

**From:** [Jeanene Woodruff](#) on behalf of [Water Permits](#)  
**To:** [Elizabeth Rorie](#)  
**Cc:** [Vojin Janjic](#); [Wade Murphy](#)  
**Subject:** FW: Renewal application for SOP-83005  
**Date:** Friday, March 06, 2015 2:37:47 PM

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**From:** Ben Beavers [mailto:[bbeavers@sewaneutility.org](mailto:bbeavers@sewaneutility.org)]  
**Sent:** Tuesday, March 03, 2015 10:59 AM  
**To:** Water Permits  
**Subject:** Renewal application for SOP-83005

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

Please see attached pdf application file.  
Let me know if I need to send a hard copy to Nashville or Columbia, or if this electronic submission will suffice.

Sincerely,

Ben Beavers  
[bbeavers@sewaneutility.org](mailto:bbeavers@sewaneutility.org)  
931-598-5611



Tennessee Department of Environment and Conservation  
 Division of Water Resources  
 William R. Snodgrass - Tennessee Tower  
 312 Rosa L. Parks Avenue, 11th Floor  
 Nashville, Tennessee 37243-1102  
 (615) 532-0625

**APPLICATION FOR A STATE OPERATION PERMIT (SOP)**

Type of application:  New Permit  Permit Reissuance  Permit Modification

**Permittee Identification:** (Name of city, town, industry, corporation, individual, etc., applying, according to the provisions of Tennessee Code Annotated Section 69-3-108 and Regulations of the Tennessee Water Quality Control Board.)

Permittee Name (applicant): Sewanee Utility District of Franklin and Marion Counties

Permittee PO Box 3211  
 Address: Sewanee, TN 37375

Official Contact: <b>William Beavers</b>	Title or Position: <b>General Manager</b>		
Mailing Address: <b>PO Box 3211</b>	City: <b>Sewanee</b>	State: <b>TN</b>	Zip: <b>37375</b>
Phone number(s): <b>(931) 598-5611</b>	E-mail: <b>bbeavers@sewaneeutility.org</b>		

Optional Contact: <b>Anthony Green</b>	Title or Position: <b>Wastewater Superintendent</b>		
Address: <b>PO Box 3211</b>	City: <b>Sewanee</b>	State: <b>TN</b>	Zip: <b>37375</b>
Phone number(s): <b>(931) 598-5611</b>	E-mail: <b>tgreen@sewaneeutility.org</b>		

**Application Certification** (must be signed in accordance with the requirements of Rule 0400-40-05-.05)

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 gathered and evaluated 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. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury

Name and title; print or type <i>Karen Singer</i>	Signature <i>Karen Singer</i>	Date <i>2/3/15</i>
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<b>Facility Identification:</b>		<b>Existing Permit No.</b> <i>SOP-83005</i>
Facility Name: <b>Sewanee Utility District</b>		County: <b>Franklin</b>
Facility Address or Location: <b>26 Sherwood Road Sewanee, TN 37375</b>		Latitude: <b>35.183333</b> Longitude: <b>-85.941667</b>
Name and distance to nearest receiving waters: <b>Boiling Fork Creek - 3.0 Miles</b>		
If any other State or Federal Water/Wastewater Permits have been obtained for this site, list their permit numbers: <b>N/A</b>		
Name of company or governmental entity that will operate the permitted system: <i>Sewanee Utility District</i>		
Operator address: <b>PO Box 3211 Sewanee, TN 37375</b>		
Has the owner/operator filed for a Certificate of Convenience & Necessity (CCN), or an amended CCN, with the Tennessee Regulatory Authority (TRA) (may be required for collection systems and land application treatment systems)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
If the applicant listed above does not yet own the facility/site or if the applicant will not be the operator, explain how and when the ownership will be transferred or describe the contractual arrangement and renewal terms of the contract for operations. <b>N/A</b>		
<b>Complete the following information explaining the entity type, number of design units, and daily design wastewater flow:</b>		
<u>Entity Type</u>	<u>Number of Design Units</u>	<u>Flow (gpd)</u>
<input checked="" type="checkbox"/> City, town or county	No. of connections: <b>690</b>	<b>590,000</b>
<input type="checkbox"/> Subdivision	No. of homes:	Avg. No. bedrooms per home:
<input type="checkbox"/> School	No. of students:	Size of cafeteria(s): No. of showers:
<input type="checkbox"/> Apartment	No. of units:	No. units with Washer/Dryer hookups: No. units without W/D hookups:
<input type="checkbox"/> Commercial Business	No. of employees:	Type of business:
<input type="checkbox"/> Industry	No. of employees:	Product(s) manufactured:
<input type="checkbox"/> Resort	No. of units:	
<input type="checkbox"/> Camp	No. of hookups:	
<input type="checkbox"/> RV Park	No. of hookups:	No. of dump stations:
<input type="checkbox"/> Car Wash	No. of bays:	
<input type="checkbox"/> Other		
Describe the type and frequency of activities that result in wastewater generation. <b>Domestic wastewater discharge</b>		

