April 3, 2020

Mr. Wade Murphy
Tennessee Department of Environment and Conservation
Division of Water Resources – Permit Section
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, TN 37243

RE: City of Bradford Lagoon NPDES # TN0062022 - Permit Renewal Application & Antidegradation Statement

Dear Mr. Wade Murphy,

Enclosed is EPA form 2A and the permit contact information for your review. If any other information is needed please contact us.

**Antidegradation**

The current practice of direct discharge of treated effluent to the existing receiving stream is the most economical and feasible disposal method at this time for the City of Bradford. Due to the lack of land for spray fields, and distance & cost of the project to pump domestic sewer to other POTW's in the area is not economically feasible at this time.

Sincerely,

Ray Arnold

Ray Arnold, Mayor - City of Bradford

STATE OF TENNESSEE
**DEPARTMENT OF ENVIRONMENT AND CONSERVATION**
**DIVISION OF WATER RESOURCES**
Water-Based Systems
William R. Snodgrass - Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, TN 37243-1102

# PERMIT CONTACT INFORMATION

**Please complete all sections. If one person serves multiple functions, please repeat this information in each section.**

**PERMIT NUMBER:** TN0062022 **DATE:** 4/2/2020

**PERMITTED FACILITY:** Bradford Lagoon **COUNTY:** Gibson

## OFFICIAL PERMIT CONTACT:

(The permit signatory authority, e.g. responsible corporate officer, principle executive officer or ranking elected official)

| | | | |
|---|---|---|---|
| **Official Contact:** Ray Arnold | Title or Position: Mayor | | |
| **Mailing Address:** PO Box 87 | City: Bradford | State: TN | Zip: 38316 |
| **Phone number(s):** 731-742-3465 | E-mail: jddethloff007@tennesseetel.net | | |

## PERMIT BILLING ADDRESS (where invoices should be sent):

| | | | |
|---|---|---|---|
| Billing Contact: Jenny Dowland | Title or Position: City Recorder | | |
| Mailing Address: PO Box 87 | City: Bradford | State: TN | Zip: 38316 |
| Phone number(s): 731-742-3212 | E-mail: bcrecorder@gmail.com | | |

## FACILITY LOCATION (actual location of permit site and local contact for site activity):

| | | | |
|---|---|---|---|
| Facility Location Contact: J.D. Dethloff | Title or Position: Superintendent | | |
| Facility Location (physical street address): Irvan Williams Road | City: Bradford | State: TN | Zip: 38316 |
| Phone number(s): 731-742-3212 | E-mail: jddethloff007@tennesseetel.net | | |

| | | | |
|---|---|---|---|
| Alternate Contact (if desired): | Title or Position: | | |
| Mailing Address: | City: | State: | Zip: |
| Phone number(s): | E-mail: | | |

## FACILITY REPORTING (Discharge Monitoring Report (DMR) or other reporting):

| | | | |
|---|---|---|---|
| Cognizant Official authorized for permit reporting: Ray Arnold | Title or Position: Mayor | | |
| Mailing Address: PO Box 87 | City: Bradford | State: TN | Zip: 38316 |
| Phone number(s): 731-742-3465 | E-mail: jddethloff007@tennesseetel.net | | |
| Fax number for reporting: 731-742-3910 | Does the facility have interest in starting electronic DMR reporting? Yes No Currently Using NetDMR | | |

| EPA Identification Number | NPDES Permit Number | Facility Name |
|---|---|---|
| TN0062022 | TN0062022 | Bradford Lagoon |

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

**Form 2A NPDES** | EPA

**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
Bradford Lagoon

Mailing address (street or P.O. box)
PO Box 87

| City or town | State | ZIP code |
|---|---|---|
| Bradford | Tennessee | 38316 |

| Contact name (first and last) | Title | Phone number | Email address |
|---|---|---|---|
| J.D. Dethloff | Superintendent | (731) 742-3212 | jddethloff007@tennesseetel.n |

Location address (street, route number, or other specific identifier) ☐ Same as mailing address
Irvin Williams Road

| City or town | State | ZIP code |
|---|---|---|
| Bradford | Tennessee | 38316 |

**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
City of Bradford

Applicant address (street or P.O. box)
PO Box 87

| City or town | State | ZIP code |
|---|---|---|
| Bradford | Tennessee | 38316 |

| Contact name (first and last) | Title | Phone number | Email address |
|---|---|---|---|
| Ray Arnold | Mayor | (731) 742-3465 | bcrecorder@tennesseetel.net |

