AT NO EXTRA COST.
 - ALL VERTICAL BENDS REQUIRED TO INSTALL THE LINES TO THE ELEVATIONS SHOWN ON THE PLANS SHALL BE FURNISHED BY THE CONTRACTOR.
 - THE CONTRACTOR SHALL TEMPORARILY REROUTE THE 4-INCH FORCE MAIN PRIOR TO STARTING CONSTRUCTION OF THE SBR BASINS.
 - THE CONTRACTOR SHALL PROVIDE POTABLE WATER SERVICE TO THE EXISTING LABORATORY BUILDING PRIOR TO ABANDONING THE EXISTING WELL.
 - EXISTING STRUCTURES TO BE RAZED SHALL BE RAZED THREE FEET BELOW FINISHED GRADE. PLUG ALL PIPES (SEE PLUG DETAIL). DRILL HOLES IN BOTTOM OF STRUCTURES FOR ADEQUATE DRAINAGE AND FILL WITH SHOT ROCK AND CRUSHED STONE. COVER AREA WITH TOPSOIL. THE CONTRACTOR MAY USE EXCESS EXCAVATED MATERIAL FOR FILL.
 - ALL EXISTING FACILITIES INCLUDING BUT NOT LIMITED TO PIPING, CONDUIT, ETC. ATTACHED TO STRUCTURES TO BE DEMOLISHED SHALL BE RELOCATED BY THE CONTRACTOR AT NO EXTRA COST.
 - THE EXISTING HORIZONTAL AND VERTICAL CONTROL POINTS SHOWN ON THIS SHEET WILL BE DAMAGED OR REMOVED DURING CONSTRUCTION OF THIS CONTRACT. THE CONTRACTOR SHALL SET NEW CONTROL POINTS AS REQUIRED PRIOR TO BEGINNING CONSTRUCTION.



MANHOLE ELEVATION TABLE

LOCATION	MAN NO.	RIM ELEV.	INVERT ELEV.	REMARKS
N 4800155 E 1758696.73	000-SITE SPS	700.00	679.80	BEHIND
N 48000782 E 1758679.60	1	700.0	684.00	8\"/>
N 48001431 E 1758658.29	1A	701.0	685.00	8\"/>
N 48002429 E 1758650.29	1B	700.5	685.00	8\"/>
N 48000743 E 1758650.29	2	700.0	685.00	8\"/>
N 48088024 E 1758702.04	2A	703.8	701.0	8\"/>
N 48088138 E 1758748.38	3	698.8	685.00	8\"/>
N 48088120 E 1758681.20	4	698.7	685.00	8\"/>



SHEET 2 OF 24

REVISION OR ISSUE

SEWER SYSTEM IMPROVEMENTS
CONTRACT 23-01
WASTEWATER TREATMENT PLANT IMPROVEMENTS

SITE PIPING PLAN

FOR
CHAPEL HILL, TENNESSEE

SCALE
AS SHOWN

PROJECT NUMBER
2143

DESIGNED
JGD

DRAWN
AMB

CHECKED
JGD

DATE
MAY, 2023

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