


EPA Identification Number		NPDES Permit Number TN 0064611	Facility Name City of Camden Sewer Treatment Facility	
Form 2A NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS</b>		
<b>SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))</b>				
<b>Facility Information</b>	1.1	Facility name City of Camden Sewer Treatment Plant		
		Mailing address (street or P.O. box) P.O. Box 779		
		City or town Camden	State Tennessee	ZIP code 38320
		Contact name (first and last) John Beasley	Title Superintendent	Phone number (731) 584-4656
		Email address johnwbeasley@bellsouth.net		
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 395 Hildon King Road		
	City or town Camden	State Tennessee	ZIP code 38320	
	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		
<b>Applicant Information</b>	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	ZIP code
		Contact name (first and last)	Title	Phone number
	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 checked="" type="checkbox"/> Facility <input type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)		
<b>Existing Environmental Permits</b>	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)		
		<b>Existing Environmental Permits</b>		
		<input checked="" type="checkbox"/> NPDES (discharges to surface water) TN 0064611	<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 checked="" type="checkbox"/> Other (specify) TN SOP 15022	

<b>Collection System and Population Served</b>	1.7	Provide the collection system information requested below for the treatment works.				
	<b>Municipality Served</b>	<b>Population Served</b>	<b>Collection System Type</b> (indicate percentage)		<b>Ownership Status</b>	
	City of Camden	4000	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
			% 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	
			% 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	
			% 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	
		<b>Total Population Served</b>	4000			
		Total percentage of each type of sewer line (in miles)		<b>Separate Sanitary Sewer System</b>	<b>Combined Storm and Sanitary Sewer</b>	
				100 %	%	

<b>Indian Country</b>	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

<b>Design and Actual Flow Rates</b>	1.10	Provide design <i>and</i> actual flow rates in the designated spaces.		<b>Design Flow Rate</b>
				.500 mgd
		<b>Annual Average Flow Rates (Actual)</b>		
		<b>Two Years Ago</b>	<b>Last Year</b>	<b>This Year</b>
		.864 mgd	.725 mgd	1.085 mgd
		<b>Maximum Daily Flow Rates (Actual)</b>		
	<b>Two Years Ago</b>	<b>Last Year</b>	<b>This Year</b>	
	3.578 mgd	2.960 mgd	2.561 mgd	

<b>Discharge Points by Type</b>	1.11	Provide the total number of effluent discharge points to waters of the United States by type.				
		<b>Total Number of Effluent Discharge Points by Type</b>				
		<b>Treated Effluent</b>	<b>Untreated Effluent</b>	<b>Combined Sewer Overflows</b>	<b>Bypasses</b>	<b>Constructed Emergency Overflows</b>
		1	0	0	0	0



**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)
Hargis Road (Map 64, Parcel 11.00 and 14.00)	300.00 acres	386,767 gpd	<input type="checkbox"/> Continuous <input checked="" 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	

Outfalls and Other Discharge or Disposal Methods

<b>Outfalls and Other Discharge or Disposal Methods Continued</b>	1.20	In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.			
	<b>Receiving Facility Data</b>				
	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 mgd	
<b>Variance Requests</b>	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.			
	1.22	Provide information in the table below on these other disposal methods.			
	<b>Information on Other Disposal Methods</b>				
	<b>Disposal Method Description</b>	<b>Location of Disposal Site</b>	<b>Size of Disposal Site</b>	<b>Annual Average Daily Discharge Volume</b>	<b>Continuous or Intermittent (check one)</b>
			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	
<b>Contractor Information</b>	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			
	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.			
	<b>Contractor Information</b>				
			<b>Contractor 1</b>	<b>Contractor 2</b>	<b>Contractor 3</b>
		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))**

<b>Design Flow</b>	<b>Outfalls to Waters of the United States</b>					
	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.				
<b>Inflow and Infiltration</b>	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.			<b>Average Daily Volume of Inflow and Infiltration</b> 1500 gpd	
	Indicate the steps the facility is taking to minimize inflow and infiltration. Routine evaluation and maintenance of the collection system.					
<b>Topographic Map</b>	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				
<b>Flow Diagram</b>	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				
<b>Scheduled Improvements and Schedules of Implementation</b>	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.				
<b>Scheduled or Actual Dates of Completion for Improvements</b>						
	<b>Scheduled Improvement (from above)</b>	<b>Affected Outfalls (list outfall number)</b>	<b>Begin Construction (MM/DD/YYYY)</b>	<b>End Construction (MM/DD/YYYY)</b>	<b>Begin Discharge (MM/DD/YYYY)</b>	<b>Attainment of Operational Level (MM/DD/YYYY)</b>
	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 checked="" type="checkbox"/> None required or applicable					
Explanation:						

