

Gordon Holcomb

From: Angel West <bellsww@bellsouth.net>
Sent: Wednesday, May 18, 2022 9:28 AM
To: Gordon Holcomb
Cc: Adam Bonomo; Samantha O'Neil
Subject: [EXTERNAL] Re: Bells SAR Follow-ups
Attachments: Oct 2021-Mar 2022 SAR.docx

***** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security. *****

I never heard back from you on my question but maybe this is correct. Here is the corrected SAR.

On Monday, May 9, 2022, 08:54:40 AM CDT, Angel West <bellsww@bellsouth.net> wrote:

It appears that I got the Chromium III and Chromium VI results mixed up. I will fix that and resend you an updated report.

As far as the other issue, I failed to report that the CA did testing of Pictsweet on 1/26/22. I will fix that issue also. However, the BOD, TSS and E-coli results were all out of limits. Jr. spoke with Pictsweet about this and I spoke with the lab to verify the results. Our weekly BOD, TSS and E-coli tests were normal. Pictsweet did BOD and TSS testing the next week and the numbers were ok. Will this qualify as 3 violations? I'm not sure what to put on the last two pages.

On Wednesday, May 4, 2022, 11:39:41 AM CDT, Gordon Holcomb <gordon.holcomb@tn.gov> wrote:

Marlon,

I've reviewed the Bells Pretreatment Semi-Annual Report for Oct 1, 2021 to March 31, 2022 and I have a couple of follow-ups for you:

- On Form 1a the Chromium VI Effluent value is listed as <2 mg/l, which looks to be a typo. Please correct and email me an updated Form 1a.
- On Form 4, please confirm that the CA only performed ammonia sampling at Pictsweet Frozen Foods during the reporting period, and that CA sampling frequency is at least once every 6 months. If needed, then update Form 4 and email me a copy.

Thank you,

Gordon Holcomb



Gordon Holcomb | Pretreatment

Division of Water Resources

William R. Snodgrass Tennessee Tower, 11th Floor

312 Rosa L. Parks Avenue

Nashville, TN 37243

p. 615-339-9956

Gordon.Holcomb@tn.gov



Tennessee Department of Environment and Conservation
Division of Water Resources
401 Church Street, 6th Floor L & C Annex
Nashville, TN 37243-1534
(615) 532-0625

Update

CONTROL AUTHORITY PRETREATMENT SEMI-ANNUAL/ANNUAL REPORT

Control Authority Identification:

Control Authority Name :	City of Bells			
Report Date :	April 19, 2022			
Reporting Period Covered by this report	From	October 2021	To	March 2022
Reporting Period Covered by previous report	From	April 2021	To	September 2021

Name of Wastewater Treatment Plant(s)	NPDES Permit No.
1.City of Bells, Tennessee Lagoon System	TN0026247
2.	
3.	
4.	
5.	

Person to contact concerning this report: Marlon C. Jordan, Jr.	Title or Position: POTW Superintendent		
Mailing Address: Bells City Hall P.O. Box 760	City: Bells	State: Tn.	Zip: 38006
Phone number(s): 731-663-2334	E-mail (optional): bellsw@bellsouth.net		
Fax number (optional): 731-663-2974	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) Marlon C. Jordan, Jr.	Title: (print or type) POTW Superintendent
Signature:	Date: April 20, 2018

Pretreatment – Narrative Summary

RESULTS OF ANALYSIS

Waypoint Analytical completed the testing of our samples for this report. All test data was within parameters limits.

INDUSTRIAL VIOLATIONS

The CA tested Pictsweet on 1/26/2022 and the E-coli tested high at >2420 and the TSS tested high at 3320mg/L.

LAGOON TREATMENT MODIFICATIONS

There were no modifications made during this period.

