


EPA Identification Number		NPDES Permit Number TN002449		Facility Name Copperhill S.T.P.		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2A NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS</b>					
<b>SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))</b>							
<b>Facility Information</b>	1.1	Facility name City of Copperhill S.T.P.					
		Mailing address (street or P.O. box) PO. Box 640					
		City or town Copperhill		State Tn		ZIP code 37317	
		Contact name (first and last) Todd Dilbeck	Title Water waste water	Phone number (423) 496-7023		Email address copperhillws@gmail.com	
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address Old River Camp Road					
		City or town Copperhill		State Tn		ZIP code 37317	
	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					
<b>Applicant Information</b>	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 checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Both					
	1.5	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input checked="" type="checkbox"/> Facility <input type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)					
<b>Existing Environmental Permits</b>	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)					
		<b>Existing Environmental Permits</b>					
		<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)		



<b>Outfalls and Other Discharge or Disposal Methods</b>	<b>Outfalls Other Than to Waters of the United States</b>			
	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.		
	<b>Surface Impoundment Location and Discharge Data</b>			
		<b>Location</b>	<b>Average Daily Volume Discharged to Surface Impoundment</b>	<b>Continuous or Intermittent (check one)</b>
			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.		
	<b>Land Application Site and Discharge Data</b>			
		<b>Location</b>	<b>Size</b>	<b>Average Daily Volume Applied</b>
			acres	gpd
			acres	gpd
		acres	gpd	
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 type="checkbox"/> No → SKIP to Item 1.20.			
1.19	Provide information on the transporter below.			
<b>Transporter Data</b>				
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		

<b>Outfalls and Other Discharge or Disposal Methods Continued</b>	1.20	In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.		
	<b>Receiving Facility Data</b>			
	Facility name		Mailing address (street or P.O. box)	
	City or town		State	ZIP code
	Contact name (first and last)		Title	
	Phone number		Email address	
	NPDES number of receiving facility (if any) <input type="checkbox"/> None		Average daily flow rate mgd	
	1.21	Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)?		
<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.			
<b>Information on Other Disposal Methods</b>				
<b>Disposal Method Description</b>	<b>Location of Disposal Site</b>	<b>Size of Disposal Site</b>	<b>Annual Average Daily Discharge Volume</b>	<b>Continuous or Intermittent (check one)</b>
		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

<b>Variance Requests</b>	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				

<b>Contractor Information</b>	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 type="checkbox"/> Yes <input checked="" 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.		
	<b>Contractor Information</b>			
		<b>Contractor 1</b>	<b>Contractor 2</b>	<b>Contractor 3</b>
	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				

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

<b>Design Flow</b>	<b>Outfalls to Waters of the United States</b>						
	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.					
<b>Inflow and Infiltration</b>	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.	<b>Average Daily Volume of Inflow and Infiltration</b>				
		Indicate the steps the facility is taking to minimize inflow and infiltration. Working with Neighboring city to curb i&i, Leaks from water mains in their system					
<b>Topographic Map</b>	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					
<b>Flow Diagram</b>	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					
<b>Scheduled Improvements and Schedules of Implementation</b>	2.5	Are improvements to the facility scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.					
		<b>Scheduled or Actual Dates of Completion for Improvements</b>					
		<b>Scheduled Improvement</b> (from above)	<b>Affected Outfalls</b> (list outfall number)	<b>Begin Construction</b> (MM/DD/YYYY)	<b>End Construction</b> (MM/DD/YYYY)	<b>Begin Discharge</b> (MM/DD/YYYY)	<b>Attainment of Operational Level</b> (MM/DD/YYYY)
		1.					
	2.						
	3.						
	4.						
2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable						
	Explanation:						

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

<b>Description of Outfalls</b>	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)		
		<b>Outfall Number</b> 001	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	State	Tennessee		
	County	Polk		
	City or town	Copperhill		
	Distance from shore	8 ft ft.	ft.	ft.
	Depth below surface	N/A ft.	ft.	ft.
	Average daily flow rate	.380 mgd	mgd	mgd
	Latitude	34° 59' 29" N <input type="checkbox"/>	° ' "	° ' "
	Longitude	84° 22' 54" W <input type="checkbox"/>	° ' "	° ' "
<b>Seasonal or Periodic Discharge Data</b>	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.		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	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				
<b>Diffuser Type</b>	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.		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
<b>Waters of the U.S.</b>	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.		