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

<b>Description of Outfalls</b>	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)		
		<b>Outfall Number</b> <u>001</u>	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	State	Tennessee		
	County	Benton		
	City or town	Camden		
	Distance from shore		ft.	ft.
	Depth below surface		ft.	ft.
	Average daily flow rate		mgd	mgd
	Latitude	36° 02' 51.21" <input type="checkbox"/>	° ' "	° ' "
Longitude	88° 4' 29.13" <input type="checkbox"/>	° ' "	° ' "	
<b>Seasonal or Periodic Discharge Data</b>	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.4.		
	3.3	If so, provide the following information for each applicable outfall.		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	Number of times per year discharge occurs	9		
	Average duration of each discharge (specify units)	7		
Average flow of each discharge	1.085 mgd	mgd	mgd	
Months in which discharge occurs	9			
<b>Diffuser Type</b>	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.		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
<b>Waters of the U.S.</b>	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.		



<b>Receiving Water Description</b>	3.7	Provide the receiving water and related information (if known) for each outfall.					
			<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____		
	Receiving water name	Cypress Creek at mile 12.8					
	Name of watershed, river, or stream system	see Western Valley (Kentud^)					
	U.S. Soil Conservation Service 14-digit watershed code						
	Name of state management/river basin	Tennessee River					
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	03605078					
	Critical low flow (acute)	1.7	cfs		cfs		cfs
	Critical low flow (chronic)		cfs		cfs		cfs
	Total hardness at critical low flow		mg/L of CaCO <sub>3</sub>		mg/L of CaCO <sub>3</sub>		mg/L of CaCO <sub>3</sub>
<b>Treatment Description</b>	3.8	Provide the following information describing the treatment provided for discharges from each outfall.					
			<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____		
	<b>Highest Level of Treatment</b> (check all that apply per outfall)	<input checked="" 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) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____		
	<b>Design Removal Rates by Outfall</b>						
	BOD <sub>5</sub> or CBOD <sub>5</sub>	65	%		%		%
	TSS	65	%		%		%
	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 type="checkbox"/> Not applicable	%	<input type="checkbox"/> Not applicable	%	<input type="checkbox"/> Not applicable	%	





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 checked="" 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 checked="" 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.	
	<b>Date(s) Submitted</b> (MM/DD/YYYY)	<b>Summary of Results</b>
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 checked="" 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.	
	<b>Number of SIUs</b>	<b>Number of NSCIUs</b>
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	

<b>Industrial Discharges and Hazardous Wastes Continued</b>	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:			
		<b>Hazardous Waste Number</b>	<b>Waste Transport Method</b> (check all that apply)		<b>Annual Amount of Waste Received</b>
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____	
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____	
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <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))**

<b>CSO Map and Diagram</b>	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

Facility Name

Form Approved 03/05/19

TN 0064611

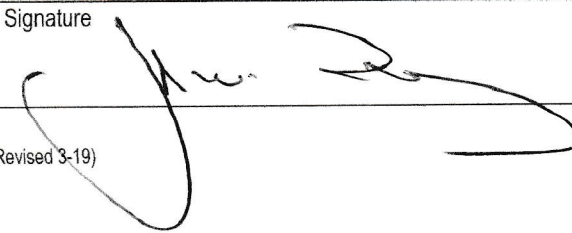
City of Camden Sewer Treatment

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	

<b>CSO Receiving Waters</b>	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))**

<b>Checklist and Certification Statement</b>	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.			
		<b>Column 1</b>	<b>Column 2</b>		
		<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 checked="" type="checkbox"/> w/ Table E <input checked="" 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/ additional attachments	<input type="checkbox"/> w/ Table F	
		<input 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	<b>Certification Statement</b>		
			<p><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></p>		
		Name (print or type first and last name)	Official title		
		JOHN BEASLEY			
		Signature	Date signed		
			9-19-23		