<b>Engineering Report (required for collection systems and/or land application treatment systems):</b>	<input type="checkbox"/> N/A
<input type="checkbox"/> Prepared in accordance with Rule 0400-40-05-.03 and Section 1.2 of the State of Tennessee Design Criteria for Sewage Works (see <a href="#">website</a> for more information)	
<input type="checkbox"/> Attached, or	
<input checked="" type="checkbox"/> Previously submitted and entitled: <b>Sewanee Utility District</b> Approved? <input checked="" type="checkbox"/> Yes. Date <b>1986</b> <input type="checkbox"/> No	

<b>Wastewater Collection System:</b>	<input type="checkbox"/> N/A
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System type (i.e., gravity, low pressure, vacuum, combination, etc.): **Combination of gravity and grinder pumps**

System Description: **Gravity and grinder collection system feeds main lift station which pumps to treatment works**

Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.): **All critical sites have alarm system with voice and sms alerts. Person**

In the event of a system failure describe means of operator notification: **Battery backup voice and SMS alerts**

List the **emergency** contact(s) (name/phone): **Ben Beavers 9316369318, Jerry Johnson 9316369317, SUD on Call 9316369316**

For low-pressure systems, who is responsible for maintenance of STEP/STEG tanks and pumps or grinder pumps (list all contact information)?

**Sewanee Utility District, PO Box 3211, Sewanee, TN 37375 (931) 598-5611**

Approximate length of sewer (excluding private service lateral): **101,400 feet**

Number/hp of lift stations: **5 / 15,30,45,60**      Number/hp of lift pumps      /

Number/volume of low pressure and or grinder pump tanks **146 / 2.5 and 3.0**

Number/volume septic tanks      **N/A /**

Attach a schematic of the collection system.  Attached

If this is a satellite sewer and you are tying in to another sewer system complete the following section, listing tie-in points to the sewer system and their location (attach additional sheets as necessary):

<u>Tie-in Point</u>	<u>Latitude (xx.xxxx°)</u>	<u>Longitude (xx.xxxx°)</u>
N/A		

<b>Land Application Treatment System:</b>	<input type="checkbox"/> N/A
Type of Land Application Treatment System: <input type="checkbox"/> Drip <input checked="" type="checkbox"/> Spray <input type="checkbox"/> Other, explain:	
Type of treatment facility preceding land application (recirculating media filters, lagoons, other, etc.): Primary and secondary facultative lagoons	
Attach a treatment schematic. <input checked="" type="checkbox"/> Attached	
Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.): Lagoons have >30 days storage capacity	
For New or Modified Projects: Name of Developer for the project: <b>N/A</b>	
Developer address and phone number:	
For land application, list:      Proposed acreage involved: Inches/week gpd/sq.ft loading rate to be applied:	
Is wastewater disinfection proposed?	
<input type="checkbox"/> Yes      Describe land application area access:	
<input type="checkbox"/> No      Describe how access to the land application area will be restricted:	
<b>Attach required additional Engineering Report Information (see <u>website</u> for more information)</b>	
<input type="checkbox"/> Topographic map (1:24,000 scale presented at a six inch by six inch minimum size) showing the location of the project including quadrangle(s) name(s) GPS coordinates, and latitude and longitude in decimal degrees should also be included.	
<input type="checkbox"/> Scaled layout of facility showing the following: lots, buildings, etc. being served, the wastewater collection system routes, the pretreatment system location, the proposed land application area(s), roads, property boundaries, and sensitive areas such as streams, lakes, springs, wells, wellhead protection areas, sinkholes and wetlands.	
<input type="checkbox"/> Soils information for the proposed land disposal area in the form of a Water Resources Soils Map per Chapter 16 and 17 State of Tennessee Design Criteria for Sewage Works. The soils information should include soil depth (borings to a minimum of 4 feet or refusal) and soil profile description for each soil mapped.	
<input type="checkbox"/> Topographic map of the area where the wastewater is to be land applied with no greater than ten foot contours presented at a minimum size of 24 inches by 24 inches.	
<input type="checkbox"/> Describe alternative application methods based on the following priority rating: (1) connection to a municipal/public sewer system, (2) connection to a conventional subsurface disposal system as regulated by the Division of Water Resources, and/or (3) land application.	