<b>Receiving Water Description</b>	3.7	Provide the receiving water and related information (if known) for each outfall.			
			<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	Receiving water name	Ocoee River			
	Name of watershed, river, or stream system	Ocoee			
	U.S. Soil Conservation Service 14-digit watershed code				
	Name of state management/river basin				
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	0602003			
	Critical low flow (acute)	17	cfs	cfs	cfs
	Critical low flow (chronic)	17	cfs	cfs	cfs
Total hardness at critical low flow	20	mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>	
<b>Treatment Description</b>	3.8	Provide the following information describing the treatment provided for discharges from each outfall.			
			<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	<b>Highest Level of Treatment</b> (check all that apply per outfall)	<input type="checkbox"/> Primary <input checked="" 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) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	
	<b>Design Removal Rates by Outfall</b>				
	BOD <sub>5</sub> or CBOD <sub>5</sub>	85	%	%	%
	TSS	85	%	%	%
	Phosphorus	<input checked="" type="checkbox"/> Not applicable	%	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable
	Nitrogen	<input checked="" type="checkbox"/> Not applicable	%	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable
Other (specify) _____	<input checked="" type="checkbox"/> Not applicable	%	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	

<b>Treatment Description Continued</b>	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.					
			<b>Outfall Number</b> <u>001</u>	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____		
		Disinfection type	Sodium hypochlorite				
		Seasons used	all				
		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		

<b>Effluent Testing Data</b>	3.10	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input checked="" type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>					
	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 <span style="margin-left: 150px;"><input checked="" type="checkbox"/> No → SKIP to Item 3.13.</span>					
	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.					
			<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____		
			<b>Acute</b>	<b>Chronic</b>	<b>Acute</b>	<b>Chronic</b>	
		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 <span style="margin-left: 150px;"><input type="checkbox"/> No → SKIP to Item 3.16.</span>					
	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 checked="" type="checkbox"/> Yes → Complete Table B, including chlorine. <span style="margin-left: 100px;"><input type="checkbox"/> No → Complete Table B, omitting chlorine.</span>					
	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 <span style="margin-left: 150px;"><input type="checkbox"/> No</span>					
3.16	Does one or more of the following conditions apply? <ul style="list-style-type: none"> <li>• The facility has a design flow greater than or equal to 1 mgd.</li> <li>• The POTW has an approved pretreatment program or is required to develop such a program.</li> <li>• 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).</li> </ul> <input type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <span style="margin-left: 100px;"><input checked="" type="checkbox"/> No → SKIP to Section 4.</span>						
3.17	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>						
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 <span style="margin-left: 150px;"><input type="checkbox"/> No additional sampling required by NPDES permitting authority.</span>						



<b>Effluent Testing Data Continued</b>	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.	
		<b>Date(s) Submitted</b> (MM/DD/YYYY)	<b>Summary of Results</b>
	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))**

<b>Industrial Discharges and Hazardous Wastes</b>	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.	
		<b>Number of SIUs</b>	<b>Number of NSCIUs</b>
		0	
	4.3	Does the POTW have an approved pretreatment program? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" type="checkbox"/> No		

<b>Industrial Discharges and Hazardous Wastes Continued</b>	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:			
		<b>Hazardous Waste Number</b>	<b>Waste Transport Method</b> (check all that apply)		<b>Annual Amount of Waste Received</b>
			<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))**

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

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<b>CSO Outfall Description</b>	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)		
		<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____
	City or town			
	State and ZIP code			
	County			
	Latitude	° ' "	° ' "	° ' "
	Longitude	° ' "	° ' "	° ' "
	Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.	
<b>CSO Monitoring</b>	5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?		
		<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____
	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	
<b>CSO Events in Past Year</b>	5.6	Provide the following information for each of your CSO outfalls.		
		<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____
	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	

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.	
		<b>Column 1</b>	<b>Column 2</b>
	<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 type="checkbox"/> w/ process flow diagram <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ Table C <input type="checkbox"/> w/ additional attachments
	<input type="checkbox"/>	Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ Table F <input type="checkbox"/> w/ additional attachments
	<input type="checkbox"/>	Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ additional attachments <input type="checkbox"/> w/ CSO system diagram
	<input type="checkbox"/>	Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
6.2	<p><b>Certification Statement</b></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)	Official title	
	<i>Kathy Stewart</i>	<i>Mayor</i>	
	Signature	Date signed	
	<i>Kathy Stewart</i>	<i>9/15/21</i>	