EPA Identification Number	NPDES Permit Number TN 0064611	Facility Name City of Camden Sewer Treatment Facility	Outfall Number
---------------------------	-----------------------------------	---	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input type="checkbox"/> BOD <sub>5</sub> or <input type="checkbox"/> CBOD <sub>5</sub> (report one)	22.0	mg/L	11.2	mg/L	26	SM5210B-2016	1.0 <input type="checkbox"/> ML <input type="checkbox"/> MDL
E.coli	28.8	mg/L	6.1	mg/L	26	SM223	1.0 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	2.56	MGD	1.54	MGD	365		
pH (minimum)	7.2	SU					
pH (maximum)	9.7	Su					
Temperature (winter)							
Temperature (summer)							
Total suspended solids (TSS)	68	mg/L	40.9	mg/L	26	SM2540d-2015	0 <input type="checkbox"/> ML <input type="checkbox"/> MDL

<sup>1</sup> 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).

This page intentionally left blank.



EPA Identification Number	NPDES Permit Number TN 0064611	Facility Name City of Camden Sewer Treatment Facility	Outfall Number
---------------------------	-----------------------------------	---	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

**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 <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	0.333	mg/L	0.273	mg/L	3	SM4500 NH3D-2011	0.200 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorine (total residual, TRC) <sup>2</sup>	0.2	mg/L	0.1	mg/L	126	SM4500G-2011	0.05 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dissolved oxygen	13.2	mg/L	9.7	mg/L	126	SM4500 O-G 2016	1.00 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrate/nitrite	5.83	mg/L	2.53	mg/L	3	353.2	0.500 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Kjeldahl nitrogen	6.87	mg/L	6.01	mg/L	3	EPA 351.2	1.00 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Oil and grease	7.1	mg/L	3.5	mg/L	3	EPA 1664B	1.1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phosphorus	0.663	mg/L	0.5	mg/L	3	SPA 365.1	0.200 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total dissolved solids	212	mg/L	184	mg/L	3	2540S- 2015	20 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

<sup>1</sup> 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).

<sup>2</sup> 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.

This page intentionally left blank.



EPA Identification Number	NPDES Permit Number TN 0064611	Facility Name City of Camden Sewer Treatment Facility	Outfall Number
---------------------------	-----------------------------------	--	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
<b>Metals, Cyanide, and Total Phenols</b>							
Hardness (as CaCO <sub>3</sub> )	90.0	mg/l	88.7	mg/l	3	EPA 200.8	0.059 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Antimony, total recoverable	0.0004	mg/l	0.0004	mg/l	3	200.8	0.0003 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Arsenic, total recoverable	0.0016	mg/l	0.0014	mg/l	3	200.8	0.0003 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Beryllium, total recoverable	BDL	mg/l	BDL	mg/l	3	200.8	0.0001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cadmium, total recoverable	BDL	mg/l	BDL	mg/l	3	200.8	0.00005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chromium, total recoverable	0.0009	mg/l	0.0008	mg/l	3	200.8	0.0007 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Copper, total recoverable	0.0027	mg/l	0.0023	mg/l	3	200.8	0.0005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Lead, total recoverable	0.0007	mg/l	0.0006	mg/l	3	200.8	0.0005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Mercury, total recoverable	0.000004	mg/l	0.00000252	mg/l	3	EPA 245.1	0.0000005 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Nickel, total recoverable	0.0017	mg/l	0.0009	mg/l	3	EPA 200.8	0.0003 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Selenium, total recoverable	BDL	mg/l	BDL	mg/l	3	200.8	0.0005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Silver, total recoverable	0.0004	mg/l	0.00003	mg/l	3	200.8	0.00002 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Thallium, total recoverable	BDL	mg/l	BDL	mg/l	3	200.8	0.00010 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Zinc, total recoverable	0.012	mg/l	0.007	mg/l	3	200.8	0.008 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cyanide	0.010	mg/l	0.007	mg/l	3	200.8	0.005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total phenolic compounds	0.005	mg/l	0.005	mg/l	3	420.4	0.005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
<b>Volatile Organic Compounds</b>							
Acrolein	BDL	mg/l	BDL	mg/l	3	EPA 624.1	0.0054 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acrylonitrile	BDL	mg/l	BDL	mg/l	3	624.1	0.0034 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzene	BDL	mg/l	BDL	mg/l	3	624.1	0.0034 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bromoform	BDL	mg/l	BDL	mg/l	3	624.1	0.0009 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

