

LETTER OF TRANSMITTAL

W&W Engineering, LLC

130 W. Summer Street, Suite 3
Greeneville, TN 37743

Phone: 423-638-2770 Fax: 423-638-8615

To: Tennessee Department of Environment & Conservation Division of Water Resources William R. Snodgrass Tennessee Tower 312 Rosa L Parks Avenue, 11 th Floor Nashville, TN 37243	Date: 2/19/2020	Job #: 03-42
	Attention : Maybelle Sparks, PE	
	RE: Town of Baileyton NPDES	
	TN0063932	

We are sending you: **Attached** Under separate cover via _____ the following items:

- Shop Drawings Prints Plans Samples Specifications
 Copy of Letter Change order

Copies	Date	No.	Description
1			NPDES Renewal Application with Attachments

These are transmitted as checked below:

- For Approval** Approved as Submitted Resubmit ___ copies for approval
 For Your Use Approved as Noted Submit ___ copies for distribution
 As Requested Returned for Corrections Return ___ corrected prints
 For Review and Comment
 For Bids Due _____ 20__ Prints Returned after Loan to Us

Copy to: TDEC Johnson City & Town	Signed: Cathy W. Kyker, PE	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <p style="margin: 0;">FEB 20 2020</p> <p style="margin: 0; font-size: 0.8em;">JOHNSON CITY ENV. FIELD OFFICE</p>
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EPA Identification Number
110039910291

NPDES Permit Number
TN0063932

Facility Name
Baileyton WWTP

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

Form
2A
NPDES



U.S. Environmental Protection Agency
Application for NPDES Permit to Discharge Wastewater
NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS

SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))

Facility Information

1.1 Facility name
Baileyton Wastewater Treatment Plant

Mailing address (street or P.O. box)
6530 Horton Highway

City or town
Greeneville

State
TN

ZIP code
37745

Contact name (first and last)
Thomas F. Casteel

Title
Mayor

Phone number
(423) 234-6911

Email address
baileytontownhall@gmail.com

Location address (street, route number, or other specific identifier) Same as mailing address
60 Boulder Loop Road

City or town
Greeneville

State
TN

ZIP code
37745

1.2 Is this application for a facility that has yet to commence discharge?
 Yes → See instructions on data submission requirements for new dischargers. No

Applicant Information

1.3 Is applicant different from entity listed under Item 1.1 above?
 Yes No → SKIP to Item 1.4.

Applicant name

Applicant address (street or P.O. box)

City or town

State

ZIP code

Contact name (first and last)

Title

Phone number

Email address

1.4 Is the applicant the facility's owner, operator, or both? (Check only one response.)
 Owner Operator Both

1.5 To which entity should the NPDES permitting authority send correspondence? (Check only one response.)
 Facility Applicant Facility and applicant (they are one and the same)

Existing Environmental Permits

1.6 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) TN0063932	<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 (MPSRA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input type="checkbox"/> Other (specify)

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Page 1

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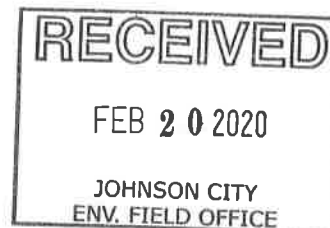
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Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.				
		Municipality Served	Population Served	Collection System Type (indicate percentage)		Ownership Status
		Town of Baileyton	443	<u>100</u> % 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
				<input type="checkbox"/> % separate sanitary sewer <input type="checkbox"/> % 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
				<input type="checkbox"/> % separate sanitary sewer <input type="checkbox"/> % 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
				<input type="checkbox"/> % separate sanitary sewer <input type="checkbox"/> % 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	443			
		Total percentage of each type of sewer line (in miles)		Separate Sanitary Sewer System	Combined Storm and Sanitary Sewer	
			100 %			
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	
					0.200 mgd	
		Annual Average Flow Rates (Actual)				
		Two Years Ago		Last Year		This Year
		0.051 mgd		0.054 mgd		0.057 mgd
		Maximum Daily Flow Rates (Actual)				
Two Years Ago		Last Year		This Year		
0.198 mgd		0.163 mgd		0.188 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).

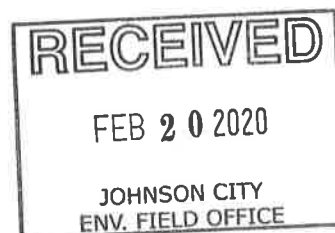
1.18 Is the effluent transported by a party other than the applicant?
 Yes No → SKIP to Item 1.20.