EPA Identification Number	NPDES Permit Number TN002449	Facility Name Canehill S.T.P.	Outfall Number
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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 <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input checked="" type="checkbox"/> BOD <sub>5</sub> or <input type="checkbox"/> CBOD <sub>5</sub> (report one)	5.2	MG/L	4.25	MG/L	156	SM2510B	2.0 MG/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fecal coliform	6.0	CFU	2.7	CFU	156	M.COL BLUE	1.0 CFU <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Design flow rate	.7 MGD	GPD	.380	GPD	1.0 PER DAY		
pH (minimum)	6.1	S.U					
pH (maximum)	6.9	S.U					
Temperature (winter)	14.2	CELSIUS	14	CELSIUS	100		
Temperature (summer)	19	CELSIUS	15	CELSIUS	120		
Total suspended solids (TSS)	2.5	MG/L	1.7	MG/L	156	SM2540D	2.5 MG/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

<sup>1</sup> 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).

EPA Identification Number	NPDES Permit Number TN002449	Facility Name Copperhill S.T.P.	Outfall Number
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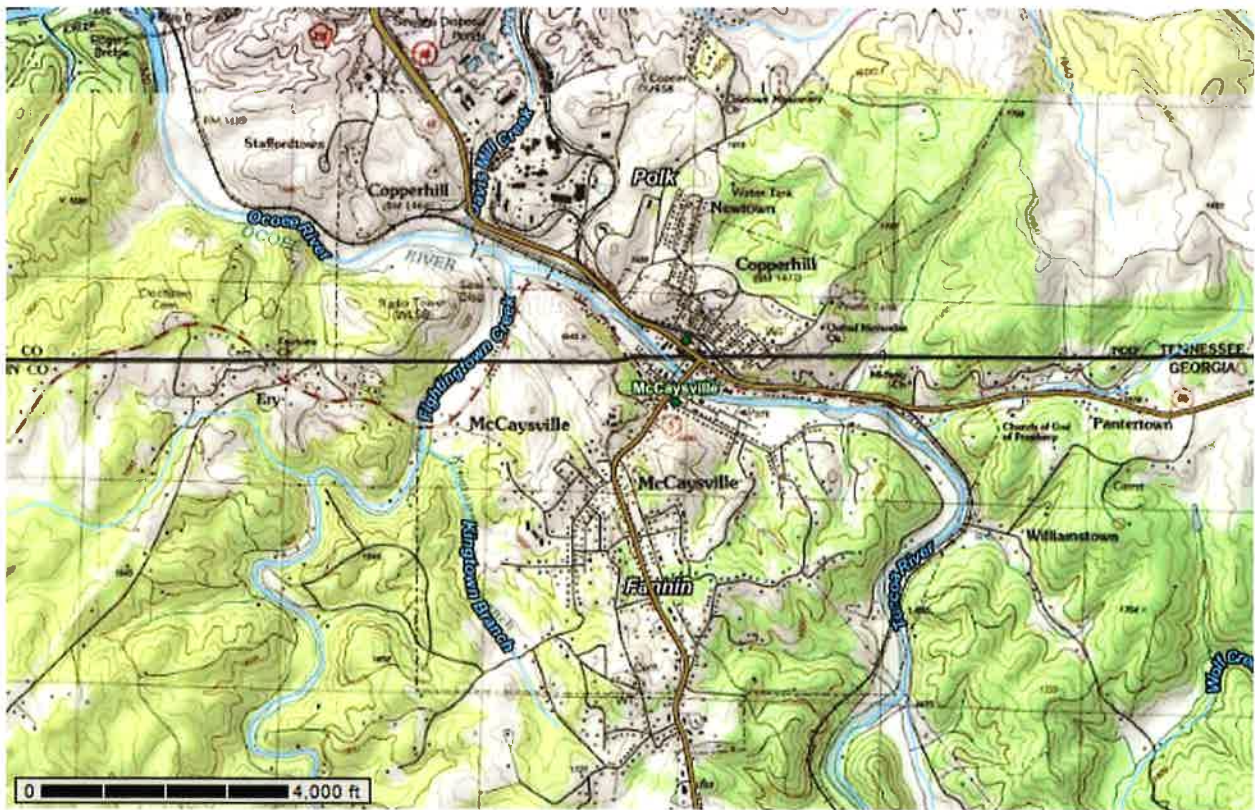
**TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD**