Form 1a
Results of Sampling at Control Authority

Sample Date(s):3/22/2022

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)	0.0048	0.33	0.0084	0.08000	
Chromium III	1.60	Report	<2	Report Only	
Chromium VI	<0.010	0.0894	<0.010	0.08870	
Chromium Total	0.001	0.0894	<0.002	0.08942	
Nickel (Ni)	0.0024	0.31	0.0039	0.18000	
Cadmium (Cd)	0.00008	0.0051	<0.00007	0.00164	
Lead (Pb)	<0.0004	0.0487	0.0004	0.02549	
Mercury (Hg)	<0.00013	0.001	<0.00013	0.00040	
Silver (Ag)	0.00002	0.0035	<0.00002	0.00147	
Zinc (Zn)	0.036	1.261	<0.025	0.20000	
Cyanide (Cn)	0.020	0.052	0.014	0.02586	
Phenols, Total	0.029	0.1	0.011	0.05000	
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? Lagoon

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		75	41
Cadmium		85	39
Copper		4300	1500
Lead		840	300
Mercury		57	17
Molybdenum		75	N/A
Nickel		420	420
Selenium		100	100
Zinc		7500	2800

Were there any samples of biosolids that exceeded the ceiling concentrations from 40 CFR Part 503 (Table 1)?

What date(s)?

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 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)
Pictsweet Frozen Foods	3/29/22	At least 1 every 6 months	1/26/22 Ammonia Only Testing by CA	10/8/21 11/5/21 12/3/21 1/11/22
			10/16/21 10/20/21 10/27/21	2/4/22 3/4/22
			11/3/21 11/10/21 11/22/21 11/30/21	
			12/6/21 12/13/21 12/20/21 12/30/21	
			1/3/22 1/10/22 1/18/22 1/24/22	
			2/14/22 2/24/22	
			3/14/22 3/21/22 3/28/22	



Form 5b Industrial User Compliance Report

Semi-annual reporters only must complete this form
(For semi-annual reporting period October 1, 2021– March 31, 2022)

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 Total Violated (conc/limit)	Total Number of Samples	Parameters Total 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)
	1	16	0	14	2 1/26/2022	12	No	No	No	No
					E-Coli tested >2420					
					TSS tested 3320					

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 5c Industrial User Compliance Report

Annual reporters only must complete this form
(For semi-annual reporting period January 1, _____ – December 31, _____)

Column 1	Column 2		Column 3		Column 4		Column 5		Column 6	
	October – December		January – March		April – June		July – September		October – December	
Industrial User	Parameters Violated (conc/limit)	Total Number of Samples	Parameters Total Violated (conc/limit)	Total Number of Samples	Parameters Total Violated (conc/limit)	Total Number of Samples	Parameters Total Violated (conc/limit)	Total Number of Samples	Parameters Total Violated (conc/limit)	Total Number of Samples

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 5d Industrial User Compliance Report

Annual reporters only must complete this form
(For semi-annual reporting period January 1, _____ – December 31, _____)

Column 1	Column 2		Column 3		Column 4		Column 5	
	October – March		January – June		April – September		July – December	
Industrial User	ChronicViol. (Yes or No)	TRCViol.(Ye s or No)	ChronicViol. (Yes or No)	TRCViol.(Y es or No)	ChronicViol. (Yes or No)	TRCViol.(Ye s or No)	ChronicViol. (Yes or No)	TRCViol.(Ye s or 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.



401

Church Street, 6th Floor L & C Annex

Nashville, TN 37243-1534
(615) 532-0625

PRETREATMENT SEMI-ANNUAL/ANNUAL REPORT

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

Pictsweet Frozen Foods	1	0	N/A	0	2

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

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: City of Bells		
Address: Bells City Hall P.O. Box 760		City: Bells, Tn.38006
Contact Person: Marlon C. Jordan, Jr.		Contact Phone Number: 731-663-2334
Reporting Period: October 2021 to March 2022		NPDES Number: TN0026247
Number of Categorical SIUs:	Number of Non-Categorical SIUs:	Total Number of SIUs:
	1	1