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

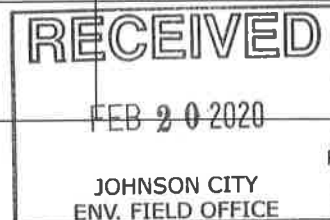
Contractor Information

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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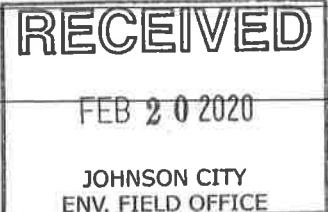
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SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))

Design Flow	Outfalls to Waters of the United States						
	2.1	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3.					
Inflow and Infiltration	2.2	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	2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Flow Diagram	2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Scheduled Improvements and Schedules of Implementation	2.5	Are improvements to the facility scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.					
	Briefly list and describe the scheduled improvements.						
	1.						
	2.						
	3.						
	4.						
Scheduled Improvements and Schedules of Implementation	2.6	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.					
		2.					
		3.					
	4.						
Scheduled Improvements and Schedules of Implementation	2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable					
	Explanation:						

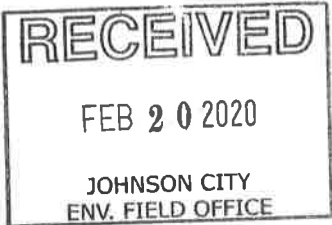


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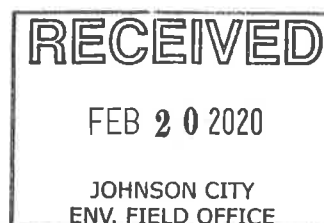
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SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))

Description of Outfalls	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)		
		Outfall Number <u> 1 </u>	Outfall Number _____	Outfall Number _____
	State	Tennessee		
	County	Greene		
	City or town	Baileyton		
	Distance from shore	0 ft.	ft.	ft.
	Depth below surface	0 ft.	ft.	ft.
	Average daily flow rate	0.052 mgd	mgd	mgd
	Latitude	63° 18' 47"	° ' "	° ' "
Longitude	82° 49' 05"	° ' "	° ' "	
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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.		



Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.		
		Outfall Number 1 _____	Outfall Number _____	Outfall Number _____
	Receiving water name	Lick Creek		
	Name of watershed, river, or stream system	Nolichucky		
	U.S. Soil Conservation Service 14-digit watershed code			
	Name of state management/river basin			
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	6010108		
	Critical low flow (acute)	cfs	cfs	cfs
	Critical low flow (chronic)	cfs	cfs	cfs
Total hardness at critical low flow	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 1 _____	Outfall Number _____	Outfall Number _____
	Highest Level of Treatment (check all that apply per outfall)	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> Other (specify) <u>Post Aeration & Disinf</u>	<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	1		
	BOD ₅ or CBOD ₅	40 %	%	%
	TSS	40 %	%	%
	Phosphorus	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Nitrogen	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Other (specify) _____	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %



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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 below.		
		Outfall Number <u>1</u>	Outfall Number _____
	Disinfection type	Ultraviolet	
	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

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 <input type="checkbox"/> No																											
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 type="checkbox"/> Yes <input checked="" 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.																											
	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Outfall Number _____</th> <th colspan="2">Outfall Number _____</th> <th colspan="2">Outfall Number _____</th> </tr> <tr> <th>Acute</th> <th>Chronic</th> <th>Acute</th> <th>Chronic</th> <th>Acute</th> <th>Chronic</th> </tr> </thead> <tbody> <tr> <td>Number of tests of discharge water</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Number of tests of receiving water</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>		Outfall Number _____		Outfall Number _____		Outfall Number _____		Acute	Chronic	Acute	Chronic	Acute	Chronic	Number of tests of discharge water							Number of tests of receiving water						
			Outfall Number _____		Outfall Number _____		Outfall Number _____																					
		Acute	Chronic	Acute	Chronic	Acute	Chronic																					
Number of tests of discharge water																												
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 <input type="checkbox"/> No																											
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 type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <input checked="" type="checkbox"/> No → SKIP to Section 4.																											
3.17	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No																											
3.18	Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No additional sampling required by NPDES permitting authority.																											

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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 type="checkbox"/> Yes <input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.				
	3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority? <input type="checkbox"/> Yes <input 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"> <thead> <tr> <th>Date(s) Submitted (MM/DD/YYYY)</th> <th>Summary of Results</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Date(s) Submitted (MM/DD/YYYY)	Summary of Results		
	Date(s) Submitted (MM/DD/YYYY)	Summary of Results				
	3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.				
	3.23	Describe the cause(s) of the toxicity:				
3.24	Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.					
3.25	Provide details of any toxicity reduction evaluations conducted.					
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.					

SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(j)(6) and (7))

Industrial Discharges and Hazardous Wastes	4.1	Does the POTW receive discharges from SIUs or NSCIUs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.7.				
	4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW.				
		<table border="1"> <thead> <tr> <th>Number of SIUs</th> <th>Number of NSCIUs</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Number of SIUs	Number of NSCIUs		
	Number of SIUs	Number of NSCIUs				
	4.3	Does the POTW have an approved pretreatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4.4	Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.6.					
4.5	Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.					
4.6	Have you completed and attached Table F to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
			<input type="checkbox"/> Truck	<input type="checkbox"/> Rail	
			<input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Other (specify) _____	
			<input type="checkbox"/> Truck	<input type="checkbox"/> Rail	
		<input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Other (specify) _____		
		<input type="checkbox"/> Truck	<input type="checkbox"/> Rail		
		<input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Other (specify) _____		
	4.9	Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.			
	4.10	Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)? <input type="checkbox"/> Yes → SKIP to Section 5. <input type="checkbox"/> No			
	4.11	Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8))

CSO Map and Diagram	5.1	Does the treatment works have a combined sewer system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.			
	5.2	Have you attached a CSO system map to this application? (See instructions for map requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	5.3	Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No			



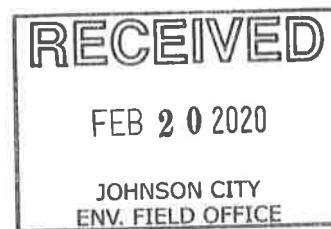
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110039910291

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Baileyton WWTP

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

CSO Outfall Description	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	City or town			
	State and ZIP code			
	County			
	Latitude	° ' "	° ' "	° ' "
	Longitude	° ' "	° ' "	° ' "
	Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.	
CSO Monitoring	5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Rainfall	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO flow volume	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO pollutant concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Receiving water quality	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of storm events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CSO Events in Past Year	5.6	Provide the following information for each of your CSO outfalls.		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Number of CSO events in the past year	events	events	events
	Average duration per event	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
	Average volume per event	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
Minimum rainfall causing a CSO event in last year	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	



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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			
	U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Name of state management/river basin			
	U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

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 checked="" type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ process flow diagram <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ Table C <input type="checkbox"/> w/ additional attachments
	<input type="checkbox"/>	Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ Table F <input type="checkbox"/> w/ additional attachments
	<input type="checkbox"/>	Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ additional attachments <input type="checkbox"/> w/ CSO system diagram
	<input checked="" type="checkbox"/>	Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
6.2	Certification Statement		
	<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
	Name (print or type first and last name) Thomas F. Casteel	Official title Mayor	
	Signature <i>Thomas F. Casteel</i>	Date signed 2-19-2020	