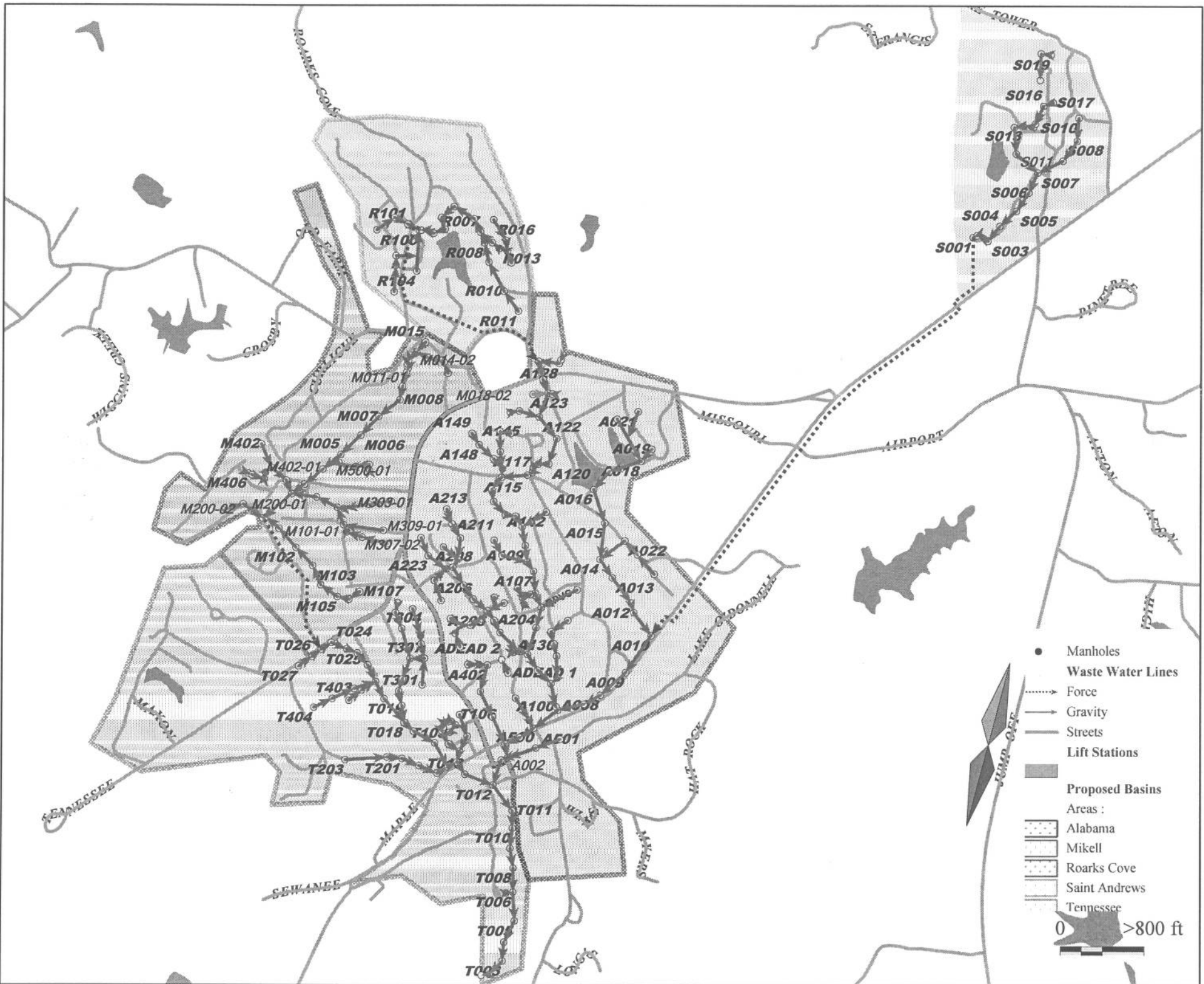
<p><b>For Drip Dispersal Systems Only: Unless otherwise determined by the Department, sewage treatment effluent wells, i.e, large capacity treatment/drip dispersal systems after approval of the SOP Application, will be issued an UIC tracking number and will be authorized as Permit by Rule per UIC Rule 0400-45-06-.14(2) and upon issue of a State Operating Permit and Sewage System Construction Approval by the Department. Describe the following:</b></p>	<input checked="" type="checkbox"/> N/A
<p>The area of review (AOR) for each Drip Dispersal System shall, unless otherwise specified by the Department, consist of the area lying within a one mile radius or an area defined by using calculations under 0400-45-06-.09 of the Drip Dispersal System site or facility, and shall include, but not be limited to general surface geographic features, general subsurface geology, and general demographic and cultural features within the area. Attach to this part of the application a general characterization of the AOR, including the following: (This can be in narrative form)</p>	
<input type="checkbox"/> A general description of all past and present groundwater uses as well as the general groundwater flow direction and general water quality.	
<input type="checkbox"/> A general description of the population and cultural development within the AOR (i.e. agricultural, commercial, residential or mixed)	
<input type="checkbox"/> Nature of injected fluid to include physical, chemical, biological or radiological characteristics.	
<input type="checkbox"/> If groundwater is used for drinking water within the area of review, then identify and locate on a topographic map all groundwater withdrawal points within the AOR, which supply public or private drinking water systems. Or supply map showing general location of publicly supplied water for the area (this can be obtained from the water provider)	
<input type="checkbox"/> If the proposed system is located within a wellhead protection area or source water protection area designated by Rule 0400-45-01-.34, show the boundary of the protection area on the facility site plan.	
<input type="checkbox"/> Description of system, Volume of injected fluid in gallons per day based upon design flow, including any monitoring wells	
<input type="checkbox"/> Nature and type of system, including installed dimensions of wells and construction materials	

