

From: [Tanner McIntyre](#)
To: [Water Permits](#)
Cc: [Maybelle Sparks](#)
Subject: [EXTERNAL] Town of Dover TN0022667 NPDES permit renewal application
Date: Friday, May 17, 2024 7:46:29 AM

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Hello, please find attached a copy of the NPDES permit renewal application for the Town of Dover wastewater treatment plant (TN0022667). I believe everything to be complete, please let me know if it is not. The expiration date on our current NPDES permit expires on May 31, 2025. Any questions my email is tmcintyre@dovertn.com and my number is 1-931-272-5036.

Thank You,
Tanner McIntyre



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: TN0022667 DATE: _____
PERMITTED FACILITY: Dover STP COUNTY: Stewart

OFFICIAL PERMIT CONTACT:

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

Official Contact: Lesa Fitzhugh	Title or Position: Mayor		
Mailing Address: P.O. Box 447	City: Dover	State: TN	Zip: 37058
Phone number(s): 931-232-5907	E-mail: lfitzhugh@dovertn.com		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact: Carla Anderson	Title or Position: City Clerk		
Mailing Address: P.O. Box 447	City: Dover	State: TN	Zip: 37058
Phone number(s): 931-232-5907	E-mail: canderson@dovertn.com		

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

Facility Location Contact: Tanner McIntyre	Title or Position: WWTP Superintendent		
Facility Location (physical street address): 409 Forrest St.	City: Dover	State: TN	Zip: 37058
Phone number(s): 931-272-5036	E-mail: tmcintyre@dovertn.com		

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: Tanner McIntyre	Title or Position: WWTP Superintendent		
Mailing Address: P.O. Box 447	City: Dover	State: TN	Zip: 37058
Phone number(s): 931-272-5036	E-mail: tmcintyre@dovertn.com		
Fax number for reporting: NA	Does the facility have interest in starting electronic DMR reporting? Yes No Currently using NetDMR		

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

Facility Information	<u>1.1</u>	Facility name Dover STP		
		Mailing address (street or P.O. box) P.O. Box 447		
		City or town Dover	State TN	ZIP code 37058
		Contact name (first and last) Tanner McIntyre	Title WWTP Superintendent	Phone number (931) 232-5817
		Email address tmcintyre@dovertn.com		
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 409 Forrest St.		
		City or town Dover	State TN	ZIP code 37058
	<u>1.2</u>	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	<u>1.3</u>	Is applicant different from entity listed under Item 1.1 above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.4.		
		Applicant name Town of Dover		
		Applicant address (street or P.O. box) P.O. Box 447		
		City or town Dover	State TN	ZIP code 37058
		Contact name (first and last) Lesa Fitzhugh	Title Mayor	Phone number (931) 232-5907
		Email address lfitzhugh@dovertn.com		
	<u>1.4</u>	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		
	<u>1.5</u>	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	<u>1.6</u>	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) TN0022667	<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)	

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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
	Town of Dover	1823	100 % separate sanitary sewer <input type="checkbox"/> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input checked="" type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
			_____ % separate sanitary sewer _____ % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
			_____ % separate sanitary sewer _____ % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
			_____ % separate sanitary sewer _____ % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
	Total Population Served	1823			
	Total percentage of each type of sewer line (in miles)		Separate Sanitary Sewer System		Combined Storm and Sanitary Sewer
		10+ %		%	
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 and actual flow rates in the designated spaces.			Design Flow Rate	
				0.60 mgd	
	Annual Average Flow Rates (Actual)				
	Two Years Ago		Last Year		This Year
	0.201 mgd		0.186 mgd		0.272 mgd
	Maximum Daily Flow Rates (Actual)				
Two Years Ago		Last Year		This Year	
0.335 mgd		0.258 mgd		0.346 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
1	0	0	0	0	

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Outfalls Other Than to Waters of the United States