II. Significant Industrial Compliance	SIUs	
	Categorical	Non- Categorical
1) No. of SIUs in Significant Non-compliance (SNC)		0
2) Reasons for Significant Non-compliance (SNC)		0

a) In SNC for Violations of pretreatment standards		0
b) In SNC for Reporting Violations		0
c) In SNC for Compliance Schedule Violations		0
d) In SNC for Other (explain in Narrative Summary)		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)		1
b) No. of SIUs Inspected by the CA		1
2) Total Monitoring Events:		
a) No. of Samples by the CA		1
b) No. of Inspections by the CA		1
3) How many SIUs do not have a current control mechanism (permit)		0

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

Gordon Holcomb

From: Angel West <bellsww@bellsouth.net>
Sent: Tuesday, April 26, 2022 7:36 AM
To: Adam Bonomo; Samantha ONeil
Subject: [EXTERNAL] City of Bells SAR
Attachments: Oct 2021-Mar 2022 SAR.docx

***** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security. *****

Here is the SAR for the City of Bells.



Tennessee Department of Environment and Conservation
Division of Water Resources
401 Church Street, 6th Floor L & C Annex
Nashville, TN 37243-1534
(615) 532-0625

CONTROL AUTHORITY PRETREATMENT SEMI-ANNUAL/ANNUAL REPORT

Control Authority Identification:

Control Authority Name :	City of Bells			
Report Date :	April 19, 2022			
Reporting Period Covered by this report	From	October 2021	To	March 2022
Reporting Period Covered by previous report	From	April 2021	To	September 2021

Name of Wastewater Treatment Plant(s)	NPDES Permit No.
1. City of Bells, Tennessee Lagoon System	TN0026247
2.	
3.	
4.	
5.	

Person to contact concerning this report: Marlon C. Jordan, Jr.	Title or Position: POTW Superintendent		
Mailing Address: Bells City Hall P.O. Box 760	City: Bells	State: Tn.	Zip: 38006
Phone number(s): 731-663-2334	E-mail (optional): bellsw@bellsouth.net		
Fax number (optional): 731-663-2974	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) Marlon C. Jordan, Jr.	Title: (print or type) POTW Superintendent
Signature:	Date: April 20, 2018

Pretreatment – Narrative Summary

RESULTS OF ANALYSIS

Waypoint Analytical completed the testing of our samples for this report. All test data was within parameters limits.

INDUSTRIAL VIOLATIONS

There were no violations to report for this period.

LAGOON TREATMENT MODIFICATIONS

There were no modifications made during this period.

Form 1a
Results of Sampling at Control Authority

Sample Date(s):3/22/2022

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)	0.0048	0.33	0.0084	0.08000	
Chromium III	1.60	Report	<0.010	Report Only	
Chromium VI	<0.010	0.0894	<2	0.08870	
Chromium Total	0.001	0.0894	<0.002	0.08942	
Nickel (Ni)	0.0024	0.31	0.0039	0.18000	
Cadmium (Cd)	0.00008	0.0051	<0.00007	0.00164	
Lead (Pb)	<0.0004	0.0487	0.0004	0.02549	
Mercury (Hg)	<0.00013	0.001	<0.00013	0.00040	
Silver (Ag)	0.00002	0.0035	<0.00002	0.00147	
Zinc (Zn)	0.036	1.261	<0.025	0.20000	
Cyanide (Cn)	0.020	0.052	0.014	0.02586	
Phenols, Total	0.029	0.1	0.011	0.05000	
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? Lagoon

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		75	41
Cadmium		85	39
Copper		4300	1500
Lead		840	300
Mercury		57	17
Molybdenum		75	N/A
Nickel		420	420
Selenium		100	100
Zinc		7500	2800

Were there any samples of biosolids that exceeded the ceiling concentrations from 40 CFR Part 503 (Table 1)?

What date(s)?