**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**

| | | |
|---|---|---|
| ☑ NPDES (discharges to surface water) TN0062022 | ☐ RCRA (hazardous waste) | ☐ UIC (underground injection control) |
| ☐ PSD (air emissions) | ☐ Nonattainment program (CAA) | ☐ NESHAPs (CAA) |
| ☐ Ocean dumping (MPRSA) | ☐ Dredge or fill (CWA Section 404) | ☐ Other (specify) |

| EPA Identification Number | NPDES Permit Number | Facility Name | Form Approved 03/05/19 OMB No. 2040-0004 |
|---|---|---|---|
| TN0062022 | TN0062022 | Bradford Lagoon | |

**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 |
|---|---|---|---|
| City of Bradford | 1151 | 100 % separate sanitary sewer | ☑ Own ☑ Maintain |
| | | 0 % combined storm and sanitary sewer | ☐ Own ☐ Maintain |
| | | ☐ Unknown | ☐ Own ☐ Maintain |
| | | ____ % separate sanitary sewer | ☐ Own ☐ Maintain |
| | | ____ % combined storm and sanitary sewer | ☐ Own ☐ Maintain |
| | | ☐ Unknown | ☐ Own ☐ Maintain |
| | | ____ % separate sanitary sewer | ☐ Own ☐ Maintain |
| | | ____ % combined storm and sanitary sewer | ☐ Own ☐ Maintain |
| | | ☐ Unknown | ☐ Own ☐ Maintain |
| | | ____ % separate sanitary sewer | ☐ Own ☐ Maintain |
| | | ____ % combined storm and sanitary sewer | ☐ Own ☐ Maintain |
| | | ☐ Unknown | ☐ Own ☐ Maintain |
| **Total Population Served** | 1151 | | |

| | 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?

☐ Yes ☑ No

1.9 Does the facility discharge to a receiving water that flows through Indian Country?

☐ Yes ☑ No

**Design and Actual Flow Rates**

1.10 Provide design *and* actual flow rates in the designated spaces.

| Design Flow Rate |
|---|
| 0.29 mgd |

| Annual Average Flow Rates (Actual) | | |
|---|---|---|
| **Two Years Ago** | **Last Year** | **This Year** |
| 0.206 mgd | 0.262 mgd | 0.155 mgd |

| Maximum Daily Flow Rates (Actual) | | |
|---|---|---|
| **Two Years Ago** | **Last Year** | **This Year** |
| 0.789 mgd | 0.987 mgd | 0.630 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 |

**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?

☐ 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 | ☐ Continuous ☐ Intermittent |
| | gpd | ☐ Continuous ☐ Intermittent |
| | gpd | ☐ Continuous ☐ 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 | ☐ Continuous ☐ Intermittent |
| | acres | gpd | ☐ Continuous ☐ Intermittent |
| | acres | gpd | ☐ Continuous ☐ 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 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) ☐ 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 | ☐ Continuous ☐ Intermittent |
| | | acres | gpd | ☐ Continuous ☐ Intermittent |
| | | acres | gpd | ☐ Continuous ☐ 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 | | | |

| EPA Identification Number | NPDES Permit Number | Facility Name | Form Approved 03/05/19 OMB No. 2040-0004 |
|---|---|---|---|
| TN0062022 | TN0062022 | Bradford Lagoon | |

## 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?

☑ Yes ☐ 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 |
|---|
| 50000 gpd |

Indicate the steps the facility is taking to minimize inflow and infiltration.

Completed flow studies on I/I in search of rehab funding. Repaired manholes and located additional areas for further study.

**Topographic Map**

2.3 Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.)

☑ Yes ☐ 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.)

☑ Yes ☐ No

**Scheduled Improvements and Schedules of Implementation**

2.5 Are improvements to the facility scheduled?

☐ Yes ☑ No ➔ SKIP to Section 3.

Briefly list and describe the scheduled improvements.

1.

2.

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. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

2.7 Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response.

