

Gordon Holcomb

From: Bill Morrow <bmorrow@shelbyvillepower.com>
Sent: Monday, April 26, 2021 10:58 AM
To: Adam Bonomo; Samantha ONeil
Cc: DeWitt Logsdon; Melissa Boner
Subject: [EXTERNAL] Semi Annual Report
Attachments: Semi Annual Report 4-28-21 Shelbyville WWTP.pdf

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Good Morning,

Please find attached the Shelbyville Wastewater Treatment Plants SAR for the reporting period 10-01-20 to 3-31-21.

Thank you,

Bill Morrow
Pretreatment Coordinator
bmorrow@shelbyvillepower.com
SHELBYVILLE POWER, WATER & SEWERAGE SYSTEM
P. O. Box 530
Shelbyville, TN 37162
Phone: 931-684-4970
Fax: 931-684-4986





Tennessee Department of Environment and Conservation
 Division of Water Resources
 312 Rosa L. Parks, 11th Floor
 Nashville, TN 37243-1534
 (615) 532-0625

CONTROL AUTHORITY PRETREATMENT SEMI-ANNUAL/ANNUAL REPORT

Control Authority Identification:				
Control Authority Name :	Shelbyville Power, Water & Sewerage Systems			
Report Date :	4-28-21			
Reporting Period Covered by this report	From	10-01-20	To	03-31-21
Reporting Period Covered by previous report	From	04-01-20	To	09-30-20

Name of Wastewater Treatment Plant(s)	NPDES Permit No.
1. Shelbyville Wastewater Treatment Plant	TN0024180
2.	
3.	
4.	
5.	

Person to contact concerning this report: Bill Morrow	Title or Position: Pretreatment Coordinator		
Mailing Address: P.O. Box 530	City: Shelbyville	State: TN	Zip: 37162
Phone number(s): 931-684-4970	E-mail (optional): Bmorrow@shelbyvillepower.com		
Fax number (optional): 931-684-4986	Website (optional):		

Report Certification: (must be signed in accordance with the requirements of Tennessee Rule 1200-4-14-.12(13))	
"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(s) who manage the system or are directly responsible for gathering the information, 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 for knowing violations. A false statement is subject to the penalties of perjury."	
Name: (print or type) David H. Crowell	Title: (print or type) General Manager
Signature: <i>David H. Crowell</i>	Date: 4/19/21

Pretreatment – Narrative Summary

1. Gold River Feed Products, Permit #20 is currently on a compliance schedule and is under an Administrative (Agreed) Consent Order that was issued on November 25, 2019. The facility has ordered a packaged pH balancing system specifically designed for pH balancing of process wastewater flow. Grading and piping work at the site will begin in the next couple of weeks.
2. Gold River Feed Products, Permit #20 is currently in Significant Non-compliance (SNC). The facility was issued 23 notice of violations during this reporting period. Nineteen (19) violations were pH exceedances, three (3) violations were for failure to notify the Control Authority of pH exceedances and one (1) violation was failure to monitor all pollutants as required by their permit. The failure to notify the Control Authority violations (3) have been resolved.
3. SIU's in Significant Non-compliance (SNC) will be listed in the newspaper May 2021.
4. Marelli North America, Permit #6 had one batch discharge during this reporting period.

Form 1a**Results of Sampling at Control Authority**

Sample Date(s): 11-16-20

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Parameter	Influent (mg/l)	Protection criteria (mg/l)	Effluent (mg/l)	Pass Through Limit (mg/l)	Removal Rate (%)
Copper (Cu)	0.0677	0.5714	0.00474	0.08	93%
Chromium III	<0.0100	Report only	<0.0100	Report only	N/A
Chromium VI	<0.0100	Report only	<0.0100	Report only	N/A
Chromium Total	<0.0200	Report only	<0.0200	Report only	N/A
Nickel (Ni)	0.00500	0.31	<0.00200	0.18	>60%
Cadmium (Cd)	<0.00100	0.015	<0.00100	0.00498	N/A
Lead (Pb)	0.00424	0.115	<0.00200	0.045	>53%
Mercury (Hg)	<0.000200	0.001	<0.000200	0.0004	N/A
Silver (Ag)	<0.00100	0.02	<0.00100	0.005	N/A
Zinc (Zn)	0.354	0.952	0.0374	0.2	89%
Cyanide (Cn)	<0.00500	0.0664	<0.00500	0.0206	N/A
Phenols, Total	<0.0400	0.5	<0.0400	0.05	N/A
Toluene					
Benzene					
1,1,1-trichloroethane					
Ethylbenzene					
Carbon tetrachloride					
Chloroform					
Tetrachloroethylene					
Trichloroethylene					
1,2 trans dichloroethylene					
Methylene chloride					
Naphthalene					
Total phthalates					

Include any parameters sampled in the reporting period including the routine semiannual sampling as well as the effluent sampling specified in Section III of the National Pollution Discharge Elimination System (NPDES) permit, including applicable toxic organics (i.e., toluene, benzene, 1,1,1 – trichloroethane and chloroform).