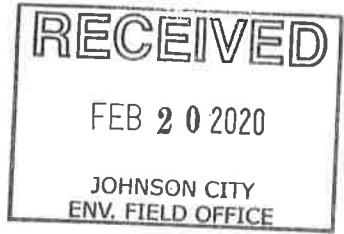
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EPA Identification Number 110039910291	NPDES Permit Number TN0063932	Facility Name Baileyton WWTP	Outfall Number 1
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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge		Number of Samples	Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units			
Biochemical oxygen demand <input checked="" type="checkbox"/> BOD ₅ or <input type="checkbox"/> CBOD ₅ (report one)	4.11	mg/l	3.78	mg/l	52	SM5210B18E	<input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform	10	col/100ml	1.58	col/100ml	53	STD9222D	<input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	0.188	MGD	0.052	MGD	365		
pH (minimum)	7.4	mg/l					
pH (maximum)	8.4	mg/l					
Temperature (winter)	16	deg C	11.98	deg C	129		
Temperature (summer)	25.9	deg C	23.67	deg C	132		
Total suspended solids (TSS)	4	mg/l	2.08	mg/l	52	SM2540D19E	<input checked="" 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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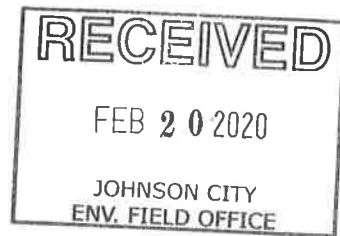
EPA Identification Number 110039910291	NPDES Permit Number TN0063932	Facility Name Baileyton WWTP	Outfall Number 1
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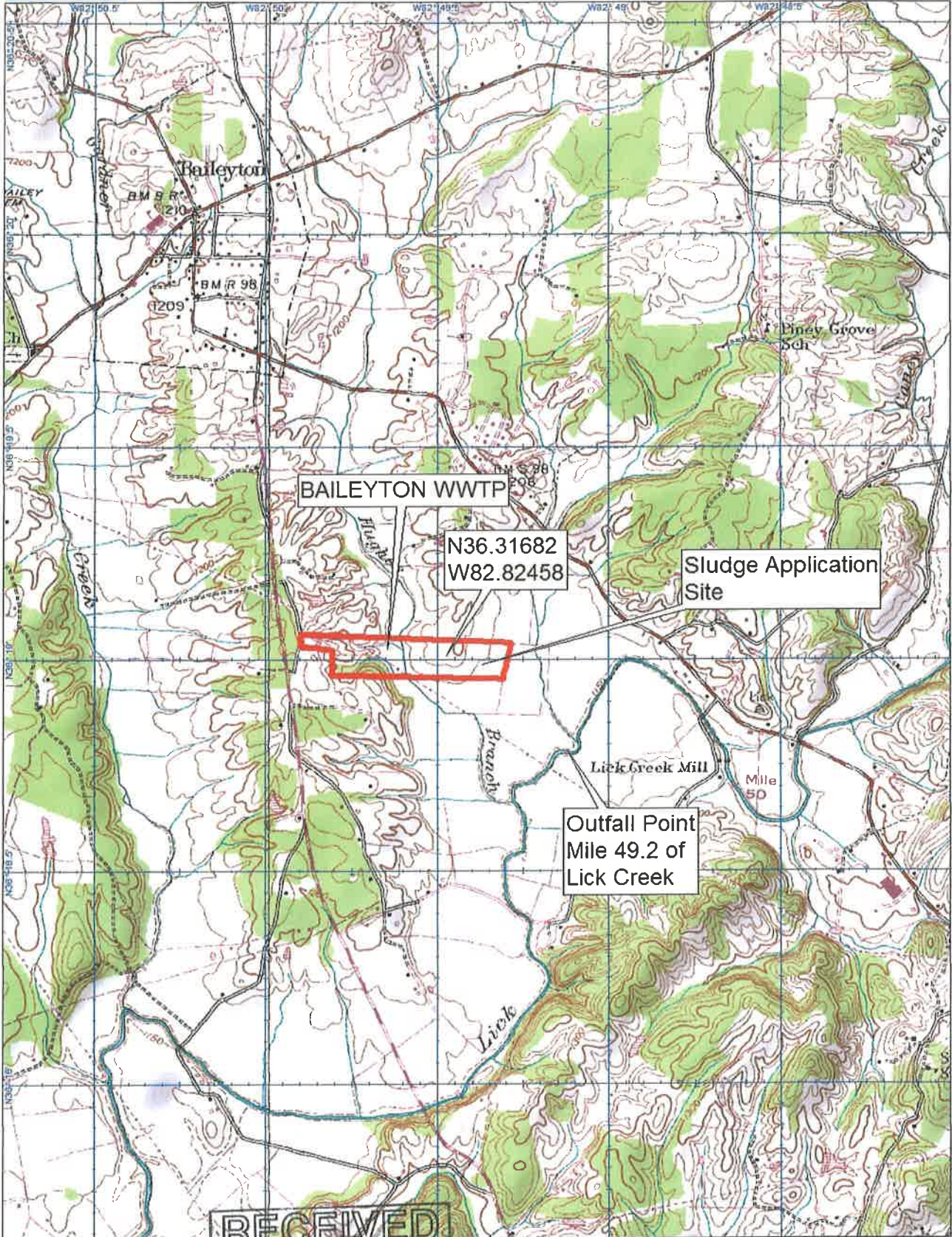
TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD

Pollutant	Maximum Daily Discharge		Average Daily Discharge		Number of Samples	Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units			
Ammonia (as N)	31	mg/l	11.93	mg/l	27	350.1	<input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) ²	N/A	N/A	N/A	N/A	N/A	N/a	<input type="checkbox"/> ML <input type="checkbox"/> MDL N/A
Dissolved oxygen	12	mg/l	9.57	mg/l	261	STDM4500-OG	<input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite	10.7	mg/l	5.86	mg/l	3	353.2	<input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	1.6	mg/l	0.897	mg/l	3	351.2	<input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease	ND	mg/l	ND	mg/l	3	1664A	<input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL 5.0 mg/l
Phosphorus	8.94	mg/l	4.87	mg/l	24	SM4500P-F	<input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids	942	mg/l	672.33	mg/l	3	2540 C-2011	<input checked="" 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).