☐ Yes ☐ No ☐ None required or applicable

Explanation:

| EPA Identification Number | NPDES Permit Number | Facility Name | Form Approved 03/05/19 OMB No. 2040-0004 |
|---|---|---|---|
| TN0062022 | TN0062022 | Bradford Lagoon | |

## 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 001 | Outfall Number _____ | Outfall Number _____ |
|---|---|---|---|
| State | Tennessee | | |
| County | Gibson | | |
| City or town | Bradford | | |
| Distance from shore | 6.00 ft. | ft. | ft. |
| Depth below surface | 0.00 ft. | ft. | ft. |
| Average daily flow rate | 0.208 mgd | mgd | mgd |
| Latitude | 36° 6′ 52.8″ N | ° ′ ″ | ° ′ ″ |
| Longitude | -88° 47′ 50.3″ W | ° ′ ″ | ° ′ ″ |

**Seasonal or Periodic Discharge Data**

3.2 Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges?

☐ Yes ☑ No ➔ SKIP to Item 3.4.

3.3 If so, provide the following information for each applicable outfall.

| | Outfall Number 001 | 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?

☐ Yes ☑ 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?

☑ Yes ☐ No ➔ SKIP to Section 6.

**Receiving Water Description**

3.7 Provide the receiving water and related information (if known) for each outfall.

| | Outfall Number 001 | Outfall Number _____ | Outfall Number _____ |
|---|---|---|---|
| Receiving water name | South Fork of the Obion River | | |
| Name of watershed, river, or stream system | Obion-South Fork | | |
| U.S. Soil Conservation Service 14-digit watershed code | | | |
| Name of state management/river basin | Obion River | | |
| U.S. Geological Survey 8-digit hydrologic cataloging unit code | 8010203 | | |
| Critical low flow (acute) | 80.7 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 001 | Outfall Number _____ | Outfall Number _____ |
|---|---|---|---|
| **Highest Level of Treatment** (check all that apply per outfall) | ☑ Primary<br>☑ Equivalent to secondary<br>☐ Secondary<br>☐ Advanced<br>☐ Other (specify) _____ | ☐ Primary<br>☐ Equivalent to secondary<br>☐ Secondary<br>☐ Advanced<br>☐ Other (specify) _____ | ☐ Primary<br>☐ Equivalent to secondary<br>☐ Secondary<br>☐ Advanced<br>☐ Other (specify) _____ |
| **Design Removal Rates by Outfall** | | | |
| $BOD_5$ or $CBOD_5$ | 65 % | % | % |
| TSS | 65 % | % | % |
| Phosphorus | ☐ Not applicable<br>0 % | ☐ Not applicable<br>% | ☐ Not applicable<br>% |
| Nitrogen | ☐ Not applicable<br>0 % | ☐ Not applicable<br>% | ☐ Not applicable<br>% |
| Other (specify) _____ | ☐ Not applicable<br>0 % | ☐ Not applicable<br>% | ☐ Not applicable<br>% |

**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.

Sodium Hypochlorite-Bleach

| | Outfall Number 001 | Outfall Number _____ | Outfall Number _____ |
|---|---|---|---|
| Disinfection type | Sodium Hypochlorite-Bleach | | |
| Seasons used | All | | |
| Dechlorination used? | ☐ Not applicable<br>☐ Yes<br>☑ No | ☐ Not applicable<br>☐ Yes<br>☐ No | ☐ Not applicable<br>☐ Yes<br>☐ No |

**Effluent Testing Data**

**3.10** Have you completed monitoring for all Table A parameters and attached the results to the application package?

☑ Yes ☐ 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?

☐ Yes ☑ 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?

☑ Yes ☐ 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?

☑ Yes ➔ Complete Table B, including chlorine. ☐ 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?

☑ Yes ☐ No

**3.16** Does one or more of the following conditions apply?

- 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).

☐ Yes ➔ Complete Tables C, D, and E as applicable. ☑ 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?

☐ Yes ☐ 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?

☐ Yes ☐ 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?

☐ Yes ☐ 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?

☐ Yes ☐ 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.

| 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?

☐ Yes ☐ 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?

☐ Yes ☐ 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?

☐ Yes ☐ 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?

☐ Yes ☑ No ➔ SKIP to Item 4.7.

4.2 Indicate the number of SIUs and NSCIUs that discharge to the POTW.

| Number of SIUs | Number of NSCIUs |
|---|---|
| | |

4.3 Does the POTW have an approved pretreatment program?

☐ Yes ☐ 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?

☐ Yes ☐ 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?

☐ Yes ☐ No

**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?

☐ Yes ☑ 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 |
|---|---|---|---|
| | ☐ Truck ☐ Rail ☐ Dedicated pipe ☐ Other (specify) _____ | | |
| | ☐ Truck ☐ Rail ☐ Dedicated pipe ☐ Other (specify) _____ | | |
| | ☐ Truck ☐ Rail ☐ Dedicated pipe ☐ 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?