EPA Identification Number	NPDES Permit Number TN 0064611	Facility Name City of Camden Sewer Treatment Facility	Outfall Number
---------------------------	-----------------------------------	--	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride	BDL	mg/l	BDL	mg/L	3	624.1	0.0005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorobenzene	BDL	mg/l	BDL	mg/L	3	624.1	0.0005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorodibromomethane	BDL	mg/l	BDL	mg/L	3	624.1	0.0008 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroethane	BDL	mg/l	BDL	mg/L	3	624.1	0.0006 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloroethylvinyl ether	BDL	mg/l	BDL	mg/L	3	624.1	0.0026 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroform	BDL	mg/l	BDL	mg/L	3	624.1	0.0008 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dichlorobromomethane	BDL	mg/l	BDL	mg/L	3	624.1	0.0006 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1-dichloroethane	BDL	mg/l	BDL	mg/L	3	624.1	0.0004 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloroethane	BDL	mg/l	BDL	mg/L	3	624.1	0.0008 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
trans-1,2-dichloroethylene	BDL	mg/l	BDL	mg/L	3	624.1	0.0005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1-dichloroethylene	BDL	mg/L	BDL	mg/L	3	624.1	0.0005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloropropane	BDL	mg/L	BDL	mg/L	3	624.1	0.0005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,3-dichloropropylene	BDL	mg/L	BDL	mg/L	3	624.1	0.0007 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Ethylbenzene	BDL	mg/L	BDL	mg/L	3	624.1	0.0005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methyl bromide	BDL	mg/L	BDL	mg/L	3	624.1	0.0009 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methyl chloride	BDL	mg/L	BDL	mg/L	3	624.1	0.0009 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methylene chloride	BDL	mg/L	BDL	mg/L	3	624.1	0.0019 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2,2-tetrachloroethane	BDL	mg/L	BDL	mg/L	3	624.1	0.0009 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Tetrachloroethylene	BDL	mg/L	BDL	mg/L	3	624.1	0.0004 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Toluene	BDL	mg/L	BDL	mg/L	3	624.1	0.0004 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,1-trichloroethane	BDL	mg/L	BDL	mg/L	3	624.1	0.0004 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2-trichloroethane	BDL	mg/L	BDL	mg/L	3	624.1	0.0006 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL



EPA Identification Number	NPDES Permit Number TN 0064611	Facility Name City of Camden Sewer Treatment Facility	Outfall Number
---------------------------	-----------------------------------	--	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Trichloroethylene	BDL	mg/L	BDL	mg/L	3	624.1	0.0006 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Vinyl chloride	BDL	mg/L	BDL	mg/L	3	624.1	0.0004 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
<b>Acid-Extractable Compounds</b>							
p-chloro-m-cresol	BDL	mg/L	BDL	mg/L	3	EPA 625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chlorophenol	BDL	mg/L	BDL	mg/L	3	625.1	0.0009 <input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dichlorophenol	BDL	mg/L	BDL	mg/L	3	625.1	0.007 <input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dimethylphenol	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4,6-dinitro-o-cresol	BDL	mg/L	BDL	mg/L	3	625.1	0.036 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dinitrophenol	BDL	mg/L	BDL	mg/L	3	625.1	0.094 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-nitrophenol	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-nitrophenol	BDL	mg/L	BDL	mg/L	3	625.1	0.017 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Pentachlorophenol	BDL	mg/L	BDL	mg/L	3	625.1	0.009 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phenol	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4,6-trichlorophenol	BDL	mg/L	BDL	mg/L	3	625.1	0.003 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
<b>Base-Neutral Compounds</b>							
Acenaphthene	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acenaphthylene	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Anthracene	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzidine	BDL	mg/L	BDL	mg/L	3	625.1	0.056 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)anthracene	BDL	mg/L	BDL	mg/L	3	625.1	0.0009 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)pyrene	BDL	mg/L	BDL	mg/L	3	625.1	0.004 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
3,4-benzofluoranthene	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