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)
Pictsweet Frozen Foods 10 Pictsweet Drive Bells, Tn. 38006	Mr. Jeff Duck Manager Bells Operations Telephone 731-663-6442	SN	679,000
<p>**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 <u>and</u> 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."</p>			

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)
Pictsweet Frozen Foods	3/29/22	At least 1 every 6 months	Ammonia Only Testing by CA	10/8/21 11/5/21
			10/16/21 10/20/21 10/27/21	12/3/21 1/11/22 2/4/22
			11/3/21 11/10/21 11/22/21 11/30/21	3/4/22
			12/6/21 12/13/21 12/20/21 12/30/21	
			1/3/22 1/10/22 1/18/22 1/24/22	
			2/14/22 2/24/22	
			3/14/22 3/21/22 3/28/22	

Industrial User Compliance Report

Semi-annual reporters only must complete this form
(For semi-annual reporting period April 1, _____ –September 30, _____)

Column 1	Column 2		Column 3		Column 4		Column 5		Column 6	
	January – March		April – June		July – September		January – June		April – September	
Industrial User	Parameters Violated (conc/limit)	Total Number of Samples	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)

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 5b Industrial User Compliance Report

Semi-annual reporters only must complete this form
(For semi-annual reporting period October 1, 2021– March 31, 2022)

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 Total Violated (conc/limit)	Total Number of Samples	Parameters Total Violated (conc/limit)	Total Number of Samples	ChronicViol. (Yes or No)	TRCViol. (Yes or No)	ChronicViol. (Yes or No)	TRCViol. (Yes or No)
	1	16	0	14	0	12	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 5c Industrial User Compliance Report

Annual reporters only must complete this form
(For semi-annual reporting period January 1, _____ – December 31, _____)

Column 1	Column 2		Column 3		Column 4		Column 5		Column 6	
	October – December		January – March		April – June		July – September		October – December	
Industrial User	Parameters Violated (conc/limit)	Total Number of Samples	Parameters Total Violated (conc/limit)	Total Number of Samples	Parameters Total Violated (conc/limit)	Total Number of Samples	Parameters Total Violated (conc/limit)	Total Number of Samples	Parameters Total Violated (conc/limit)	Total Number of Samples

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 5d Industrial User Compliance Report

Annual reporters only must complete this form
(For semi-annual reporting period January 1, _____ – December 31, _____)

Column 1	Column 2		Column 3		Column 4		Column 5	
	October – March		January – June		April – September		July – December	
Industrial User	ChronicViol. (Yes or No)	TRCViol.(Ye s or No)	ChronicViol. (Yes or No)	TRCViol.(Y es or No)	ChronicViol. (Yes or No)	TRCViol.(Ye s or No)	ChronicViol. (Yes or No)	TRCViol.(Ye s or 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.



401

Church Street, 6th Floor L & C Annex

Nashville, TN 37243-1534
(615) 532-0625

PRETREATMENT SEMI-ANNUAL/ANNUAL REPORT

<p align="center">Form 6 Enforcement and Compliance</p>					
Industrial User	Verbal Warnings (1) (Enter Number)	Notice of Violation (Enter Number)	Compliance Schedule Conformity (2)	Administrative Orders (Enter Number)	Number of Violations Resolved

Pictsweet Frozen Foods	0	0	N/A	0	0

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

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: City of Bells		
Address: Bells City Hall P.O. Box 760		City: Bells, Tn.38006
Contact Person: Marlon C. Jordan, Jr.		Contact Phone Number: 731-663-2334
Reporting Period: October 2021 to March 2022		NPDES Number: TN0026247
Number of Categorical SIUs:	Number of Non-Categorical SIUs:	Total Number of SIUs:
	1	1

II. Significant Industrial Compliance	SIUs	
	Categorical	Non- Categorical
1) No. of SIUs in Significant Non-compliance (SNC)		0
2) Reasons for Significant Non-compliance (SNC)		0

a) In SNC for Violations of pretreatment standards		0
b) In SNC for Reporting Violations		0
c) In SNC for Compliance Schedule Violations		0
d) In SNC for Other (explain in Narrative Summary)		0

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

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