

September 2, 2022

Tennessee Department of Environment & Conservation Division of Water Resources c/o Brad Harris, P.E William R. Snodgrass Tennessee Tower 312 Rosa L. Parks Avenue, 11th Floor Nashville, Tennessee 37243-1102

RE:

Bradley County, Tennessee

State Operating Permit – Graywood Farms North

Bradley County, TN

OHM Project Number: 0563220150

Dear Mr. Harris:

Ocoee Utility District (the District) is pleased to submit a State Operating Permit (SOP) application for the Graywood Farms North Residential Subdivision for review by TDEC. The proposed application seeks to provide sewer service to 57-single family homes with the District serving as operator of the collection and treatment system.

Project Description

The project consists of the installation of a STEP system with a low-pressure force main collector discharging to a 20,000 gpd drip-dispersal wastewater treatment plant. Approximately 2,750 LF of 2-inch force main will be installed and each of the 57 homes will be equipped with a 1,500-gallon STEP system.

Conclusion

The attachments for review and approval will include: Application for a State Operating Permit (SOP) (CN 1251, Rev. 03-19), Soils Map and Pedon Descriptions, General System Layout, and Engineering Report. By separate cover from Ocoee UD, a fee payment in the amount of \$750 per TAC Fund Fee Rule 0400-40-11-.02 for a 20,000 GPD Treatment Facility was mailed (copy of the check attached).

Thank you for your review and consideration of this project.

Sincerely, OHM Advisors

Bruce Parola, E.I.T.

Encl: SOP Application



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

APPLICATION FOR A STATE OPERATION PERMIT (SOP)

Type of application: New Permit	Permit Reissuance	Permit Modi	fication
Permittee Identification: (Name of city, town, income to the provisions of Tennessee Code Annotated Sewater Quality Control Board.)			
Permittee Name (applicant):			
Permittee 5631 Waterlevel Highway S.E. Cleveland, TN 37323-8758			
Official Contact: Tim Lawson (Ocoee UD)	Title or Position:	General M	anager
Mailing Address: P.O. Box 305	City: Cleveland	State: TN	Zip: 37361-0305
Phone number(s): (423) 559-8505	E-mail: Tim Lawsor	n (timoud@	bellsouth.net)
Optional Contact: OHM Advisors	Title or Position: En	gineer	
Address: 209 10th Avenue South, Suite 154	City: Nashville	State: TN	Zip: 37203
Phone number(s): (615) 649-5250	E-mail: Chris Strupp (chris	.strupp@c	hm-advisors.com)
р			
Application Certification (must be signed in 40-0505)	accordance with the	requiren	nents of Rule 0400-
I certify under penalty of law that this document as or supervision in accordance with a system dogathered and evaluated the information submitted manage the system, or those persons directly resubmitted is, to the best of my knowledge and belare significant penalties for submitting false imprisonment for knowing violations. As specified this declaration is made under penalty of perjury.	esigned to assure that ed. Based on my inquiry ponsible for gathering the ief, true, accurate, and of information, including hin Tennessee Code And	t qualified of the pe he information complete. I g the pos	personnel properly rson or persons who ation, the information am aware that there sibility of fine and action 39-16-702(a)(4),
Name and title; print or type Tim Lawson	Signature		08/30/2022

CN 1251 (Rev. 03-19)

(continued)

RDA 2366

Permit Number: SOP-_____

Facility Identificati	on:		Existing Permit No.
Facility Graywoo Name:	d Farms North Residentia	al Subdivision	County: Bradley
Addi ess di	Old Charleston Road Clo	eveland, TN 37312	Latitude: 35.2274402
Location:			Longitude: -084.7941318
Name and distance	to nearest receiving water	rs: Rattlesnake Branch; 500	Feet
If any other State or numbers:	Federal Water/Wastewate N/A	er Permits have been obtained fo	or this site, list their permit
Name of company o	or governmental entity tha	t will operate the permitted syst	em: Ocoee Utility District
Operator address:	5631 Waterlevel Highwa	y, Cleveland, TN 37203	
with the Tennessee application treatmen	Regulatory Authority (TRA) nt systems)? $\boxed{\mathbf{x}}$ Yes $\boxed{}$ N	of Convenience & Necessity (CCI) (may be required for collection lo	systems and land
explain how and wh		the facility/site or if the applican ransferred or describe the contr Applicant will own and mair upon completion and accep	ractual arrangement and ntain WWTP and permit
Complete the follow	ing information explaining	the entity type, number of desig	n units, and daily design
wastewater flow:		7	, ,
Entity Type	Number of	<u>Design Units</u>	<u>Flow (gpd)</u>
City, town or	No. of connections:		
county X Subdivision	No. of homes: 57	Avg No bodrooms nor homo	△ 350 gpd/home (0.02 MGD)
School	No. of students:	Avg. No. bedrooms per home: Size of cafeteria(s): No. of showers:	4 350 gpd/home (0.02 MGD)
Apartment	No. of units:	No. units with Washer/Dryer hool No. units without W/D hookups:	kups:
Commercial Business	No. of employees:	Type of business:	
☐ Industry	No. of employees:	Product(s) manufactured:	
Resort	No. of units:		
Camp	No. of hookups:		
RV Park	No. of hookups:	No. of dump stations:	
Car Wash	No. of bays:		
Other			
Describe the type and	frequency of activities that r	esult in wastewater generation.	

