

Tennessee Department of Environment and Conservation Division of Water Resources 312 Rosa L. Parks, 11th Floor Nashville, TN 37243-1534 (615) 532-0625

TN Dept. of Env. & Conservation

APR 2 4 2020

CONTROL AUTHORITY PRETREATMENT SEMI-ANNUAL/ANNUAL REPORTS

Control Authority Identification:							
Control Authority Name:	City of	f Wartbu	ırg				
Report Date:	April 2	20, 2020					
Reporting Period Covered by this report	From	From Oct 1, 2019			Marc	ch 31, 2020	
Reporting Period Covered by previous report	From	From April 1, 2019			Sep	ot 30 2019	
Name of Wastewater Treatment Plan		NPDES Per	mit No.				
1. Wartburg Wastewater Treatment			TN0028622	2			
2.							
3.				The second in the second secon			
4.							
5.		_					
Person to contact concerning this repo	ort:		Title or Position: MTAS Consultant				
Mailing Address:			City:		State:	Zip:	
Phone number(s): 423-836-3192			Brett.ward@tennessee.edu				
Fax number (optional):			Website (optional):				
Report Certification: (must be signed in accordance with a system designed to assur Based on my inquiry of the person(s) who submitted information is to the best of my significant penalties for submitting false violations. A false statement is subject to the Name: (print or type) Jonathan Dagley Signature.	cument and e that qual manage the knowledge information	id all atta- ified persone system ge and belon, includ	chments were ponnel properly or are directly lief, true, accurring the possible	orepared under gather and ever responsible for ate, and comp	or my direct aluate the for gathering olete. I ar	ction or supervision in information submitted. ng the information, the n aware that there are	
CN-1382			I	,		RDA 2367	

Pretreatment – Narrative Summary						
Form 3: Heraeus flow is up because of increased production.						
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Form 1a Results of Sampling at Control Authority

Sample Date(s): 3/10/20

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)	0.0392	0.16	0.00326	0.02175	92
Chromium III	0.002	0.25	< 0.0005	report	>75
Chromium VI	< 0.0005	0.25	< 0.005	0.011	
Chromium Total	0.002	0.25	< 0.001	0.06	>50
Nickel (Ni)	0.0032	0.13094	0.00104	0.1017	68
Cadmium (Cd)	< 0.001	0.00773	< 0.001	0.00085	
Lead (Pb)	0.00146	0.09939	< 0.001	0.005	>32
Mercury (Hg)	26.7 ng/L	210.0 ng/L	0.55 ng/L	50 ng/L	98
Silver (Ag)	< 0.001	0.02894	< 0.001	0.00229	
Zinc (Zn)	0.113	0.19	0.0141	0.2	88
Cyanide (Cn)	< 0.005	0.01368	< 0.005	0.0052	
Phenols, Total	0.084	0.454	< 0.04	0.05	>55
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? Landfill, Chestnut Ridge

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)? N/A

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
N/A			

^{*} 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		O.,						
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)						
Heraeus Precious Metals 1975 Knoxville Highway, Wartburg, TN 37887	Jimmy Taylor, 423-346-1053	421.266 precious metals recovery, air scrubber	2465 gpd						
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**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 and 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."

	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)							
Heraeus	3-5-20	1/6 mo	3-10-20	Monthly							
			<u>, </u>	<u> </u>							
			-								

Report Date: April 20, 2020 City of Wartburg TN0028622

Form 5a Industrial User Compliance Report

Semi-annual reporters only must complete this form

(For semi-annual reporting period April 1, — September 30,

					-aintual reporting period April 1, — September 30			Column 5		Column 6	
Column 1	Colum	ın 2	Colum	in 3	Colun	nn 4	Colui	mn 5	Colt	ımn 6	
	January –	- March	April –	June	July – Se	ptember	January	– June	April – S	September	
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)	
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Report Date: April 20, 2020

Form 5b Industrial User Compliance Report

Semi-annual reporters only must complete this form

(For semi-annual reporting period October 1, 2019– March 31, 2020)

Column 1	Colum		Colum		Colun		Colum	n 5	Colu	mn 6
Column			Ť							
-	July – Sep	tember	October – I	December	Jan – N	/larch	July – De	cember	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)
N/A									***************************************	
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Report Date: April 20, 2020 City of Wartburg TN0028622

Form 5c Industrial User Compliance Report

Annual reporters only must complete this form

(For semi-annual reporting period January 1. — December 31.