☐ Yes ☑ 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)?

☐ Yes ➔ SKIP to Section 5. ☐ 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?

☐ Yes ☐ 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?

☐ Yes ☑ No ➔SKIP to Section 6.

**5.2** Have you attached a CSO system map to this application? (See instructions for map requirements.)

☐ Yes ☐ No

**5.3** Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.)

☐ Yes ☐ No

**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 | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| CSO flow volume | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| CSO pollutant concentrations | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Receiving water quality | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| CSO frequency | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Number of storm events | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ 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 ☐ Actual or ☐ Estimated | hours ☐ Actual or ☐ Estimated | hours ☐ Actual or ☐ Estimated |
| Average volume per event | million gallons ☐ Actual or ☐ Estimated | million gallons ☐ Actual or ☐ Estimated | million gallons ☐ Actual or ☐ Estimated |
| Minimum rainfall causing a CSO event in last year | inches of rainfall ☐ Actual or ☐ Estimated | inches of rainfall ☐ Actual or ☐ Estimated | inches of rainfall ☐ Actual or ☐ Estimated |

**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) | ☐ Unknown | ☐ Unknown | ☐ Unknown |
| Name of state management/river basin | | | |
| U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known) | ☐ Unknown | ☐ Unknown | ☐ 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 | |
|---|---|---|
| ☑ Section 1: Basic Application Information for All Applicants | ☐ w/ variance request(s) | ☐ w/ additional attachments |
| ☑ Section 2: Additional Information | ☑ w/ topographic map<br>☐ w/ additional attachments | ☑ w/ process flow diagram |
| ☑ Section 3: Information on Effluent Discharges | ☑ w/ Table A<br>☑ w/ Table B<br>☐ w/ Table C | ☐ w/ Table D<br>☐ w/ Table E<br>☐ w/ additional attachments |
| ☐ Section 4: Industrial Discharges and Hazardous Wastes | ☐ w/ SIU and NSCIU attachments<br>☐ w/ additional attachments | ☐ w/ Table F |
| ☐ Section 5: Combined Sewer Overflows | ☐ w/ CSO map<br>☐ w/ CSO system diagram | ☐ w/ additional attachments |
| ☑ Section 6: Checklist and Certification Statement | ☐ w/ attachments | |

6.2 **Certification Statement**

*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.*

| Name (print or type first and last name) | Official title |
|---|---|
| Ray Arnold | Mayor |
| Signature: Ray Arnold | Date signed: 04/02/2020 |

| EPA Identification Number | NPDES Permit Number | Facility Name | Outfall Number |
|---|---|---|---|
| TN0062022 | TN0062022 | Bradford Lagoon | 001 |

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

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 ☑ $BOD_5$ or ☐ $CBOD_5$ (report one) | 21 | mg/L | 15.33 | mg/L | 24 | SM5210B 2011 | 1.0mg/L ☐ ML ☑ MDL |
| Fecal coliform | 11 | #/100mL | 1.27 | #/100mL | 24 | M-ColiBlue24 | #/100mL ☐ ML ☑ MDL |
| Design flow rate | 0.987 | MGD | 0.208 | MGD | 1095 | | |
| pH (minimum) | 9.0 | SU | | | | | |
| pH (maximum) | 7.1 | SU | | | | | |
| Temperature (winter) | N/A | | N/A | | | | |
| Temperature (summer) | N/A | | N/A | | | | |
| Total suspended solids (TSS) | 83 | mg/L | 46.83 | mg/L | 24 | SM2540D 2011 | 2.0mg/L ☐ ML ☑ 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 | NPDES Permit Number | Facility Name | Outfall Number |
|---|---|---|---|
| TN0062022 | TN0062022 | Bradford Lagoon | 001 |