EPA Identification Number	NPDES Permit Number TN 0064611	Facility Name City of Camden Sewer Treatment Facility	Outfall Number
---------------------------	-----------------------------------	--	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Benzo(ghi)perylene	BDL	mg/L	BDL	mg/L	3	625.1	0.0003 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(k)fluoranthene	BDL	mg/L	BDL	mg/L	3	625.1	0.0008 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethoxy) methane	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethyl) ether	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether	BDL	mg/L	BDL	mg/L	3	625.1	0.002 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate	BDL	mg/L	BDL	mg/L	3	625.1	0.003 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-bromophenyl phenyl ether	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Butyl benzyl phthalate	BDL	mg/L	BDL	mg/L	3	625.1	0.002 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloronaphthalene	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-chlorophenyl phenyl ether	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chrysene	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-butyl phthalate	BDL	mg/L	BDL	mg/L	3	625.1	0.002 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-octyl phthalate	BDL	mg/L	BDL	mg/L	3	625.1	0.002 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dibenzo(a,h)anthracene	BDL	mg/L	BDL	mg/L	3	625.1	0.005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichlorobenzene	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,3-dichlorobenzene	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,4-dichlorobenzene	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
3,3-dichlorobenzidine	BDL	mg/L	BDL	mg/L	3	625.1	0.040 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Diethyl phthalate	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dimethyl phthalate	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dinitrotoluene	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,6-dinitrotoluene	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL



EPA Identification Number	NPDES Permit Number TN 0064611	Facility Name City of Camden Sewer Treatment Facility	Outfall Number
---------------------------	-----------------------------------	---	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1,2-diphenylhydrazine	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fluoranthene	BDL	mg/L	BDL	mg/L	3	625.1	0.002 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fluorene	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorobenzene	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorobutadiene	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorocyclo-pentadiene	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachloroethane	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene	BDL	mg/L	BDL	mg/L	3	625.1	0.005 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Isophorone	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Naphthalene	BDL	mg/L	BDL	mg/L	3	625.1	0.003 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrobenzene	BDL	mg/L	BDL	mg/L	3	625.1	0.003 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodi-n-propylamine	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodimethylamine	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodiphenylamine	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phenanthrene	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Pyrene	BDL	mg/L	BDL	mg/L	3	625.1	0.003 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2,4-trichlorobenzene	BDL	mg/L	BDL	mg/L	3	625.1	0.001 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

<sup>1</sup> 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).

EPA Identification Number	NPDES Permit Number TN 0064611	Facility Name City of Camden Sewer Treatment Facility	Outfall Number
---------------------------	-----------------------------------	---	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

**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.

**SEE ATTACHMENTS**

**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
------------	---	---	---

**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 asses 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
--	---	---	---



EPA Identification Number	NPDES Permit Number TN 0064611	Facility Name City of Camden Sewer Treatment Facility	Outfall Number
---------------------------	-----------------------------------	--	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

<b>TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY</b>						
The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.					<b>SEE ATTACHMENTS</b>	
		Test Number _____	Test Number _____	Test Number _____		
<b>Test Type</b>						
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	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through		
<b>Source of Dilution Water</b>						
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	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water		
If laboratory water, specify type.						
If receiving water, specify source.						
<b>Type of Dilution Water</b>						
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)	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)		
<b>Percentage Effluent Used</b>						
Specify the percentage effluent used for all concentrations in the test series.						
<b>Parameters Tested</b>						
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
<b>Acute Test Results</b>						
Percent survival in 100% effluent		%		%		%
LC <sub>50</sub>						
95% confidence interval		%		%		%
Control percent survival		%		%		%



EPA Identification Number	NPDES Permit Number TN 0064611	Facility Name City of Camden Sewer Treatment Facility	Outfall Number
---------------------------	-----------------------------------	---	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

**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. **SEE ATTACHMENTS**

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

This page intentionally left blank.

EPA Identification Number	NPDES Permit Number TN 0064611	Facility Name City of Camden Sewer Treatment Facility
---------------------------	-----------------------------------	--

Form Approved 03/05/19  
OMB No. 2040-0004

<b>TABLE F. INDUSTRIAL DISCHARGE INFORMATION</b>			
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



EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

TN 0064611

City of Camden Sewer Treatment Facility

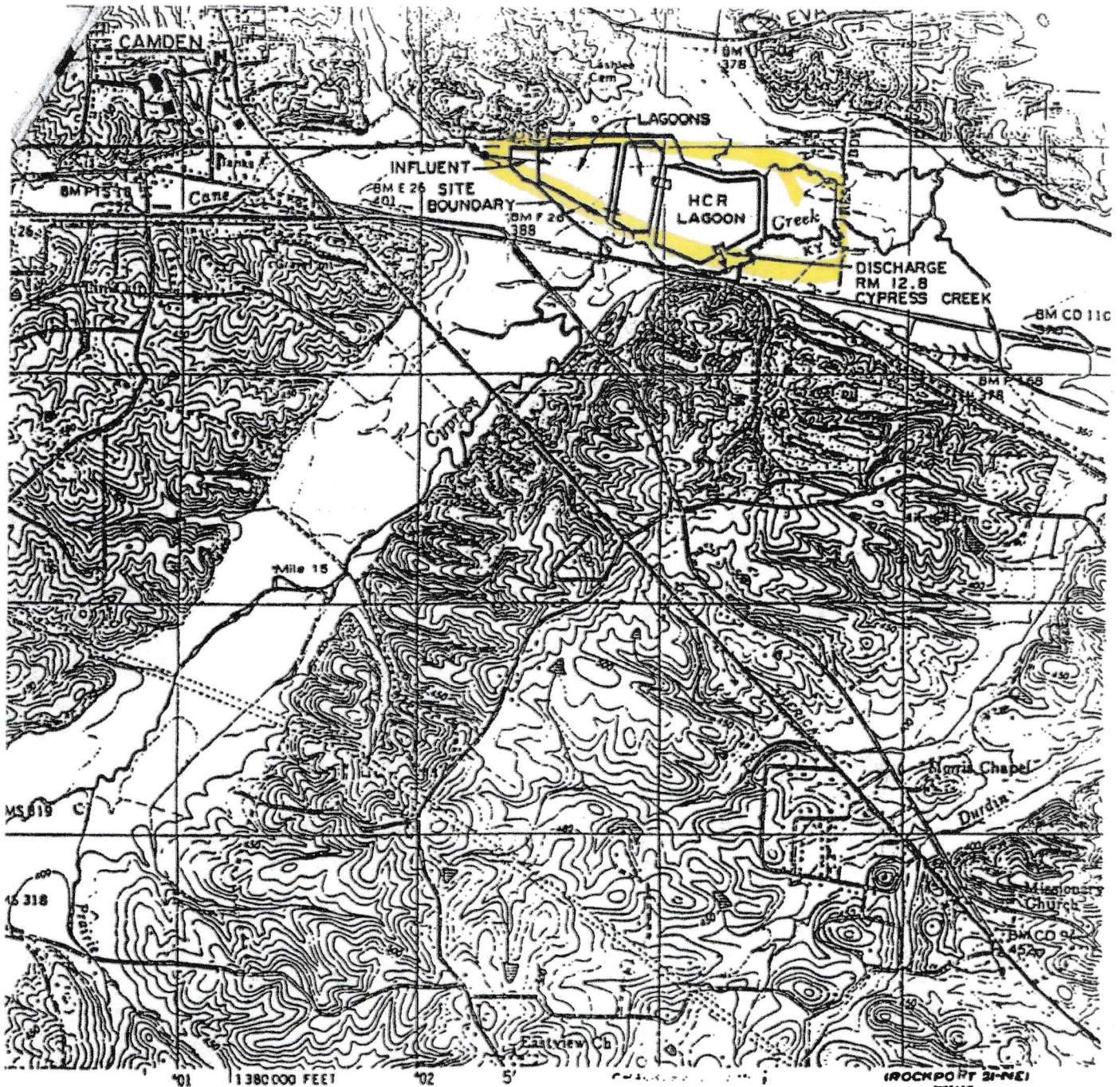
OMB No. 2040-0004

**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.			

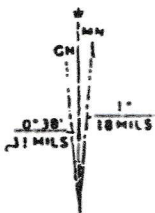
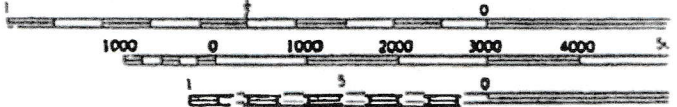