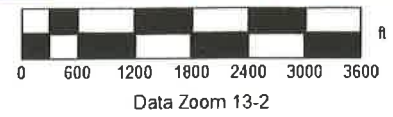
² Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

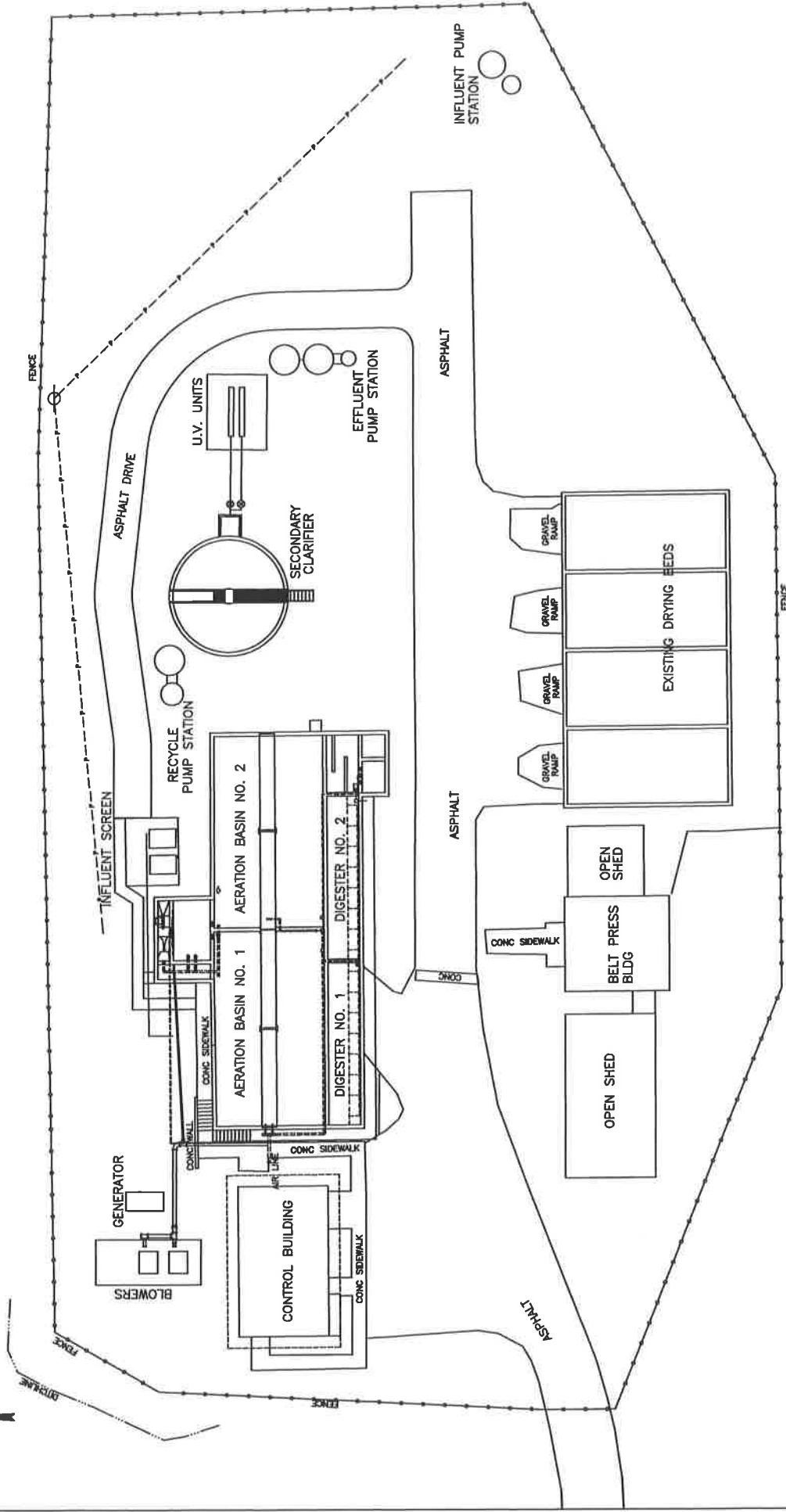




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TOWN OF BAILEYTON WWTP
EXISTING LAYOUT
SCALE: 1" = 40'
BAILEYTON, TENNESSEE

