



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, 11<sup>th</sup> 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: TN 0065277 DATE: 8/18/21  
 PERMITTED FACILITY: Mallard Ridge Mobile Estates COUNTY: Tipton

**OFFICIAL PERMIT CONTACT:**

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

Official Contact: <u>Viola LENZI</u>	Title or Position: <u>OWNER</u>		
Mailing Address: <u>P.O. Box 1336</u>	City: <u>Murfreesboro</u>	State: <u>TN</u>	Zip: <u>38058</u>
Phone number(s): <u>901-837-8160</u>	E-mail: <u>mallardridge@gmail.com</u>		

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

Billing Contact: <u>Viola LENZI</u>	Title or Position: <u>OWNER</u>		
Mailing Address: <u>P.O. Box 1336</u>	City: <u>Murfreesboro</u>	State: <u>TN</u>	Zip: <u>38058</u>
Phone number(s): <u>901-837-8160</u>	E-mail: <u>mallardridge@gmail.com</u>		

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

Facility Location Contact: <u>Viola LENZI</u>	Title or Position: <u>OWNER</u>		
Facility Location (physical street address): <u>127 Mallard Pointe Rd</u>	City: <u>Drummonds</u>	State: <u>TN</u>	Zip: <u>38023</u>
Phone number(s): <u>901-837-8160</u>	E-mail: <u>mallardridge@gmail.com</u>		

Alternate Contact (if desired): <u>Chris LENZI</u>	Title or Position: <u>MANAGER</u>		
Mailing Address: <u>P.O. Box 1336</u>	City: <u>Murfreesboro</u>	State: <u>TN</u>	Zip: <u>38058</u>
Phone number(s): <u>901-489-5160</u>	E-mail: <u>mallardridge@gmail.com</u>		

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

Cognizant Official authorized for permit reporting:	Title or Position:		
Mailing Address:	City:	State:	Zip:
Phone number(s):	E-mail:		
Fax number for reporting:	Does the facility have interest in starting electronic DMR reporting? Yes No		

EPA Identification Number	NPDES Permit Number <i>TN0065277</i>	Facility Name <i>Mallard Ridge Mobile Estates</i>	Form Approved 03/05/19 OMB No. 2040-0004
FORM 2E NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURAL FACILITIES WHICH DISCHARGE ONLY NONPROCESS WASTEWATER</b>	

**SECTION 1. OUTFALL LOCATION (40 CFR 122.21(h)(1))**

<b>Outfall Location</b>	1.1	Provide information on each of the facility's outfalls in the table below.			
		<b>Outfall Number</b>	<b>Receiving Water Name</b>	<b>Latitude</b>	<b>Longitude</b>
		<i>1</i>	<i>North Fork Creek</i>	<i>35° 23' 45"</i>	<i>89° 51' 25"</i>
				° ' "	° ' "

**SECTION 2. DISCHARGE DATE (40 CFR 122.21(h)(2))**

<b>Discharge Date</b>	2.1	Are you a new or existing discharger? (Check only one response.)
		<input type="checkbox"/> New discharger <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Existing discharger → SKIP to Section 3.</span>
	2.2	Specify your anticipated discharge date:

**SECTION 3. WASTE TYPES (40 CFR 122.21(h)(3))**

<b>Waste Types</b>	3.1	What types of wastes are currently being discharged if you are an existing discharger or will be discharged if you are a new discharger? (Check all that apply.) <input checked="" type="checkbox"/> Sanitary wastes <span style="margin-left: 150px;"><input type="checkbox"/> Other nonprocess wastewater (describe/explain directly below)</span> <input type="checkbox"/> Restaurant or cafeteria waste <input type="checkbox"/> Non-contact cooling water
	3.2	Does the facility use cooling water additives? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input checked="" type="checkbox"/> No → SKIP to Section 4.</span>
	3.3	List the cooling water additives used and describe their composition.