<p><b>Pump and Haul:</b></p>	<input checked="" type="checkbox"/> N/A
Reason system cannot be served by public sewer:	
Distance to the nearest manhole where public sewer service is available:	
When sewer service will be available:	
Volume of holding tank:                      gal.	
Tennessee licensed septage hauler (attach copy of agreement):	
Facility accepting the septage (attach copy of acceptance letter):	
Latitude and Longitude (in decimal degrees) of approved manhole for discharge of septage:	
Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.):	

<b>Holding Ponds (for non-domestic wastewater only):</b>	<input checked="" type="checkbox"/> N/A
Pond use: <input type="checkbox"/> Recirculation <input type="checkbox"/> Sedimentation <input type="checkbox"/> Cooling <input type="checkbox"/> Other (describe):	
Describe pond use and operation:	
If the pond(s) are existing pond(s), what was the previous use?	
Have you prepared a plan to dispose of rainfall in excess of evaporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, describe disposal plan:	
Is the pond ever dewatered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, describe the purpose for dewatering and procedures for disposal of wastewater and/or sludge:	
Is(are) the pond(s) aerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Volume of pond(s):	gal. Dimensions:
Is the pond lined (Note if this is a new pond system it must be lined for SOP coverage. Otherwise, you must apply for an Underground Injection Control permit.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the liner material (if soil liner is used give the compaction specifications):	
Is there an emergency overflow structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If so, provide a design drawing of structure.</i>	
Are monitoring wells or lysimeters installed near or around the pond(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If so, provide location information and describe monitoring protocols (attach additional sheets as necessary):</i>	