You must sample for all parameters in your NPDES Permit at the required frequency (See Part 3 of your NPDES permit for required pretreatment monitoring).

Form 1a

Results of Sampling at Control Authority

Sample Date(s): 3-11-21

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Parameter	Influent (mg/l)	Protection criteria (mg/l)	Effluent (mg/l)	Pass Through Limit (mg/l)	Removal Rate (%)
Copper (Cu)	0.0328	0.5714	0.00360	0.08	89%
Chromium III	<0.0100	Report only	<0.0100	Report only	N/A
Chromium VI	<0.0100	Report only	<0.0100	Report only	N/A
Chromium Total	<0.0200	Report only	<0.0200	Report only	N/A
Nickel (Ni)	0.00343	0.31	<0.00200	0.18	>42%
Cadmium (Cd)	<0.00100	0.015	<0.00100	0.00498	N/A
Lead (Pb)	0.00438	0.115	<0.00200	0.045	>54%
Mercury (Hg)	<0.000200	0.001	<0.000200	0.0004	N/A
Silver (Ag)	<0.00100	0.02	<0.00100	0.005	N/A
Zinc (Zn)	0.348	0.952	0.0350	0.2	90%
Cyanide (Cn)	<0.00500	0.0664	<0.00500	0.0206	N/A
Phenols, Total	0.0450	0.5	<0.0400	0.05	>11%
Toluene					
Benzene					
1,1,1-trichloroethane					
Ethylbenzene					
Carbon tetrachloride					
Chloroform					
Tetrachloroethylene					
Trichloroethylene					
1,2 trans dichloroethylene					
Methylene chloride					
Naphthalene					
Total phthalates					

Include any parameters sampled in the reporting period including the routine semiannual sampling as well as the effluent sampling specified in Section III of the National Pollution Discharge Elimination System (NPDES) permit, including applicable toxic organics (i.e., toluene, benzene, 1,1,1 – trichloroethane and chloroform).

You must sample for all parameters in your NPDES Permit at the required frequency (See Part 3 of your NPDES permit for required pretreatment monitoring).

**Form 1b
Biosolids**

What does the Control Authority do with the sludge/biosolids? Land Apply 10-19-20

If biosolids are land-applied, please fill out the following Table.

Parameter	Biosolids Concentration (mg/kg)	503 Table 1 limits Ceiling Concentration (mg/kg)	503 Table 3 limits Monthly Ave. (mg/kg)
Arsenic	4.48	75	41
Cadmium	1.69	85	39
Copper	396	4300	1500
Lead	23.5	840	300
Mercury	0.493	57	17
Molybdenum	7.16	75	N/A
Nickel	15.6	420	420
Selenium	9.04	100	100
Zinc	1100	7500	2800

Were there any samples of biosolids that exceeded the ceiling concentrations from 40 CFR Part 503 (Table 1)? No

What date(s)? N/A

**Form 1b
Biosolids**

What does the Control Authority do with the sludge/biosolids? Land Apply 02-09-21

If biosolids are land-applied, please fill out the following Table.

Parameter	Biosolids Concentration (mg/kg)	503 Table 1 limits Ceiling Concentration (mg/kg)	503 Table 3 limits Monthly Ave. (mg/kg)
Arsenic	2.74	75	41
Cadmium	1.25	85	39
Copper	280	4300	1500
Lead	17.4	840	300
Mercury	<0.312	57	17
Molybdenum	6.25	75	N/A
Nickel	13.6	420	420
Selenium	8.98	100	100
Zinc	817	7500	2800

Were there any samples of biosolids that exceeded the ceiling concentrations from 40 CFR Part 503 (Table 1)? No

What date(s)? N/A

Form 2

Report of Upsets, Protection Criteria Violations, Biosolids Violations and Pass-Through Limit Violations

Type of Incident	Date	Explanation of Incidents	Corrective Action Taken
None			

* Give a detailed explanation of the causes of the incident and the corrective action taken to date. The corrective action should also include any plans the Control Authority has to identify or correct the problem. If there is not enough room on this form, include the information in the Narrative Summary.

Form 3 Industrial User Summary

Industrial User Name and Mailing Address	Contact (indicate Mr./Ms.) Phone #/Fax# and email address (optional)	Type of Industry **	Actual Flow (GPD)
Calsonic Mfg. Corp. #6 P.O. Box 350 Shelbyville, TN 37162	Mr. Pat Lynch	SN-Radiators- Evaporators-Condenser	1 Batch 4,500 gallons
Gold River Feed Products Permit #20 783 Eagle Boulevard Shelbyville, TN 37160	Mr. Ivan Pedigo	SN- Production of Animal Feed Supplements	24,320 Varies Greatly Based on Production

****If a Significant Industrial User (SIU) is Categorical, list the applicable category (i.e., metal finisher, electroplater, leather tanner, etc.). Non-categorical SIUs should be listed as SN (Significant Non-Categorical), with a description of the process (i.e., SN-landfill or SN-hospital). All Non-significant Categorical Industrial Users (NSCIU) should be listed on the form and identified as an NSCIU. Information on NSCIUs is required on Form 3, but not required on any other form in this report. Industries that are not significant and not categorical are not required to be listed in this report. However, if you wish to list them on this form, please identify them as "Other."**