Cooling Water Additives (list)	Composition of Additives (if available to you)

**SECTION 4. EFFLUENT CHARACTERISTICS (40 CFR 122.21(h)(4))**

<b>Effluent Characteristics</b>	4.1	Have you completed monitoring for all parameters in the table below at each of your outfalls and attached the results to this application package?					
		<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No; a waiver has been requested from my NPDES permitting authority (attach waiver request and additional information) → SKIP to Section 5.</span>					
	4.2	Provide data as requested in the table below. <sup>1</sup> (See instructions for specifics.)					
		<b>Parameter or Pollutant</b>	<b>Number of Analyses</b> (if actual data reported)	<b>Maximum Daily Discharge</b> (specify units)	<b>Average Daily Discharge</b> (specify units)	<b>Source</b> (use codes per instructions)	
				<b>Mass</b>	<b>Conc.</b>	<b>Mass</b>	<b>Conc.</b>
		Biochemical oxygen demand (BOD <sub>5</sub> )	<i>8 mg/L</i>				
		Total suspended solids (TSS)	<i>51 mg/L</i>				
		Oil and grease	<i>&lt;1.7 mg/L</i>				
		Ammonia (as N)	<i>2.53 mg/L</i>				
		Discharge flow					
	pH (report as range)	<i>6.8 S.V.</i>					
	Temperature (winter)						
	Temperature (summer)	<i>9/29/2021</i>	<i>73°</i>				

<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).



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Effluent Characteristics Continued

4.3 Is fecal coliform believed present, or is sanitary waste discharged (or will it be discharged)?  
 Yes  No → SKIP to Item 4.5.

4.4 Provide data as requested in the table below.<sup>1</sup> (See instructions for specifics.)

Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Source (Use codes per instructions.)
		Mass	Conc.	Mass	Conc.	
Fecal coliform						
<i>E. coli</i>						
Enterococci						

4.5 Is chlorine used (or will it be used)?  
 Yes  No → SKIP to Item 4.7.

4.6 Provide data as requested in the table below.<sup>1</sup> (See instructions for specifics.)

Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Source (use codes per instructions)
		Mass	Conc.	Mass	Conc.	
Total Residual Chlorine						

4.7 Is non-contact cooling water discharged (or will it be discharged)?  
 Yes  No → SKIP to Section 5.

4.8 Provide data as requested in the table below.<sup>1</sup> (See instructions for specifics.)

Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Source (use codes per instructions)
		Mass	Conc.	Mass	Conc.	
Chemical oxygen demand (COD)						
Total organic carbon (TOC)						

**SECTION 5. FLOW (40 CFR 122.21(h)(5))**

Flow

5.1 Except for stormwater runoff, leaks, or spills, are any of the discharges you described in Sections 1 and 3 of this application intermittent or seasonal?  
 Yes → Complete this section.  No → SKIP to Section 6.

5.2 Briefly describe the frequency and duration of flow.

**SECTION 6. TREATMENT SYSTEM (40 CFR 122.21(h)(6))**

Treatment System

6.1 Briefly describe any treatment system(s) used (or to be used).  
*We have a 1.3 acres Primary Cell with 2 aerators in it and the Primary Cell flows into a 1 acre secondary cell with No Discharge*

<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).

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## SECTION 7. OTHER INFORMATION (40 CFR 122.21(h)(7))

Other Information

7.1

Use the space below to expand upon any of the above items. Use this space to provide any information you believe the reviewer should consider in establishing permit limitations. Attach additional sheets as needed.

## SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

8.1

In Column 1 below, mark the sections of Form 2E 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: Outfall Location w/ attachments (e.g., responses for additional outfalls) Section 2: Discharge Date w/ attachments Section 3: Waste Types w/ attachments Section 4: Effluent Characteristics w/ attachments Section 5: Flow w/ attachments Section 6: Treatment System w/ attachments Section 7: Other Information w/ attachments Section 8: Checklist and Certification Statement w/ attachments

8.2

**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

Viola LENZI

OWNER

Signature

Date signed

Viola Lenzi

8/18/21

Click to go back to the beginning of Form