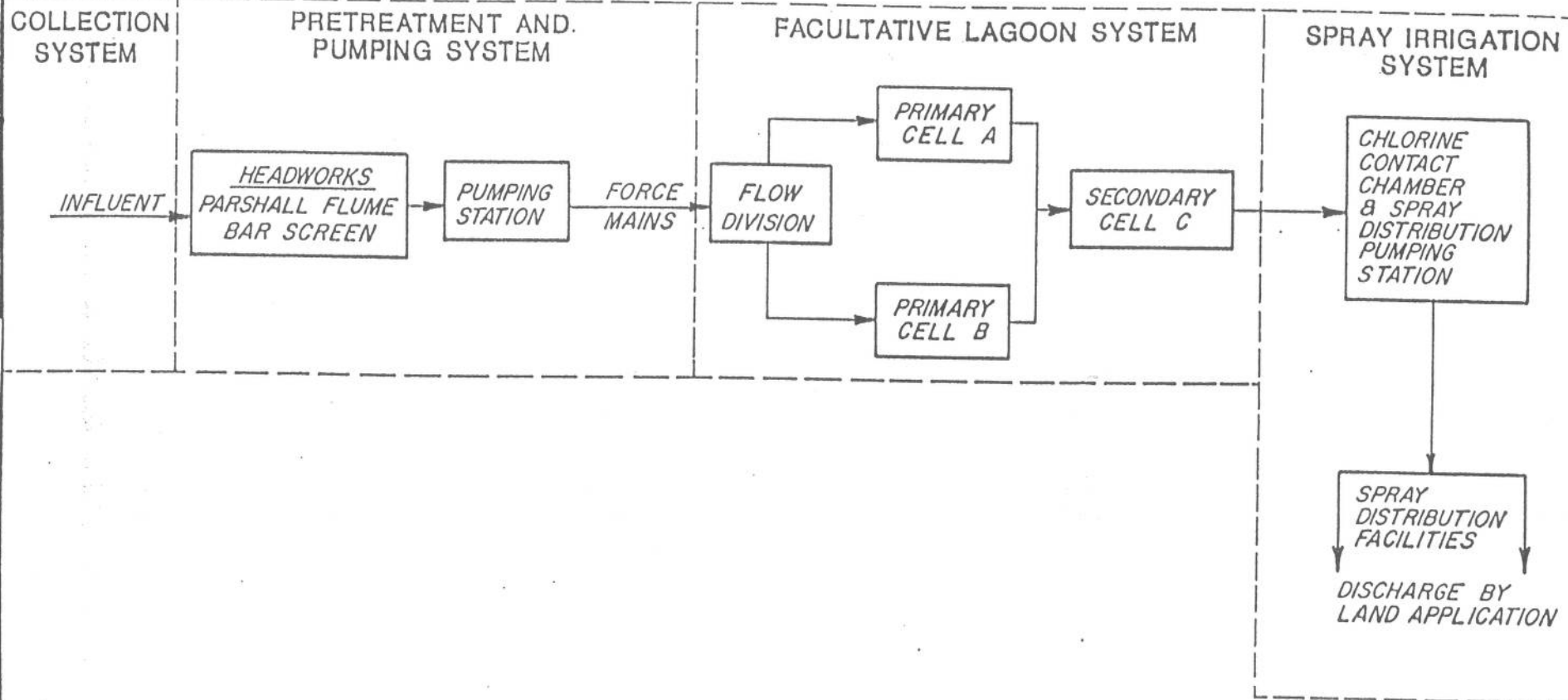
<b>Mobile Wash Operations:</b>		<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Individual Operator		<input type="checkbox"/> Fleet Operation Operator
<b>Indicate the type of equipment, vehicle, or structure to be washed during normal operations (check all that apply):</b>		
<input type="checkbox"/> Cars	<input type="checkbox"/> Parking Lot(s):	sq. ft.
<input type="checkbox"/> Trucks	<input type="checkbox"/> Windows:	sq. ft.
<input type="checkbox"/> Trailers (Interior washing of dump-trailers, or tanks, is prohibited.)	<input type="checkbox"/> Structures (describe):	
<input type="checkbox"/> Other (describe):		
<b>Wash operations take place at (check all that apply):</b>		
<input type="checkbox"/> Car sales lot(s)	<input type="checkbox"/> Public parking lot(s)	
<input type="checkbox"/> Private industry lot(s)	<input type="checkbox"/> Private property(ies)	
<input type="checkbox"/> County(ies), list:	<input type="checkbox"/> Statewide	
<b>Wash equipment description:</b>		
<input type="checkbox"/> Truck mounted	<input type="checkbox"/> Trailer mounted	
<input type="checkbox"/> Rinse tank size(s) (gal.):	<input type="checkbox"/> Mixed tanks size(s) (gal.):	
<input type="checkbox"/> Collection tank size(s) (gal.):	Number of tanks per vehicle:	
Pressure washer:      psi (rated)	gpm (rated)	
<input type="checkbox"/> gas powered	<input type="checkbox"/> electric	
Vacuum system manufacturer/model:	Vacuum system capacity:	inches Hg
Describe any other method or system used to contain and collect wastewater:		
List the public sewer system where you are permitted or have written permission to discharge waste wash water (include a copy of the permit or permission letter):		
Are chemicals pre-mixed, prior to arriving at wash location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Describe all soaps, detergents, or other chemicals used in the wash operation (attach additional sheets as necessary):</b>		
Chemical name:	Manufacturer:	Primary CAS No. or Product No.