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

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

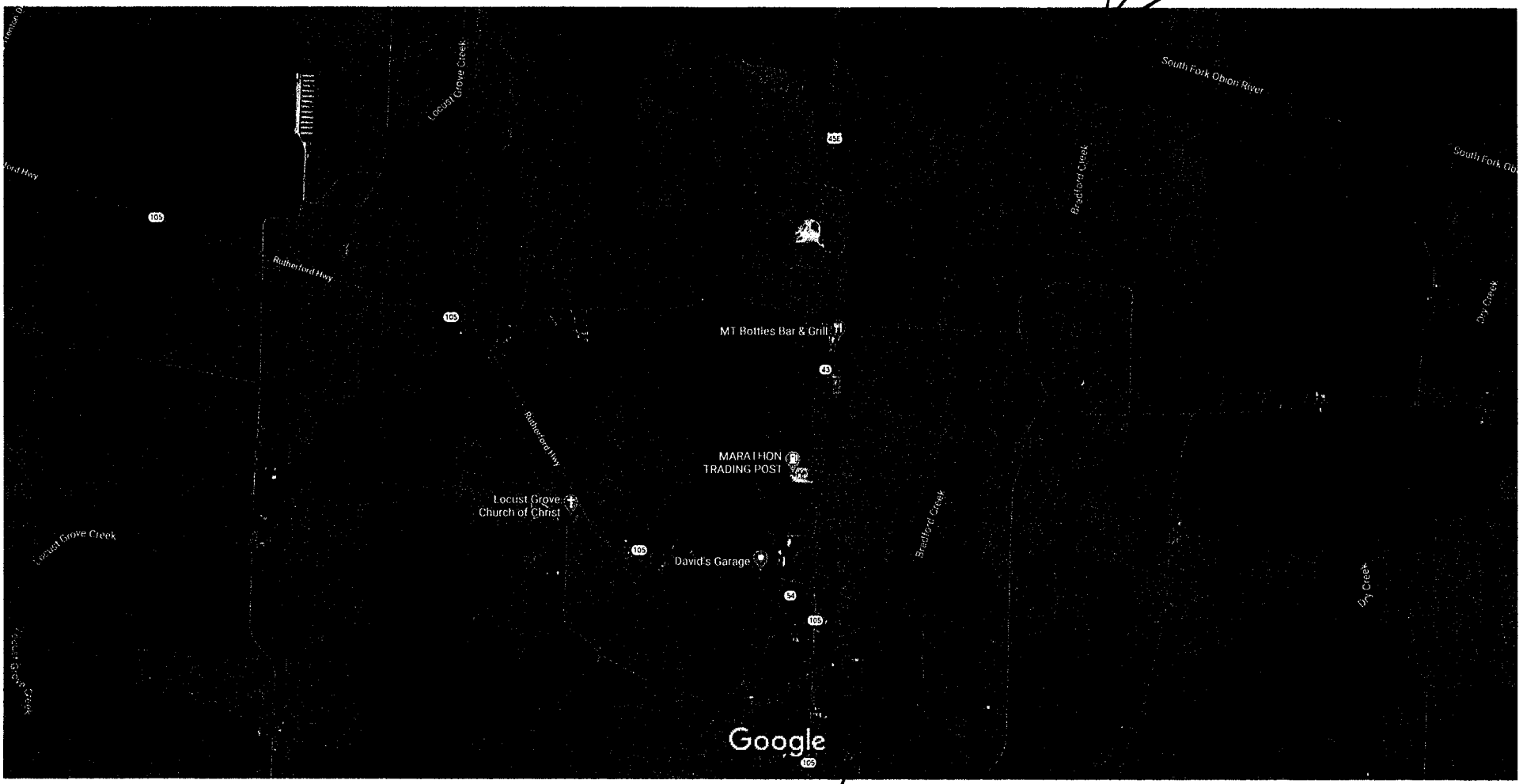
| Pollutant | Maximum Daily Discharge | | Average Daily Discharge | | | Analytical Method[1] | ML or MDL (include units) |
|---|---|---|---|---|---|---|---|
| | Value | Units | Value | Units | Number of Samples | | |
| Ammonia (as N) | 2.59 | mg/L | 1.44 | mg/L | 3 | SM4500 NH3D 2001 | 0.02mg/L ☐ ML ☑ MDL |
| Chlorine (total residual, TRC)[2] | 1.6 | mg/L | 0.65 | mg/L | 120 | SM4500 ClG | 0.05mg/L ☐ ML ☐ MDL |
| Dissolved oxygen | 14.6 | mg/L | 9.52 | mg/L | 120 | SM4500 OG | 1.0mg/L ☐ ML ☑ MDL |
| Nitrate/nitrite | <0.5 | mg/L | <0.451 | mg/L | 3 | EPA 353.2 | 0.5mg/L ☐ ML ☑ MDL |
| Kjeldahl nitrogen | 8.83 | mg/L | 8.05 | mg/L | 3 | EPA 351.2 | 1.0mg/L ☐ ML ☑ MDL |
| Oil and grease | <1.5 | mg/L | <1.43 | mg/L | 3 | EPA 1664B | 1.4mg/L ☐ ML ☑ MDL |
| Phosphorus | 1.23 | mg/L | 1.01 | mg/L | 3 | EPA 365.1 | 0.2mg/L ☐ ML ☑ MDL |
| Total dissolved solids | 150 | mg/L | 122 | mg/L | 3 | SM2540C 2011 | 20mg/L ☐ ML ☑ 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.

 Bradford Eff. Discharge Point

Google Maps

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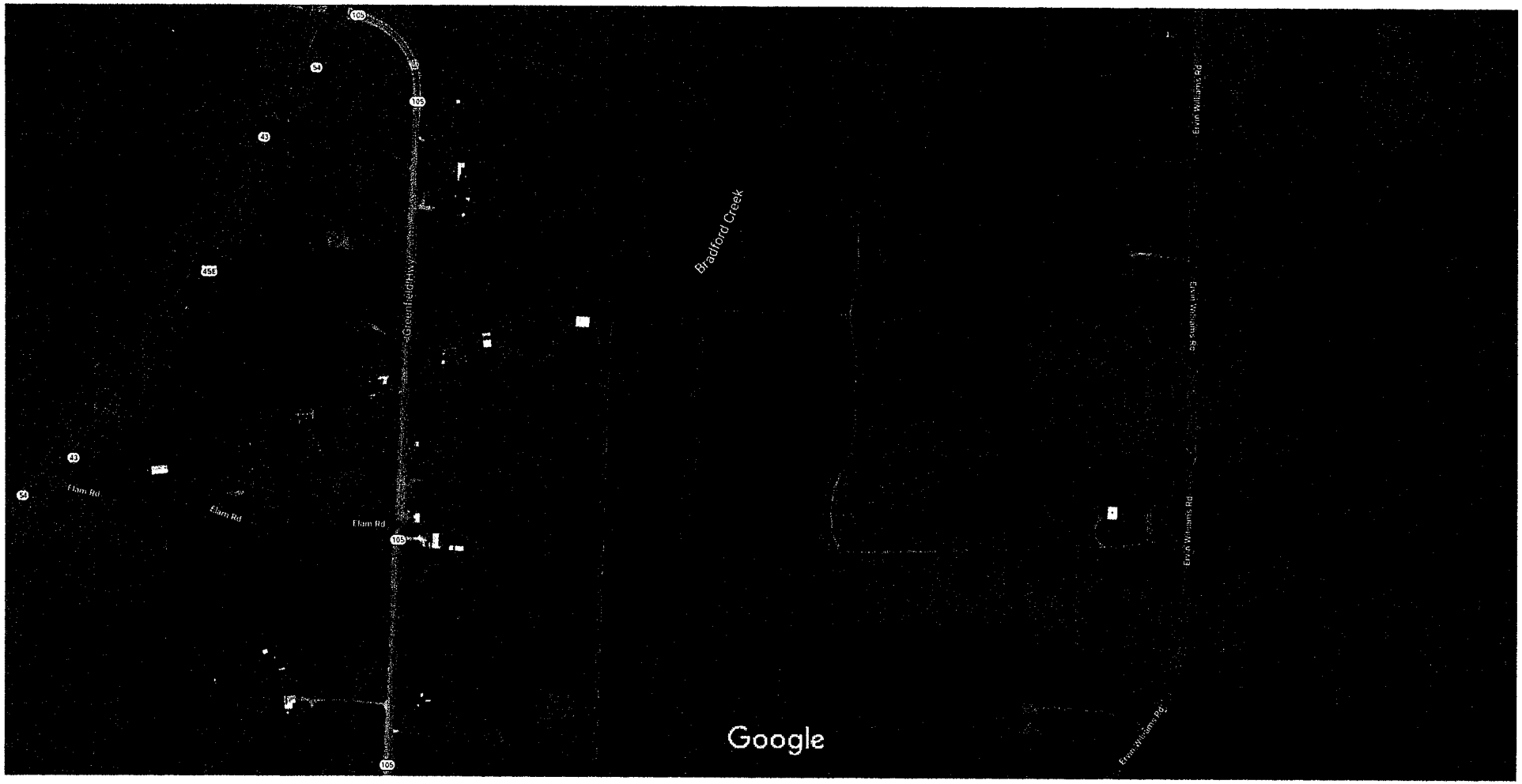
Bradford 2 celled lagoon WWTP