Permit Number: SOP-_____

Engineering Report (required treatment systems):	for collection systen	ns and/or	land application	□ N/A
x Prepared in accordance with Design Criteria for Sewage V X Attached, or		and Section	on 1.2 of the State	of Tennessee
Previously submitted and en Operation and Maintenance Ins		Approve	d? Yes. Date:	☐ No
operation and Maintenance in	Spection Senedale Sub	Approve	d? Yes. Date:	x No
Wastewater Collection Syster	m:			□ N/A
System type (i.e., gravity, low pr	ressure, vacuum, comb	ination, e	tc.): STEP	
System Description: STEP syster	m with low pressure force ma	ain collector	discharging to a drip-dis	spersal WWTP
Describe methods to prevent a failures, equipment failures, he	nd respond to any byp avy rains, etc.): Min. ^{24-ho}	ass of tre urs storage. Po t to the WWTP.	atment or discharg wer failure will not allow the S OUD will be alerted by remot	ges (i.e., power ETEP pumps to transfer the alarm.
In the event of a system failure				
List the emergency contact(s) (name/phone): Buck O	wen; (423) 331-4970	
For low-pressure systems, who or grinder pumps (list all contact	•	ıd@yahoo	.com; (423) 331-497	70
Approximate length of sewer (e	excluding private service	e lateral):	2,750 Linear Fee	t
Number/hp of lift stations:	N/A /	Number	hp of lift pumps	57 / 0.5 hp
Number/volume of low pressur Number/volume septic tanks	re and or grinder pum	•	/ ,500 Gallons	
Attach a schematic of the collec	,			
If this is a satellite sewer and yo			- ·	_
section, listing tie-in points to the necessary):	ne sewer system and ti	neir iocati	on (attach addition	iai sneets as
Tie-in Point	<u>Latitude (xx.xxx</u>	x°)	<u>Longitude (</u>	xx.xxxx°)

Permit Number: SOP-_____

Land Application Treatment System:		□ N/A
Type of Land Application Treatment System: 🗴 Drip	Spray	Other, explain:
Type of treatment facility preceding land application (red	irculating med	ia filters, lagoons, other,
etc.): Recirculating media filter		
Attach a treatment schematic. 🕱 Attached		
Describe methods to prevent and respond to any bypass failures, equipment failures, beautyrains, etc.): Min. 24-hours	s of treatment of storage. Power failure	or discharges (i.e., power will not allow the STEP pumps to transfer
	the WWTP. OUD will be	e alerted by remote alarm.
	onstruction, LL0	
Name of Developer for the project:	Seorgetown Rd Ste 126	Coltowal TN 27262
(423) 954-7550	_	
For land application, list: Proposed acreage involved: 1	,	,
Inches/week gpd/sq.ft loading	rate to be appl	ied: 0.25 gpd/sf
Is wastewater disinfection proposed? UV Treatment		
х Yes Describe land application area access: wwт		
No Describe how access to the land application	area will be re	estricted: Fencing
Attach required additional Engineering Report Inform	nation (see <u>w</u>	<u>ebsite</u> for more
information)		
Topographic map (1:24,000 scale presented at a six in	-	_
the location of the project including quadrangle(s) nar	ne(s) GPS coord	linates, and latitude and
longitude in decimal degrees should also be included.		
Scaled layout of facility showing the following: lots, b	_	_
wastewater collection system routes, the pretreatmen	-	
application area(s), roads, property boundaries, and so		uch as streams, lakes,
springs, wells, wellhead protection areas, sinkholes an		- W-4 D
x Soils information for the proposed land disposal area		
Map per Chapter 16 and 17 State of Tennessee Design		
information should include soil depth (borings to a mi	nimum of 4 fee	et or refusal) and soil
profile description for each soil mapped.		alla di Sula da
Topographic map of the area where the wastewater	•	
than ten foot contours presented at a minimum size o	_	
Describe alternative application methods based on the control of the control	• .	
connection to a municipal/public sewer system, (2) con		
disposal system as regulated by the Division of Ground	uwater Protect	ion, and/or (3) land
application.		