Buned Asset Technologies Group  
 91 University Ave., Suite 3  
 P.O. Box 300  
 Sewanee, TN 37375

**Sewanee Utility District**  
**Collection System Asset I**



LAND APPLICATION PROCESS FLOW SCHEMATIC

SEWANEE UTILITY DISTRICT



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: SOP-83005 DATE: 01/30/2015  
 PERMITTED FACILITY: Sewanee Utility District of Franklin & Marion Counties COUNTY: Franklin

**OFFICIAL PERMIT CONTACT:**

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

Official Contact: <b>Karen Singer</b>	Title or Position: <b>President</b>		
Mailing Address: <b>PO Box 3211</b>	City: <b>Sewanee</b>	State: <b>TN</b>	Zip: <b>37375</b>
Phone number(s): <b>931-598-5611</b>	E-mail: <b>office@sewaneutility.org</b>		

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

Billing Contact: <b>Emily Jackson</b>	Title or Position: <b>Accounts Payable Clerk</b>		
Mailing Address: <b>PO Box 3211</b>	City: <b>Sewanee</b>	State: <b>TN</b>	Zip: <b>37375</b>
Phone number(s): <b>931-598-5611</b>	E-mail: <b>ejackson@sewaneutility.org</b>		

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

Facility Location Contact: <b>Ben Beavers</b>	Title or Position: <b>General Manager</b>		
Facility Location (physical street address): <b>26 Sherwood Rd</b>	City: <b>Sewanee</b>	State: <b>TN</b>	Zip: <b>37375</b>
Phone number(s): <b>931-598-5611</b>	E-mail: <b>bbeavers@sewaneutility.org</b>		

Alternate Contact (if desired): <b>Tony Green</b>	Title or Position: <b>Wastewater Supervisor</b>		
Mailing Address: <b>PO Box 3211</b>	City: <b>Sewanee</b>	State: <b>TN</b>	Zip: <b>37375</b>
Phone number(s): <b>931-598-5811</b>	E-mail: <b>tgreen@sewaneutility.org</b>		

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

Cognizant Official authorized for permit reporting: <b>Tony Green</b>	Title or Position: <b>Wastewater Supervisor</b>		
Mailing Address: <b>PO Box 3211</b>	City: <b>Sewanee</b>	State: <b>TN</b>	Zip: <b>37375</b>
Phone number(s): <b>931-598-5611</b>	E-mail: <b>tgreen@sewaneutility.org</b>		
Fax number for reporting: <b>931-598-0177</b>	Does the facility have interest in starting electronic DMR reporting? Yes No <b>Yes</b>		