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

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

Surface Impoundment Location and Discharge Data

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

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

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

Land Application Site and Discharge Data

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

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

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

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

1.19 Provide information on the transporter below.

Transporter Data

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

Outfalls and Other Discharge or Disposal Methods

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Outfalls and Other Discharge or Disposal Methods Continued

1.20 In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.

Receiving Facility Data				
Facility name			Mailing address (street or P.O. box)	
City or town			State	ZIP code
Contact name (first and last)			Title	
Phone number			Email address	
NPDES number of receiving facility (if any) <input type="checkbox"/> None			Average daily flow rate mgd	

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)?
 Yes No → SKIP to Item 1.23.

1.22 Provide information in the table below on these other disposal methods.

Information on Other Disposal Methods				
Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume	Continuous or Intermittent (check one)
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

Variance Requests

1.23 Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)

Discharges into marine waters (CWA Section 301(h)) Water quality related effluent limitation (CWA Section 302(b)(2))

Not applicable

Contractor Information

1.24 Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?
 Yes No → SKIP to Section 2.

1.25 Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.

Contractor Information			
	Contractor 1	Contractor 2	Contractor 3
Contractor name (company name)			
Mailing address (street or P.O. box)			
City, state, and ZIP code			
Contact name (first and last)			
Phone number			
Email address			
Operational and maintenance responsibilities of contractor			

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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						
	<u>2.1</u>	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	<u>2.2</u>	Provide the treatment works' current average daily volume of inflow and infiltration.	Average Daily Volume of Inflow and Infiltration				
			gpd				
	Indicate the steps the facility is taking to minimize inflow and infiltration.						
Topographic Map	<u>2.3</u>	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 → SKIP to Section 3.					
Flow Diagram	<u>2.4</u>	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	<u>2.5</u>	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. Replace UV disinfection					
		2.					
		3.					
		4.					
		<u>2.6</u>	Provide scheduled or actual dates of completion for improvements.				
		Scheduled or Actual Dates of Completion for Improvements					
		Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
		1.	001	09/01/2024	11/01/2024		
		2.					
		3.					
		4.					
	<u>2.7</u>	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:					

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SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(J)(3) TO (5))

Description of Outfalls	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)		
		Outfall Number 001	Outfall Number _____	Outfall Number _____
	State	Tennessee		
	County	Stewart		
	City or town	Dover		
	Distance from shore	30 ft.	ft.	ft.
	Depth below surface	3 ft.	ft.	ft.
	Average daily flow rate	mgd	mgd	mgd
	Latitude	36 deg 29 min. 25.4 sec N		
Longitude	87 deg 50 min. 33.3 sec. W			
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.		

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Receiving Water Description	3.7 Provide the receiving water and related information (if known) for each outfall.			
		Outfall Number ⁰⁰¹ _____	Outfall Number _____	Outfall Number _____
	Receiving water name	Bark Res/Cumb River m 88.6		
	Name of watershed, river, or stream system	Cumberland-lower Barkley		
	Natural Resources Conservation Service 14-digit watershed code			
	Name of state management/river basin			
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	05130205		
	Critical low flow (acute)	1050 cfs	cfs	cfs
	Critical low flow (chronic)	cfs	cfs	cfs
	Total hardness at critical low flow	134 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 ⁰⁰¹ _____	Outfall Number _____	Outfall Number _____
	Highest Level of Treatment (check all that apply per outfall)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)
	Design Removal Rates by Outfall			
	BOD ₅ or CBOD ₅	85 %	%	%
	TSS	85 %	%	%
	Phosphorus	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Nitrogen	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
Other (specify)	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	

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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 in the table below.					
			Outfall Number <u>001</u>	Outfall Number _____		Outfall Number _____
	Disinfection type		UV disinfection			
	Seasons used		All			
Dechlorination used?		<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No		