* Coordinates of Effluent Discharge Point *

https://www.google.com/maps/@36.0997083,-88.8148748,362m/data=!3m1!1e3

Bradford Lagoon (facultative)
TN0062022

Google Maps

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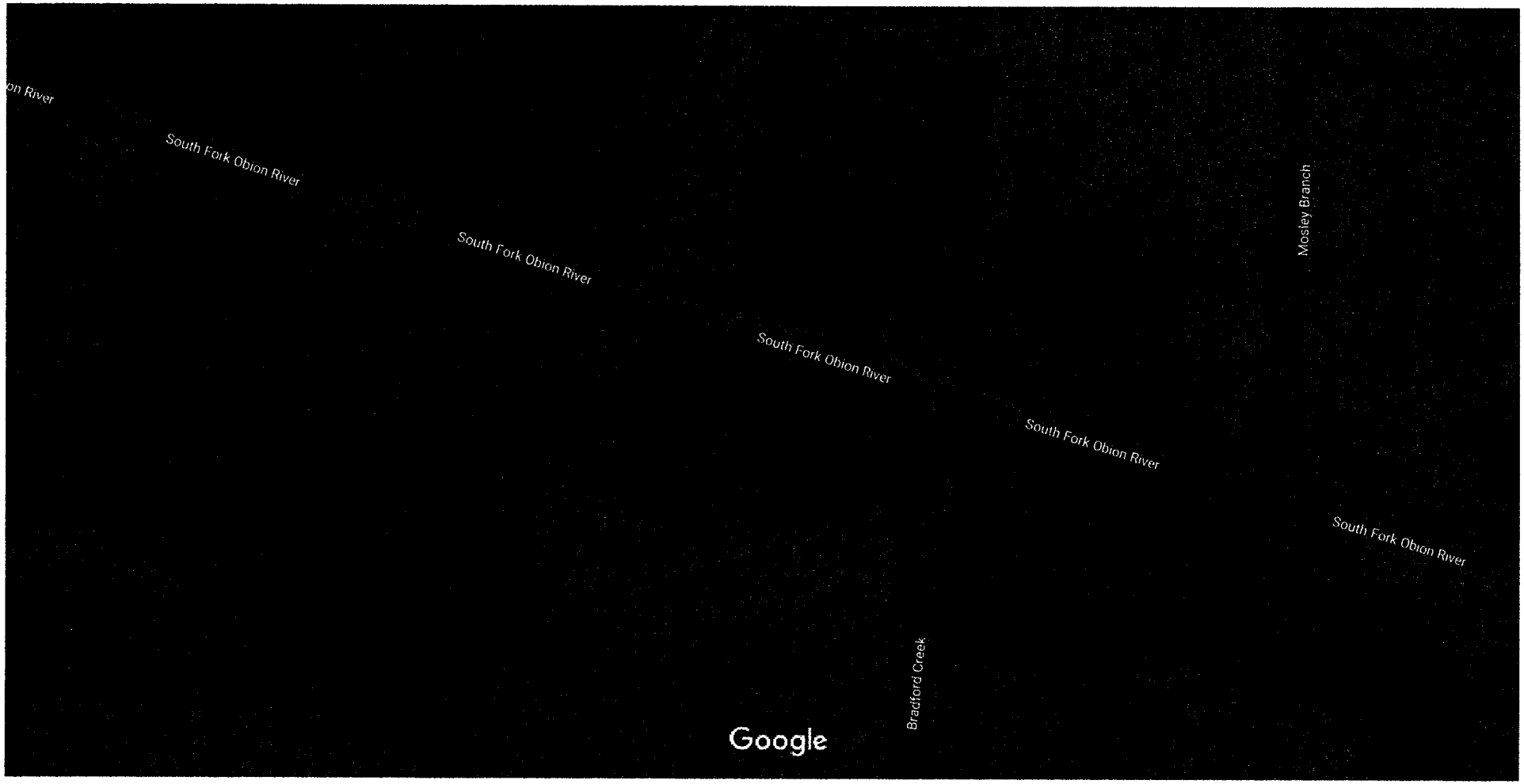
Google Maps

# 36°06'52.8"N 88°47'50.3"W

BRADFORD LAGOON EFFLUENT DISCHARGE POINT TN0062022

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