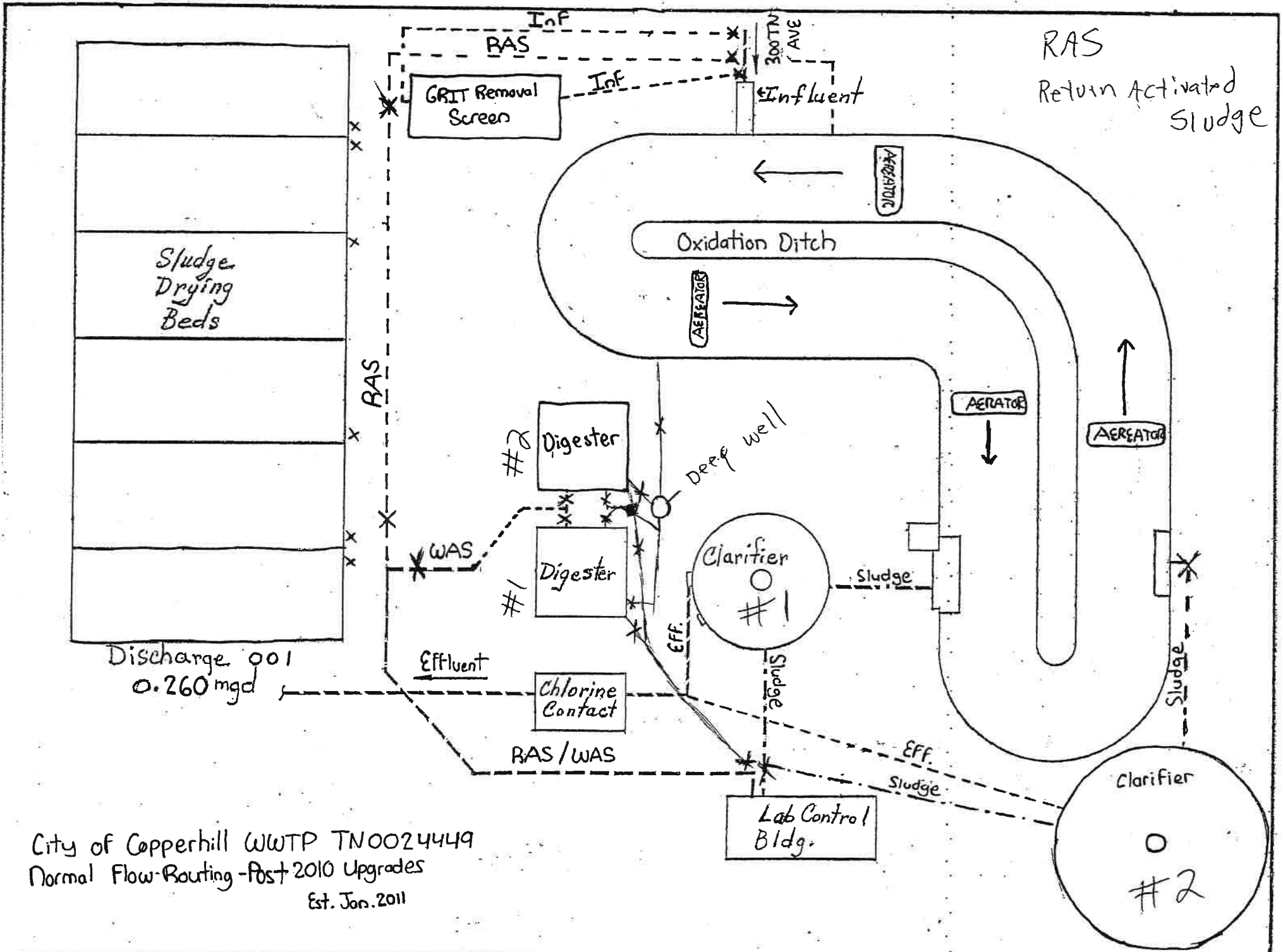
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	.935	MG/L	.312	MG/L	3	350.1	RDL 250 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) <sup>2</sup>	1.1	MG/L	.86	MG/L	260	SM4500CL	.05MG/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dissolved oxygen	5.9	MG/L	41.47	MG/L	260	421 F	1.0 MG/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrate/nitrite	2.19	MG/L	1.95	MG/L	3	365.4	RDL .100 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	.727	MG/L	.568	MG/L	3	351.2	RDL .250 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease	N/D	MG/L	N/D	MG/L	3	1664A	5.88 MG/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	.828	MG/L	.434	MG/L	3	365.4	RDL .100 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids	185	MG/L	161	MG/L	3	2540 C-2011	RDL 10.0 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL

<sup>1</sup> 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).

<sup>2</sup> 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.







City of Copperhill WWTP TN0024449  
 Normal Flow Routing - Post 2010 Upgrades  
 Est. Jan. 2011