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						
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.13.						
3.12	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.						
		Outfall Number <u>001</u>		Outfall Number _____		Outfall Number _____	
		Acute	Chronic	Acute	Chronic	Acute	Chronic
Number of tests of discharge water		4					
Number of tests of receiving water							
3.13	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16.						
3.14	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input type="checkbox"/> Yes → Complete Table B, including chlorine. <input checked="" type="checkbox"/> No → Complete Table B, omitting chlorine.						
3.15	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes						
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 Table C pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes						
3.18	Have you completed monitoring for all 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 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 checked="" 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>Summary of Results</th> </tr> </thead> <tbody> <tr> <td>10/2020</td> <td>Passed</td> </tr> <tr> <td>10/2021</td> <td>Passed</td> </tr> <tr> <td>10/2022</td> <td>Passed</td> </tr> <tr> <td>10/2023</td> <td>Passed</td> </tr> </tbody> </table>	Date(s) Submitted (MM/DD/YYYY)	Summary of Results	10/2020	Passed	10/2021	Passed	10/2022	Passed	10/2023	Passed
Date(s) Submitted (MM/DD/YYYY)	Summary of Results										
10/2020	Passed										
10/2021	Passed										
10/2022	Passed										
10/2023	Passed										
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 checked="" 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 checked="" 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? (See instructions for definitions of SIUs and NSCIUs.) <input checked="" type="checkbox"/> Yes <input 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>Number of NSCIUs</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>	Number of SIUs	Number of NSCIUs	1	0
Number of SIUs	Number of NSCIUs				
1	0				
4.3	Does the POTW have an approved pretreatment program? <input checked="" 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 checked="" 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. Semi-annual pretreatment report submitted April 2024 04/25/2024				
4.6	Have you completed and attached Table F to this application package? <input checked="" type="checkbox"/> Yes				

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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?
 Yes 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	Units
	<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?
 Yes 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)?
 Yes → SKIP to Section 5. 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?
 Yes

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?
 Yes No → SKIP to Section 6.

5.2 Have you attached a CSO system map to this application? (See instructions for map requirements.)
 Yes

5.3 Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.)
 Yes

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CSO Outfall Description	<u>5.4</u>	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	<u>5.5</u>	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	<u>5.6</u>	Provide the following information for each of your CSO outfalls.		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Number of CSO events in the past year	events	events	events
	Average duration per event	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
	Average volume per event	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
Minimum rainfall causing a CSO event in last year	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	

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CSO Receiving Waters

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

	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
Receiving water name			
Name of watershed/ stream system			
Natural Resources 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 checked="" 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 Provide the following certification. (See instructions to determine the appropriate person to sign the application.)

Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name (print or type first and last name) Lesia Fitzhugh	Official title Mayor
Signature 	Date signed 5-13-2024

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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)	22.7	mg/L	4.5	mg/L	159	SM 5210-B	2.0 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fecal coliform	201.4	MPN	1.6	MPN	466	SM 9223-B	1 MPN <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Design flow rate	1.058	MGD	0.200	MGD	1,095		
pH (minimum)	6.0	SU					
pH (maximum)	8.0	SU					
Temperature (winter)	24.9	C	16.4	C	390		
Temperature (summer)	30.5	C	23.1	C	392		
Total suspended solids (TSS)	29.0	mg/L	4.0	mg/L	158	SM 2540-D	1.0 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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

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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)	0.537	mg/L	< 0.346	mg/L	3	EPA 350.1	0.25 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorine (total residual, TRC) ²	NA	NA	NA	NA	NA	NA	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen	10.4	mg/L	6.4	mg/L	781	Hach 10360	0.2 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrate/nitrite	5.16	mg/L	2.32	mg/L	3	EPA 353.2	0.10 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Kjeldahl nitrogen	1.61	mg/L	1.06	mg/L	3	EPA 351.2	0.25 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Oil and grease	< 5.26	mg/L	< 5.26	mg/L	3	EPA 1664 A	5.26 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phosphorus	3.61	mg/L	2.54	mg/L	3	EPA 365.4	0.10 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total dissolved solids	280	mg/L	240	mg/L	3	SM 2540 C	10 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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

² Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

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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)	111	mg/L	105.3	mg/L	3	EPA 130.1	2.50 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Antimony, total recoverable	< 0.005	mg/L	< 0.005	mg/L	3	EPA 200.8	.005 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Arsenic, total recoverable	< 0.001	mg/L	< 0.001	mg/L	3	EPA 200.8	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Beryllium, total recoverable	< 0.002	mg/L	< 0.002	mg/L	3	EPA 200.7	.002 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cadmium, total recoverable	< 0.001	mg/L	< 0.001	mg/L	3	EPA 200.8	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chromium, total recoverable	< 0.02	mg/L	< 0.02	mg/L	3	EPA 200.8	0.02 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Copper, total recoverable	0.0155	mg/L	0.010	mg/L	3	EPA 200.8	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Lead, total recoverable	< 0.002	mg/L	< 0.002	mg/L	3	EPA 200.8	.002 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Mercury, total recoverable	< 0.05	ng/L	< 0.05	ng/L	3	EPA 1631 E	0.5 ng/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nickel, total recoverable	< 0.002	mg/L	< 0.002	mg/L	3	EPA 200.8	.002 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Selenium, total recoverable	< 0.002	mg/L	< 0.002	mg/L	3	EPA 200.8	.002 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Silver, total recoverable	< 0.001	mg/L	< 0.001	mg/L	3	EPA 200.8	.001 mg/L <input type="checkbox"/> ML <input type="checkbox"/> MDL
Thallium, total recoverable	< 0.001	mg/L	< 0.001	mg/L	3	EPA 200.8	.001 mg/L <input type="checkbox"/> ML <input type="checkbox"/> MDL
Zinc, total recoverable	0.0508	mg/L	< 0.0503	mg/L	3	EPA 200.7	0.05 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cyanide	< 0.01	mg/L	< 0.007	mg/L	3	SM 4500 CN E	.005 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total phenolic compounds	< 0.04	mg/L	< 0.04	mg/L	3	EPA 420.4	0.04 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Volatile Organic Compounds							
Acrolein	< 0.05	mg/L	< 0.05	mg/L	3	EPA 624.1	0.05 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acrylonitrile	< 0.01	mg/L	< 0.01	mg/L	3	EPA 624.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 624.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bromoform	< 0.001	mg/L	< 0.001	mg/L	3	EPA 624.1	.001 mg/L <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	EPA 624.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorobenzene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 624.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorodibromomethane	< 0.001	mg/L	< 0.001	mg/L	3	EPA 624.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroethane	< 0.005	mg/L	< 0.005	mg/L	3	EPA 624.1	.005 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloroethylvinyl ether	< 0.05	mg/L	< 0.05	mg/L	3	EPA 624.1	0.05 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroform	< 0.005	mg/L	< 0.005	mg/L	3	EPA 624.1	.005 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dichlorobromomethane	< 0.001	mg/L	< 0.001	mg/L	3	EPA 624.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1-dichloroethane	< 0.001	mg/L	< 0.001	mg/L	3	EPA 624.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloroethane	< 0.001	mg/L	< 0.001	mg/L	3	EPA 624.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
trans-1,2-dichloroethylene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 624.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1-dichloroethylene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 624.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloropropane	< 0.001	mg/L	< 0.001	mg/L	3	EPA 624.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,3-dichloropropylene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 624.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Ethylbenzene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 624.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methyl bromide	< 0.005	mg/L	< 0.005	mg/L	3	EPA 624.1	.005 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methyl chloride	< 0.005	mg/L	< 0.005	mg/L	3	EPA 624.1	.005 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methylene chloride	< 0.005	mg/L	< 0.005	mg/L	3	EPA 624.1	.005 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2,2-tetrachloroethane	< 0.001	mg/L	< 0.001	mg/L	3	EPA 624.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Tetrachloroethylene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 624.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Toluene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 624.