features within the area. Attach to this part of the application a general characterization of the AOR,

Permit Number: SOP-_____

For Drip Dispersal Systems Only: Unless otherwise determined by the Department, sewage treatment effluent wells, i.e, large capacity treatment/drip dispersal systems after approval of the SOP Application, will be issued an UIC tracking number and will be authorized as Permit by Rule per UIC Rule 0400-45-0614(2) and upon issue of a State Operating Permit and Sewage System	X N/A
Construction Approval by the Department. Describe the following:	
The area of review (AOR) for each Drip Dispersal System shall, unless otherwise s	pecified by the
Department, consist of the area lying within a one mile radius or an area defined by us	ing calculations
under 0400-45-0609 of the Drip Dispersal System site or facility, and shall include, but r	ot be limited to
general surface geographic features, general subsurface geology, and general demograp	hic and cultural

including the following: (This can be in narrative form)

A general description of all past and present groundwater uses as well as the general groundwater flow direction and general water quality.	r
A general description of the population and cultural development within the AOR (i.e. agricultural, commercial, residential or mixed)	
Nature of injected fluid to include physical, chemical, biological or radiological characteristics.	
If groundwater is used for drinking water within the area of review, then identify and locate on a	
topographic map all groundwater withdrawal points within the AOR, which supply public or private	
drinking water systems. Or supply map showing general location of publicly supplied water for the	
area (this can be obtained from the water provider)	
If the proposed system is located within a wellhead protection area or source water protection are	
designated by Rule 0400-45-0134, show the boundary of the protection area on the facility site pla	an.
Description of system, Volume of injected fluid in gallons per day based upon design flow, includir	ng
any monitoring wells	
Nature and type of system, including installed dimensions of wells and construction materials	
Pump and Haul: X N/A	
Reason system cannot be served by public sewer:	
Distance to the nearest manhole where public sewer service is available:	
When sewer service will be available:	
Volume of holding tank: gal.	
Tennessee licensed septage hauler (attach copy of agreement):	
Facility accepting the septage (attach copy of acceptance letter):	
Latitude and Longitude (in decimal degrees) of approved manhole for discharge of septage:	
Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failur	

Permit Number: SOP-_____

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

Permit Number: SOP-_____

Mahila Wash Operations	W N/A	
Mobile Wash Operations:	X N/A	
Individual Operator	Fleet Operation Operator	
Indicate the type of equipment, vehicle, or st	ructure to be washed during normal	
operations (check all that apply):		
Cars	Parking Lot(s): sq. ft.	
Trucks	Windows: sq. ft.	
Trailers (Interior washing of dump-trailers,	Structures (describe):	
or tanks, is prohibited.)	structures (describe).	
Other (describe):		
Wash operations take place at (check all that	t_apply):	
Car sales lot(s)	Public parking lot(s)	
Private industry lot(s)	Private property(ies)	
County(ies), list:	Statewide	
Wash equipment description:		
Truck mounted	Trailer mounted	
Rinse tank size(s) (gal.):	Mixed tanks size(s) (gal.):	
Collection tank size(s) (gal.):	Number of tanks per vehicle:	
Pressure washer: psi	(rated) gpm (rated)	
gas powered electr	<u> </u>	
Vacuum system manufacturer/model:	Vacuum system capacity: inches Hg	
Describe any other method or system used to co	ontain and collect wastewater:	
List the public sewer system where you are perr	nitted or have written permission to dischare	ze
waste wash water (include a copy of the perm	•	,-
Are chemicals pre-mixed, prior to arriving at was	sh location?	
Describe all soaps, detergents, or other chem	nicals used in the wash operation (attach	
additional sheets as necessary):		
Chemical name: Manufa	cturer: Primary CAS No. or Product	No.

APPLICATION FOR A STATE OPERATION PERMIT (SOP) INSTRUCTIONS

<u>Purpose of this form</u> A completed SOP application must be submitted to obtain SOP coverage. This permit is required to operate a sewage, industrial waste or other waste collection and/or treatment system that does not have a point source discharge to any surface or subsurface waters. This form must be submitted at least 180 days before starting any new activity, before an existing permit expires, or when renewing a permit.

