





**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION**  
**DIVISION OF WATER RESOURCES**  
 William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Avenue, 11<sup>th</sup> Floor  
 Nashville, TN 37243  
 Toll Free Number: 1-888-891-8332 (TDEC)

**NOTICE OF INTENT (NOI) FOR GENERAL NPDES PERMIT FOR  
 STORMWATER DISCHARGES FROM CONSTRUCTION ACTIVITIES (TNR100000)**

<b>Site or Project Name:</b> Clarksville WWTP Thermal Dryer Improvements		<b>NPDES Tracking Number:</b> TNR	
Street Address including city or zip code or Location: 15 Quarry Rd, Clarksville, TN 37042		Construction Start Date: 7/1/2022	
Site Description: The site is an existing wastewater treatment plant.		Estimated End Date: 12/30/2023	
County(ies): <b>Montgomery</b>		Latitude (dd.dddd): 36.546059	
MS4 Jurisdiction (if applicable):		Longitude (-dd.dddd): -87.355472	
		Acres Disturbed: 1.84	
		Total Acres: 31.74	
Are there any streams <input type="checkbox"/> and/or wetlands <input type="checkbox"/> on or adjacent to the construction site? If wetlands are located on-site and may be impacted, attach wetlands delineation report. If an Aquatic Resource Alteration Permit has been obtained for this site, what is the permit number? ARAP Number:			
Receiving waters: <b>Red River</b>			
Include the SWPPP with the NOI <input checked="" type="checkbox"/> SWPPP Included		Include a site location map <input checked="" type="checkbox"/> Map Included	

<b>Name of Site Owner or Developer (Site-Wide Permittee):</b> (correct legal name of person, company, or entity that has operational or design control over construction plans and specifications) City of Clarksville			
For corporate entities only, provide the Tennessee Secretary of State (SOS) Control Number:			
Site Owner or Developer Contact Name: (individual responsible for site) Garth Branch, P.E.		Title or Position: (the party who signs the certification below): Chief Utility Engineer	
Mailing Address: 2215 Madison Street		City: Clarksville	State: TN Zip: 37043
Phone: (931) 645-7418		E-mail: Garth.Branch@cityofclarksville.com	

Optional Contact Name: Michael Orr, P.E.		Title or Position: Project Engineer	
Mailing Address: 545 Mainstream Dr. #320		City: Nashville	State: TN Zip: 37228
Phone: (615) 490-8113		E-mail: morr@hazenandsawyer.com	

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BY: \_\_\_\_\_

**Owner or Developer Certification:** (must be signed by president, vice-president or equivalent, or ranking elected official) (Primary Permittee)

I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information 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. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

Owner or Developer Name: (print or type): Garth Branch, P.E.	Signature: 	Date: 04-28-2022
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**Contractor(s) Certification:** (must be signed by president, vice-president or equivalent, or ranking elected official) (Secondary Permittee)

I certify under penalty of law that I have reviewed this document, any attachments, and the SWPPP referenced above. Based on my inquiry of the construction site owner/developer identified above and/or my inquiry of the person directly responsible for assembling this NOI and SWPPP, I believe the information submitted is accurate. I am aware that this NOI, if approved, makes the above-described construction activity subject to NPDES permit number TNR100000, and that certain of my activities on-site are thereby regulated. I am aware that there are significant penalties, including the possibility of fine and imprisonment for knowing violations, and for failure to comply with these permit requirements. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

Primary contractor name, address, and SOS control number (if applicable): (print or type)	Signature:	Date:
Primary contractor name, address, and SOS control number (if applicable): (print or type)	Signature:	Date:
Primary contractor name, address, and SOS control number (if applicable): (print or type)	Signature:	Date: