


EPA Identification Number		NPDES Permit Number TN0021539		Facility Name Town of Alexandria		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 Town of Alexandria STP						
		Mailing address (street or P.O. box) 102 High Street (PO Box 277)						
		City or town Alexandria		State TN		ZIP code 37012		
		Contact name (first and last) Bennett Armstrong		Title Mayor		Phone number (615) 529-2171		Email address cityrecorder@dtccom.net
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 652 Alexandria Hwy						
		City or town Alexandria		State TN		ZIP code 37012		
	1.2	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	1.3	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Both					
	1.5	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	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)		<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)			

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 Alexandria	1002	<u>100</u> % separate sanitary sewer	<input checked="" type="checkbox"/> Own	<input checked="" type="checkbox"/> Maintain
			_____ % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
			<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
			_____ % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
			_____ % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
			<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
			_____ % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
		_____ % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
	Total Population Served				
	1002				
		Separate Sanitary Sewer System		Combined Storm and Sanitary Sewer	
	Total percentage of each type of sewer line (in miles)	100 %		0 %	

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 <i>and</i> actual flow rates in the designated spaces.		Design Flow Rate
				0.3 mgd
		Annual Average Flow Rates (Actual)		
		Two Years Ago	Last Year	This Year
		0.138 mgd	0.262 mgd	0.294 mgd
		Maximum Daily Flow Rates (Actual)		
		Two Years Ago	Last Year	This Year
	0.999 mgd	1.213 mgd	4.440 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				

Outfalls and Other Discharge or Disposal Methods

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	

EPA Identification Number		NPDES Permit Number TN0021539		Facility Name Town of Alexandria		Form Approved 03/05/19 OMB No. 2040-0004		
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				
Outfalls and Other Discharge or Disposal Methods Continued	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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2)) <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)	Utility Maintenance Service					
		Mailing address (street or P.O. box)	342 Lock Seven Lane					
		City, state, and ZIP code	Carthage, TN 37030					
		Contact name (first and last)	Kyle Owen					
Phone number	(615) 418-6070							
Email address								
Operational and maintenance responsibilities of contractor	Provide licensed operator for operation, maintenance, and monthly reporting.							

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 checked="" type="checkbox"/> Yes <input 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				
			10000 +/- gpd				
		Indicate the steps the facility is taking to minimize inflow and infiltration. I/I ranges from 10,000 - 100,000 gpd, depending on rainfall. City has planning in progress and has developed conceptual plans to replace parts of system (in creek) which contribute heavily to I and I. Currently working with TDEC and SRF to request additional funding for improvements.					
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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Scheduled Improvements and Schedules of Implementation	2.5	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. Updates to WWTP to help system to better meet permit requirements (Dependent upon funding availability).						
	2. Replacement of approximately 5800 LF of sewer and 20 manholes in Hickman Creek (Dependent on Funding)						
	3.						
	4.						
	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.	001	04/01/2023	09/30/2024		
	2.	001	09/30/2024	12/30/2025			
	3.						
	4.						
2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> None required or applicable						
Explanation: Appropriate permits will be applied for as funding is received. All proposed work will be coordinated with applicable agencies (TDEC) as required. All dates are tentative pending funding.							

EPA Identification Number	NPDES Permit Number TN0021539	Facility Name Town of Alexandria
---------------------------	----------------------------------	-------------------------------------

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

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>001</u>	Outfall Number _____	Outfall Number _____
	State	TN		
	County	DeKalb		
	City or town	Alexandria		
	Distance from shore	100 +/- ft.	ft.	ft.
	Depth below surface	0 ft.	ft.	ft.
	Average daily flow rate	0.137 mgd	mgd	mgd
	Latitude	36° 05' 030" N	° ' "	° ' "
	Longitude	86° 01' 035" 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.		

Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.		
		Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____
	Receiving water name	Hickman Creek - Mile 13.1		
	Name of watershed, river, or stream system	Caney Fork River		
	U.S. Soil Conservation Service 14-digit watershed code			
	Name of state management/river basin	Tennessee		
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	HUC5130108		
	Critical low flow (acute)	n/a cfs	cfs	cfs
	Critical low flow (chronic)	n/a cfs	cfs	cfs
	Total hardness at critical low flow	n/a 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 <u>001</u>	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 E.Q. Basin</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	001		
	BOD ₅ or CBOD ₅	98 %	%	%
	TSS	91.5 %	%	%
	Phosphorus	<input type="checkbox"/> Not applicable 0* %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Nitrogen	<input type="checkbox"/> Not applicable 0* %	<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 %	

*0% design removal with present plant. Design in progress to update/improve plant to treat to existing permit parameters, pending receipt of funding.

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>001</u>	Outfall Number _____	Outfall Number _____			
		Disinfection type	Ultraviolet					
		Seasons used	Year-Round					
		Dechlorination used?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input checked="" 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	<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 <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.						
			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.							

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" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">Date(s) Submitted (MM/DD/YYYY)</th> <th style="width:55%;">Summary of Results</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></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" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Number of SIUs</th> <th style="width:50%;">Number of NSCIUs</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></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						

EPA Identification Number		NPDES Permit Number TN0021539		Facility Name Town of Alexandria		Form Approved 03/05/19 OMB No. 2040-0004	
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	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? <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					

EPA Identification Number	NPDES Permit Number TN0021539	Facility Name Town of Alexandria
---------------------------	----------------------------------	-------------------------------------

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

EPA Identification Number	NPDES Permit Number TN0021539	Facility Name Town of Alexandria
---------------------------	----------------------------------	-------------------------------------

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

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 type="checkbox"/> w/ additional attachments
		<input checked="" type="checkbox"/> Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input checked="" 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 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 type="checkbox"/> w/ Table F
		<input checked="" 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	<p>Certification Statement</p> <p><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></p>		
		Name (print or type first and last name) Bennett Armstrong, RS		Official title MAYOR of TOA
	Signature <i>Bennett Armstrong</i>		Date signed May 5, 2022	

EPA Identification Number	NPDES Permit Number TN0021539	Facility Name Town of Alexandria	Outfall Number 001
---------------------------	----------------------------------	-------------------------------------	-----------------------

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 checked="" type="checkbox"/> CBOD ₅ (report one)	13.8	mg/L	4.4	mg/L	52	5210B	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform	436	mg/L	22.1	mg/L	156	SM9223B	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	0.3	MGD	0.270	MGD	365		
pH (minimum)	6.1	SU					
pH (maximum)	8.9	SU					
Temperature (winter)	Ambient	Degrees C	Ambient	Degrees C	N/A		
Temperature (summer)	Ambient	Degrees C	Ambient	Degrees C	N/A		
Total suspended solids (TSS)	12.2	mg/L	3.9	mg/L	52	SM2540D	<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).

This page intentionally left blank.

EPA Identification Number	NPDES Permit Number TN0021539	Facility Name Town of Alexandria	Outfall Number 001
---------------------------	----------------------------------	-------------------------------------	-----------------------

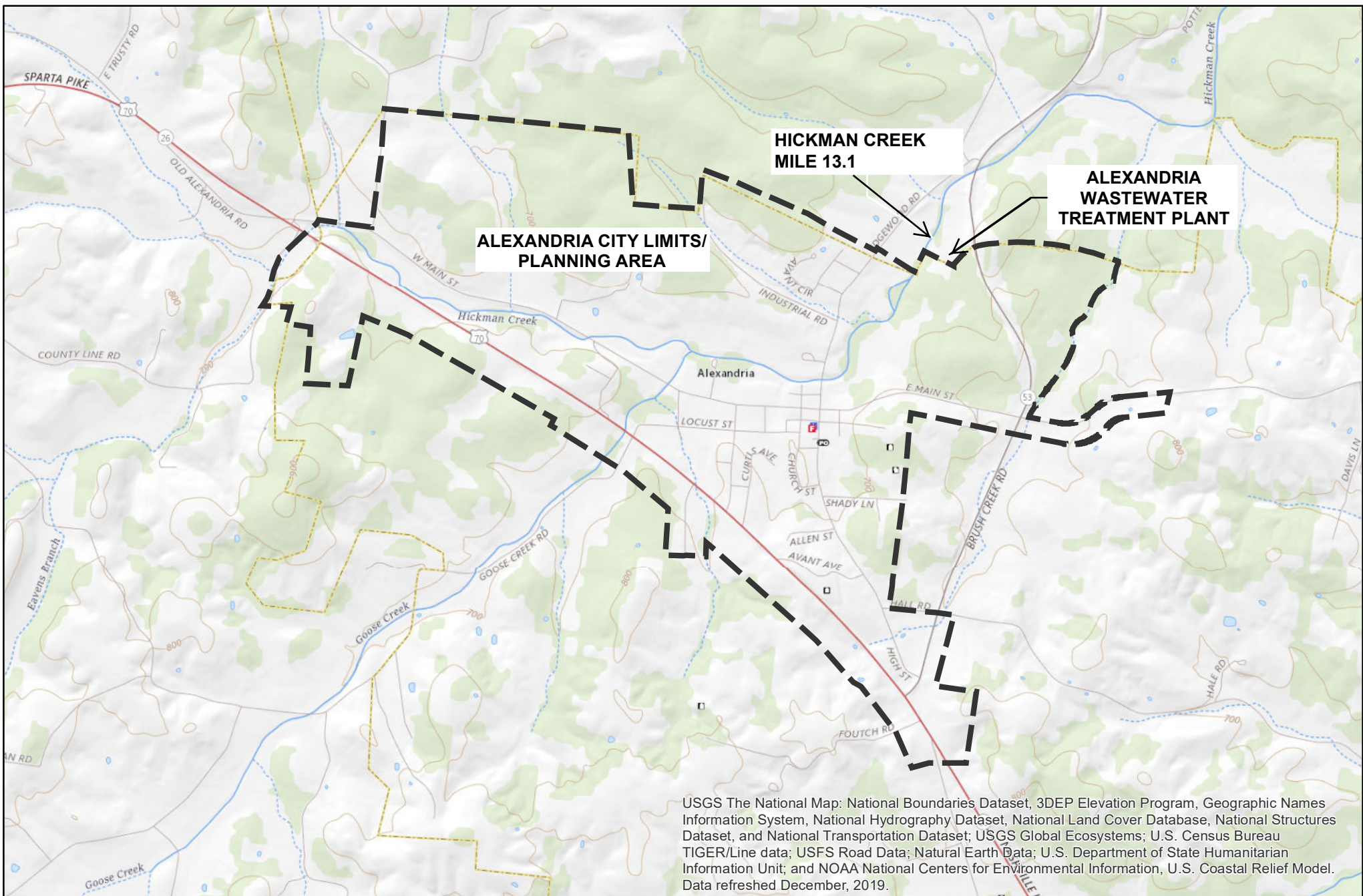
TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD

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)	ND	mg/L	0.4	ND	mg/L	350.1	<input type="checkbox"/> ML <input type="checkbox"/> MDL 0.1 <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 <input type="checkbox"/> MDL
Dissolved oxygen	7.1	mg/L	6.5	mg/L	260	SM421F	<input type="checkbox"/> ML <input type="checkbox"/> MDL 1 <input type="checkbox"/> MDL
Nitrate/nitrite	20.7	mg/L	10.2	mg/L	52	353.2	<input type="checkbox"/> ML <input type="checkbox"/> MDL 1 <input type="checkbox"/> MDL
Kjeldahl nitrogen	ND	mg/L	ND	mg/L	3	351.2	<input type="checkbox"/> ML <input type="checkbox"/> MDL 0.1 <input type="checkbox"/> MDL
Oil and grease	33.8	mg/L	33.8	mg/L	1	1664A	<input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL 6.33 <input type="checkbox"/> MDL
Phosphorus	30.9	mg/L	5.6	mg/L	52	365.4	<input type="checkbox"/> ML <input type="checkbox"/> MDL 1 <input type="checkbox"/> MDL
Total dissolved solids	12.2	mg/L	3.9	mg/L	52*	SM2540D	<input type="checkbox"/> ML <input type="checkbox"/> MDL 0.5 <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.

*same as Total Suspended Solids (per operator)



USGS The National Map: National Boundaries Dataset, 3DEP Elevation Program, Geographic Names Information System, National Hydrography Dataset, National Land Cover Database, National Structures Dataset, and National Transportation Dataset; USGS Global Ecosystems; U.S. Census Bureau TIGER/Line data; USFS Road Data; Natural Earth Data; U.S. Department of State Humanitarian Information Unit; and NOAA National Centers for Environmental Information, U.S. Coastal Relief Model. Data refreshed December, 2019.

Alexandria, TN

WWTP Improvements

Latitude: 36.084234 / Longitude: -86.026357
 TN State Plane: 1,956,712' E/ 637,341' N
 Location: Brush Creek Hwy/ State Hwy 53

Job No.: 8706-19

Date: 5/10/2022

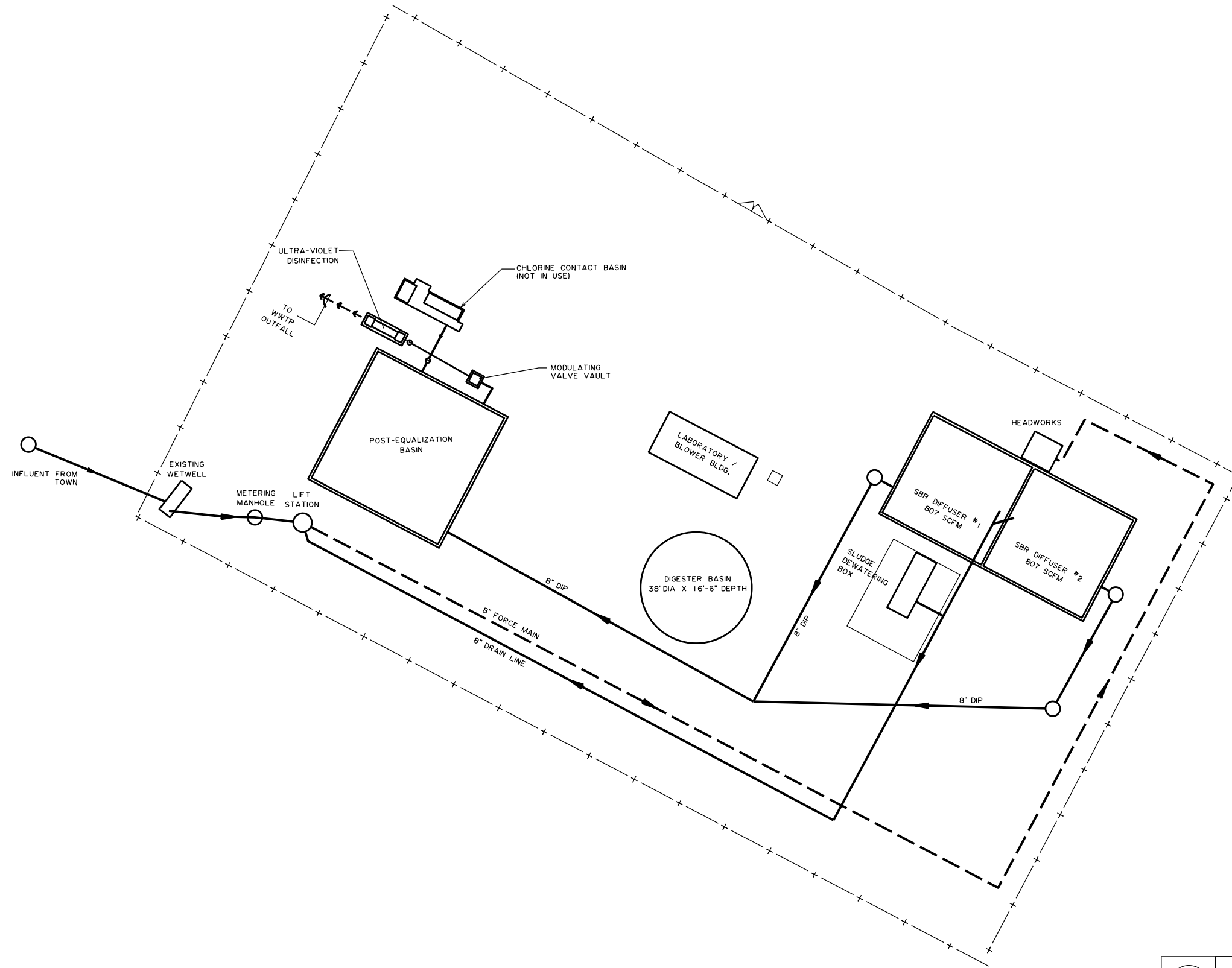
Revisions:

Scale: 1 inch = 2,000 feet

Drawn By: JPP



WARREN & ASSOCIATES
 ENGINEERING, PLLC
 CONSULTING SERVICES
 109 Pennsylvania Avenue • Lebanon, Tennessee 37087
 Phone: 615-444-2996 / Fax: 615-444-2961



TAX MAP# / PARCEL #
PROJECT LOCATION

PROJECT BENCHMARK:
DESCRIPTION OF BM

NORTH

SCALE 1" = 20'

RESERVED FOR REVIEWING AGENCY

PROCESS FLOW DIAGRAM
TOWN OF ALEXANDRIA
WASTEWATER TREATMENT PLANT
ALEXANDRIA, TENNESSEE

This drawing and the design shown are the property of WARREN & ASSOCIATES. Reproduction of these drawings or any part thereof is prohibited without written approval of the owner, WARREN & ASSOCIATES. These drawings are protected by U.S. copyright laws and violators are subject to legal recourse.

NO.	REVISION DESCRIPTION	DATE
1	INITIAL EDITION	7/06/21
2	REVISED INFLUENT LINES	12/30/21
3	PROCESS FLOW DIAGRAM - NPDES	2/1/22

DRAWN BY: **BCF**

CHECKED BY: **JBW**

DATE: _____

C1.00
FILE NO.