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,1-trichloroethane	< 0.001	mg/L	< 0.001	mg/L	3	EPA 624.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2-trichloroethane	< 0.001	mg/L	< 0.001	mg/L	3	EPA 624.1	.001 mg/L <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	EPA 624.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Vinyl chloride	< 0.001	mg/L	< 0.001	mg/L	3	EPA 624.1	.001 mg/L <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	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chlorophenol	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dichlorophenol	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dimethylphenol	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4,6-dinitro-o-cresol	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dinitrophenol	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-nitrophenol	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-nitrophenol	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Pentachlorophenol	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phenol	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4,6-trichlorophenol	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Base-Neutral Compounds							
Acenaphthene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acenaphthylene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Anthracene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzidine	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)anthracene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)pyrene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
3,4-benzofluoranthene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <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	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(k)fluoranthene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethoxy) methane	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethyl) ether	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate	< 0.003	mg/L	< 0.003	mg/L	3	EPA 625.1	.003 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-bromophenyl phenyl ether	< 0.01	mg/L	< 0.003	mg/L	3	EPA 625.1	.003 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Butyl benzyl phthalate	< 0.003	mg/L	< 0.003	mg/L	3	EPA 625.1	.003 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloronaphthalene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-chlorophenyl phenyl ether	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chrysene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-butyl phthalate	< 0.003	mg/L	< 0.003	mg/L	3	EPA 625.1	.003 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-octyl phthalate	< 0.003	mg/L	< 0.003	mg/L	3	EPA 625.1	.003 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dibenzo(a,h)anthracene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichlorobenzene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,3-dichlorobenzene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,4-dichlorobenzene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
3,3-dichlorobenzidine	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Diethyl phthalate	< 0.003	mg/L	< 0.003	mg/L	3	EPA 625.1	.003 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dimethyl phthalate	< 0.003	mg/L	< 0.003	mg/L	3	EPA 625.1	.003 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dinitrotoluene	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,6-dinitrotoluene	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <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	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fluoranthene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fluorene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorobenzene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorobutadiene	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorocyclo-pentadiene	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachloroethane	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Isophorone	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Naphthalene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrobenzene	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodi-n-propylamine	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodimethylamine	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodiphenylamine	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phenanthrene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Pyrene	< 0.001	mg/L	< 0.001	mg/L	3	EPA 625.1	.001 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2,4-trichlorobenzene	< 0.01	mg/L	< 0.01	mg/L	3	EPA 625.1	0.01mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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

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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 checked="" 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
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							<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
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Point in Treatment Process

Describe the point in the treatment process at which the sample was collected for each test.			
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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"/> 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
Was reference toxicant test within acceptable bounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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.

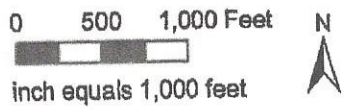
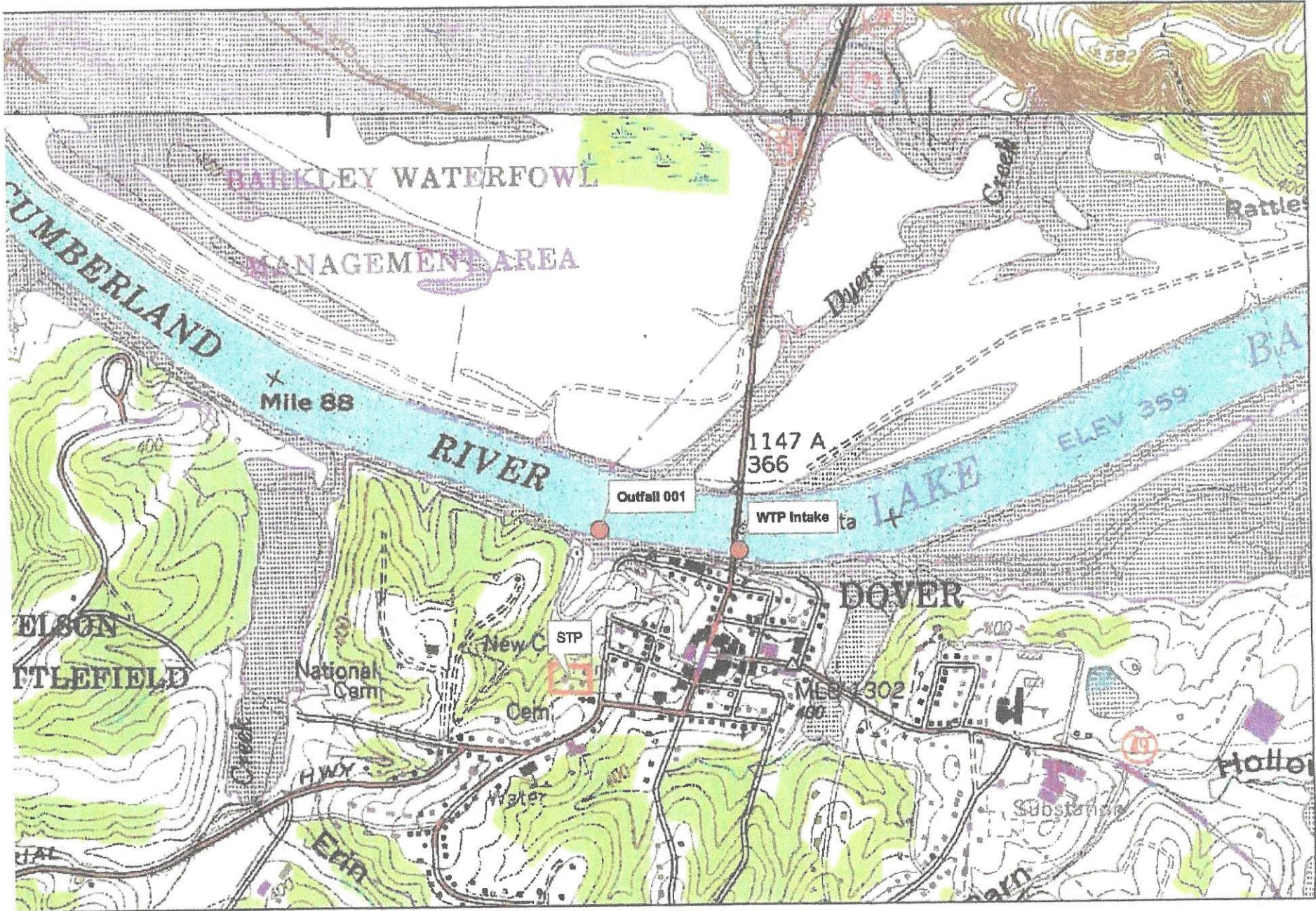
	SIU <u>01</u>	SIU ____	SIU ____
Name of SIU	Nashville Wire Products - Display Division		
Mailing address (street or P.O. box)	720 Natcor Drive		
City, state, and ZIP code	Dover, TN 37058		
Describe all industrial processes that affect or contribute to the discharge.	Manufacturing of display designs, prototypes, and custom retail displays. (metal, plastic, etc.)		
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Metals, primarily copper and zinc. Do not discharge every day.		
Indicate the average daily volume of wastewater discharged by the SIU.	est 1283 gpd	gpd	gpd
How much of the average daily volume is attributable to process flow?	est 833 gpd	gpd	gpd
How much of the average daily volume is attributable to non-process flow?	450 gpd	gpd	gpd
Is the SIU subject to local limits?	<input checked="" 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 checked="" 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 <u>01</u>	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?	40 CFR 433.17 - Metal Finish		
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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe.			



Town of Dover

Town of Dover, Tennessee Wastewater Treatment Plant Process Schematic