1380000 FEET      UTM GRID AND 1984 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

(ROCKPORT 21-NE) 2580176

SCALE 1:24 000

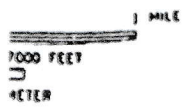
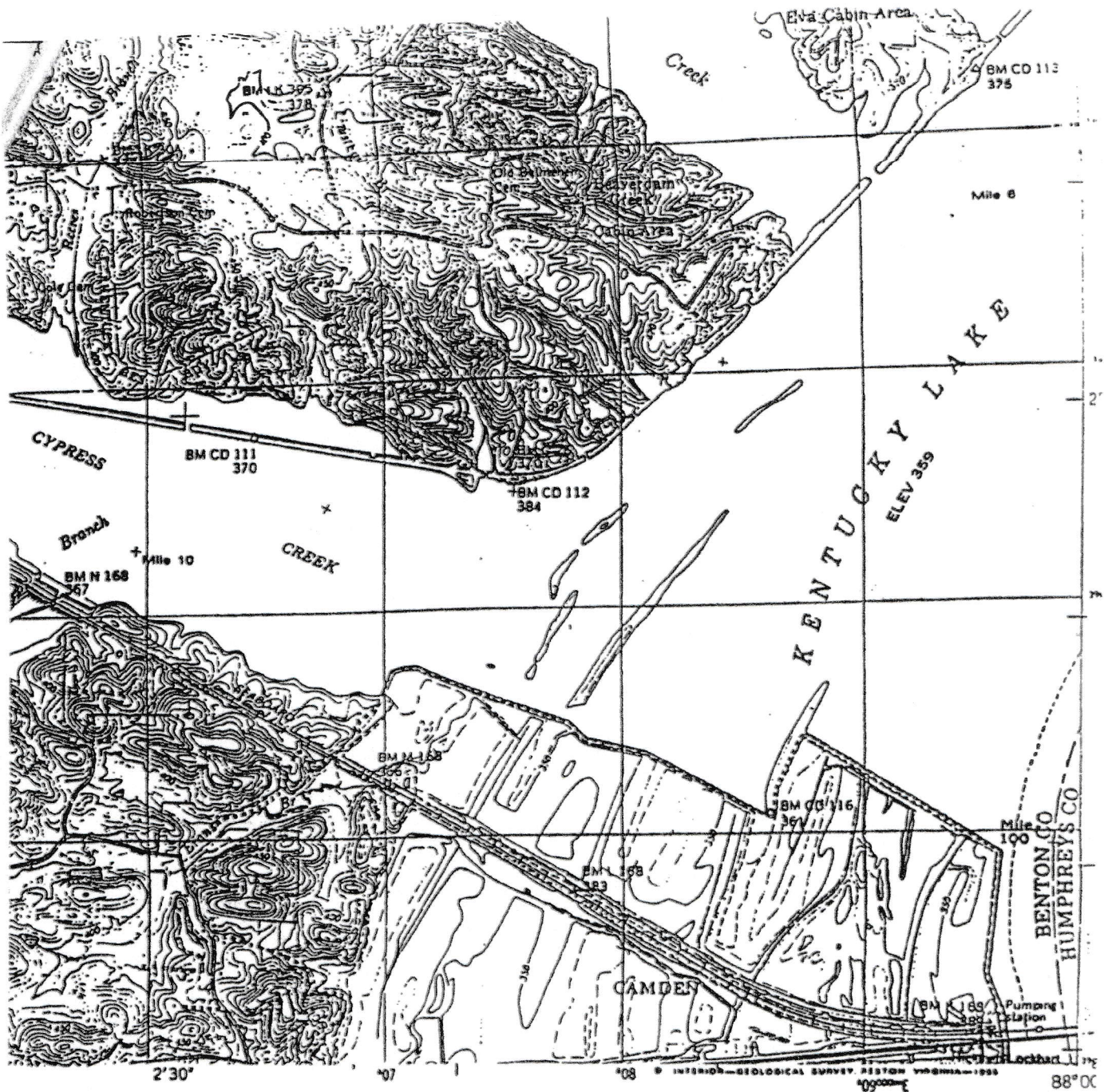


CONTOUR INTERVAL 10 FEET  
 DASHED LINES REPRESENT HALF INTERVAL CONTOURS  
 NATIONAL GEODETTIC VERTICAL DATUM OF 1984

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS FOR SALE BY U. S. GEOLOGICAL SURVEY, RESTON, VA. AND U. S. TENNESSEE VALLEY AUTHORITY, CHATTANOOGA, TENN. A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE FROM THE U. S. GEOLOGICAL SURVEY, RESTON, VA.

Small scale, pasted lines, and other features were generally visible on aerial photos.





QUADRANGLE LOCATION

E. TENN. 111111  
W. TENN. 111111  
QUEST

**ROAD CLASSIFICATION**

Primary highway, all weather, hard surface	Light-duty road, all weather, improved surface
Secondary highway, all weather, hard surface	Unimproved road, fair or dry weather
Interstate Route	U. S. Route
	State Route

**CAMDEN, TENN.**  
36088-A1-TF-024

1950  
PHOTO (REVISED 1981)

(TVA 20-SE)