Form 4				
Industrial User Monitoring Report				
Column 1	Column 2	Column 3	Column 4	Column 5
Industrial User Name and Mailing Address	Control Authority Inspection Date(s)	Control Authority Sampling Frequency	Control Authority Sampling Date(s)	SIU Self-Monitoring Dates(s)
Marelli North America Permit #6 P.O. Box 350 Shelbyville, TN 37162	1/19/21	Semi-Annual	3/30/21	3/31/2021 Monthly TSS
Gold River Feed Products Permit #20 783 Eagle Blvd. Shelbyville, TN 37160	1/13/21	Semi-Annual	3/11/21	3/09/21 Monthly BOD Continuous: pH, Temp & Flow

Form 5b Industrial User Compliance Report

Semi-annual reporters only must complete this form
(For semi-annual reporting period October 1, 2020– March 31, 2021)

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6			
	July – September	October – December	Jan – March	July – December	October – March			
Industrial User	Parameters Violated (conc/limit)	Total Number of Samples	Parameters Violated (conc/limit)	Total Number of Samples	Chronic Viol. (Yes or No)	TRC Viol. (Yes or No)	Chronic Viol. (Yes or No)	TRC Viol. (Yes or No)
Marelli North America Permit #6								
Gold River Feed Products Permit #20	pH<5 3 pH 5 to 10	81	pH <5 7 pH 5 to 10	89	No	No	No	No
Gold River Feed Products Permit #20	pH>10 2 pH 5 to 10	81	pH >10 9 pH 5 to 10	89	No	No	No	No
Gold River Feed Products Permit #20	Temp >104 5 104 F	81	Temp >104 0 104 F	89	No	No	No	No

Use one line for each parameter for each SIU with violations, showing whether a Technical Review Criteria (TRC) or Chronic Violation resulted: Yes for violations resulting in TRC or Chronic – both are Significant Non-Compliance (SNC) or No for violations not resulting in TRC/Chronic Violations. Please note that monthly average and daily maximum for a specific parameter are considered to be separate limitations. Therefore, SNC would be calculated separately for each limitation. "Conc" stands for concentration.

Form 6 Enforcement and Compliance

Industrial User	Verbal Warnings (1) (Enter Number)	Notice of Violation (Enter Number)	Compliance Schedule Conformity (2)	Administrative Orders (Enter Number)	Number of Violations Resolved
Gold River #20		23	Yes	1 ³	3

1 Verbal warnings include phone calls and site visit discussions.

- 2 Use the following code:**
 In compliance with schedule = Yes
 Out of compliance with schedule = No
 Facility not on a schedule = NA
- 3. Active Administrative Consent Order.**

Note: Describe compliance schedule in a footnote or in the Narrative Summary, giving the date issued, the violation and due dates for major milestones.

Form 7

Pretreatment Performance Summary

I. General Information		
Control Authority Name: Shelbyville Power, Water & Sewerage Systems		
Address: P.O. Box 530 P.O. Box 530		City: Shelbyville, TN 37162
Contact Person: Bill Morrow		Contact Phone Number: 931-684-4970
Reporting Period: 10-01-20 to 03-31-21		NPDES Number: TN0024180
Number of Categorical SIUs:	Number of Non-Categorical SIUs:	Total Number of SIUs:
0	2	2

II. Significant Industrial Compliance	SIUs	
	Categorical	Non- Categorical
1) No. of SIUs in Significant Non-compliance (SNC)	0	1
2) Reasons for Significant Non-compliance (SNC)	0	0
a) In SNC for Violations of pretreatment standards	0	0
b) In SNC for Reporting Violations	0	4
c) In SNC for Compliance Schedule Violations	0	0
d) In SNC for Other (explain in Narrative Summary)	0	0

III. Monitoring	SIUs	
1) Facilities Monitored by CA (samples analyzed for all SIU permit parameters):	Categorical	Non- Categorical
a) No. of SIUs Sampled by the Control Authority (CA)	0	2
b) No. of SIUs Inspected by the CA	0	2
2) Total Monitoring Events:		
a) No. of Samples by the CA	0	2
b) No. of Inspections by the CA	0	2
3) How many SIUs do not have a current control mechanism (permit)	0	2

IV. Enforcement	SIUs	
	Categorical	Non- Categorical
1) SIUs Subject to Any Enforcement Actions (include verbal warnings	0	1
2) SIUs Listed in the Newspaper for SNC in this period	0	0
3) Notices of Violations Issued *	0	23
4) Administrative Orders Issued *	0	0
5) No. of SIUs on Compliance Schedules (anytime in period)	0	1
6) Suits Filed:		
a) Civil Suits *	0	0
b) Criminal Suits *	0	0
7) Other Actions Taken (sewer bans, etc. but not verbals) *	0	0
8) Penalties Collected: (not surcharges)		
a) No. of SIUs from whom penalties were collected	0	0
b) Total Dollars (\$) collected in the period	0	0

* Enter the number of ACTIONS, not the number of SIUs