Column 1	Colun	nn 2	Colu	mn 3	Colu	mn 4	Colu	mn 5	Colu	mn 6
	October –	December	January	- March	April	– June	July – Se	eptember	October –	December
Industrial User	Parameters Violated (conc/limit)	Total Number of Samples	Parameters Total Violated (conc/limit)	Number of	Parameters Total Violated (conc/limit)	Number of	Parameters Total Violated (conc/limit)	Number of	Parameters Total Violated (conc/limit)	Total Number of Samples

City of Wartburg TN0028622

Form 5d Industrial User Compliance Report

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Annual reporters only must complete this form

(For semi-annual reporting period January 1 — December 31)

Report Date: April 20, 2020

	(For sen	m-annuai repoi	ung period Jani	iary i, –	- December 31,			
Column 1	Colu	mn 2	Colu	mn 3	Colu	<u>mn 4</u>	Colu	mn 5
	October	- March	January	/ – June	April – S	September	July – December	
	Chronic Viol.	TRC Viol.	Chronic Viol.	TRC Viol.	Chronic Viol.	TRC Viol.	Chronic Viol.	TRC Viol.
	(Yes or No)	(Yes or No)	(Yes or No)	(Yes or No)	(Yes or No)	(Yes or No)	(Yes or No)	(Yes or No)
Industrial User								,
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Report Date: April 20, 2020

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
N/A					
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- 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
	1 CI IVI III ance	Duning and

Pretreatment Performance Summary			
I. General Information			
Control Authority Name: Erro	or! Reference source not found.		
Address:		City:	
Contact Person: Error! Reference source not found.		Contact Phone Number: Error! Reference source not found.	
Reporting Period: Error! Refe Reference source not found.	erence source not found. to Error!	NPDES Number: Error! Reference source not found.	
Number of Categorical SIUs:	Number of Non-Categorical SIUs:	Total Number of SIUs:	
1	0	1	

II. Significant Industrial Compliance	SIUs
	Categorical Non- Categorical
1) No. of SIUs in Significant Non-compliance (SNC)	0 0
2) Reasons for Significant Non-compliance (SNC)	
a) In SNC for Violations of pretreatment standards	
b) In SNC for Reporting Violations	
c) In SNC for Compliance Schedule Violations	
d) In SNC for Other (explain in Narrative Summary)	

III.	Monitoring	S	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	0	
	b) No. of SIUs Inspected by the CA	1	. 0	
2)	Total Monitoring Events:			
	a) No. of Samples by the CA	1	0	
	b) No. of Inspections by the CA	1	0	
3)	How many SIUs do not have a current control mechanism (permit)	0	0	

IV.	Enforcement	SIUs	
		Categorical	Non- Categorical
1)	SIUs Subject to Any Enforcement Actions (include verbal warnings	0	0
2)	SIUs Listed in the Newspaper for SNC in this period		
3)	Notices of Violations Issued *		
4)	Administrative Orders Issued *		
5)	No. of SIUs on Compliance Schedules (anytime in period)		
6)	Suits Filed:		
	a) Civil Suits *		31.70.00.00.00.00.00.00.00.00.00.00.00.00.
	b) Criminal Suits *		
7)	Other Actions Taken (sewer bans, etc. but not verbals) *		
8)	Penalties Collected: (not surcharges)		
	a) No. of SIUs from whom penalties were collected	0	0

Report Date: April 20, 2020	City of Wartburg		TN0028622
b) Total Dollars (\$) collected in the period		0	0
* Enter the r	umber of ACTIONS not the	number of SILIs	