Complete the form Type or print clearly, using black or blue ink; not markers or pencil. Answer each item or enter "N/A," for not applicable. If you need additional space, attach a separate piece of paper to the SOP application. Applicants may be required to submit engineering reports, plans and specifications. Contact the division for the applicable items, or refer to Appendix 1-D of the state Design Criteria for Sewage Works for more information. The application will be considered incomplete without supplying all of the required information, Engineering Reports, and an original signature.

<u>Permittee Identification/Facility Identification</u> Describe and locate the project, use the legal or official name of the facility or site. Provide the latitude and longitude (expressed in decimal degrees) of the center of the site, which can be located on USGS quadrangle maps. The quadrangle maps can be obtained at 1-800-USA-MAPS, or at the Census Bureau world wide web site: http://www.census.gov/cgi-bin/gazetteer. Attach a copy of a portion of a 7.5 minute quad map, showing location of site, with boundaries at least one mile outside the site boundaries. If business is mobile give the owner of operations' home, or business office address, and list all current areas of operation by city and county.

<u>Wastewater Collection System</u> These types of systems require engineering reports, refer to Appendix 1-D of the state <u>Design Criteria for Sewage Works</u> for more information.

<u>Land Application Treatment System</u> These types of systems require engineering reports, refer to Appendix 1-D of the state <u>Design Criteria for Sewage Works</u> for more information. Public access to the treatment area must be restricted, if disinfection is not part of the treatment. Applicants completing this section of the application must also complete the Wastewater Collection System section.

<u>Pump and Haul</u> These types of systems may require engineering reports, refer to Appendix 1-D of the state <u>Design Criteria for Sewage Works</u> for more information.

<u>Holding Ponds</u> Given that annual rainfall onto open ponds exceeds annual evaporation (in Tennessee), the permittee must develop a written plan (to be retained on site and be available to the division upon request) that addresses how excess rainfall will be disposed of in compliance with the no discharge requirement of this permit. Treatment ponds are not to be used for stormwater treatment or storage. All new and existing point source industrial stormwater discharges associated with industrial activity require coverage under the

APPLICATION FOR A STATE OPERATION PERMIT (SOP) INSTRUCTIONS - CONTINUED

Tennessee industrial stormwater multi-sector general permit TMSP, refer to the <u>website</u> for more information. Describe the system for re-routing surface runoff away from ponds in the rainfall disposal plan.

Mobile Wash Operations Indicate whether the operation is run by an individual or a corporation with a fleet of vehicles equipped to wash and collect waste waters. If a corporation, indicate the home office as the "Official Contact". Indicate if operations take place at specific sites and list those counties that apply. Note that this permit covers operations for all of Tennessee. Operations indicated as "statewide" generally apply as a fleet type operation and each office location shall be individually permitted. Equipment may be truck or trailer-mounted, or both, indicate all that applies. Soaps, detergents, and other chemicals used should be non-toxic and biodegradable. All "chemically enhanced" (soaps, detergents, and other chemicals) waste-wash waters must be collected for proper disposal. If no chemically enhanced washwaters are used, clear-wash waters may travel by sheet flow to a gravel or grassy area where there is no opportunity to enter waters of the state. There should be no discharge to a storm water inlet, ditch, conveyance, stream, etc. If you are unsure of your wash area drainage, contact the area Environmental Field Office (EFO) prior to setting up your wash operation.

<u>Fees</u> Refer to the TDEC-DWR Environmental Protection Fund Fee Rule 0400-40-11-.02. Links to publications are available on Department of Environment and Conservation, Division of Water Resources webpage and the webpage for the Tennessee Secretary of State.

<u>Submitting the form and obtaining more information</u> Note that this form must be signed by the chief executive officer, owner, or highest ranking elected official. For more information, contact your local EFO at the toll-free number 1-888-891-8332 (TDEC). Submit a complete application electronically to <u>water.permits@tn.gov</u> (preferred) or to the appropriate EFO for the county(ies) where the facility is located, addressed to **Attention: DWR, Permit Section.** Please keep a copy for your records.

EFO	Street Address	Zip Code	EFO	Street Address	Zip Code
Memphis	8383 Wolf Lake Drive, Bartlett	38133	Cookeville	1221 South Willow Ave.	38506
Jackson	1625 Hollywood Dr	38305- 4316	Chattanooga	1301 Riverfront Parkway Suite 206	37402
Nashville	711 R S Gass Boulevard	37243	Knoxville	3711 Middlebrook Pike	37921
Columbia	1421 Hampshire Pike	38401	Johnson City	2305 Silverdale Road	37601