



**STATE OF 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

March 15, 2015

Dr. Konrad Bachhuber
Vice President and Site Manager
WPNA Water Discharge Line
e-copy: Konrad.Bachhuber@wacker.com
P.O. Box 446
Charleston, TN 37310

Subject: **NPDES TNG670457
WPNA Water Discharge Line
Charleston, Bradley County, Tennessee**

Dear Dr. Bachhuber:

In accordance with the provisions of the Tennessee Water Quality Control Act (T.C.A. § 69-3-101 et. seq.) and Rule 1200-4-10, the Division of Water Resources (division) hereby notifies you of coverage under General NPDES Permit for Discharges of Hydrostatic Test Water No. TNG670000, effective as of March 13, 2015. This notice is sent in response to the notice of intent we received on December 16, 2014.

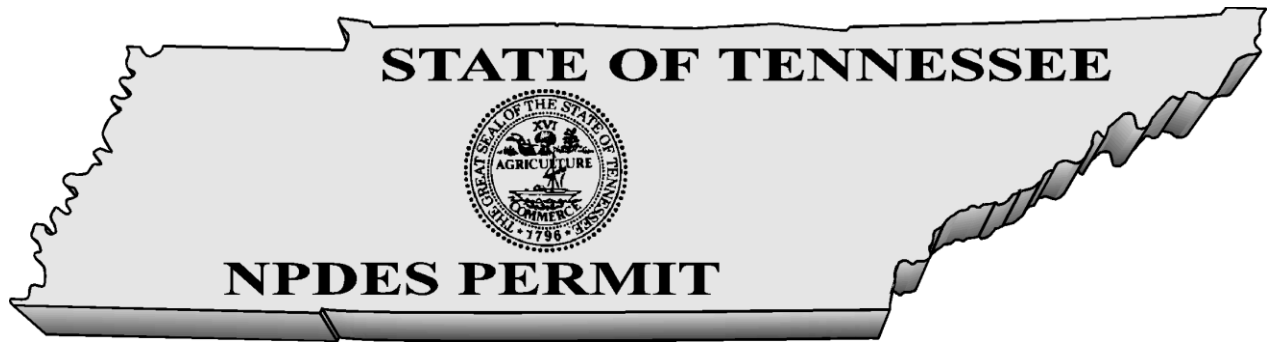
Enclosed is a Notice of Coverage which shows the facility name, location, effective date of coverage, etc. Also enclosed is the Discharge Monitoring Report (DMR) form to be completed at the time of the discharge. The form may be used for multiple discharges from any of the four outfalls. Please make copies of the blank form as needed and fill in the appropriate information. The completed DMR shall be submitted to the Division postmarked no later than thirty days after the discharge occurs. If this is a one-time discharge, and you wish to terminate coverage under the permit, please indicate that using the check box located at the bottom of the DMR form.

If you have questions, please contact the division at the Chattanooga Environmental Field Office at 1-888-891-TDEC; or, at this office, please contact Mr. Paul Higgins at (615) 532-1178 or by E-mail at *Paul.Higgins@tn.gov*.

Sincerely,

Vojin Janjić
Manager, Water-based Systems

cc: Permit File
Chattanooga Environmental Field Office (Michael.Bascom@tn.gov)
Mr. Shane Geren, Environmental Engineer, Wacker Polysilicon North America, LLC, JosephShane.Geren@wacker.com
Mr. Jeremy Copeland, Environmental Manager, Wacker Polysilicon North America, LLC, jeremy.copeland@wacker.com



Tracking No. TNG670457

Notice of Coverage under the General NPDES Permit for Discharges of
HYDROSTATIC TEST WATER

Issued By

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

Under authority of the Tennessee Water Quality Control Act of 1977 (T.C.A. 69-3-101 et seq.) and the delegation of authority from the United States Environmental Protection Agency under the Federal Water Pollution Control Act, as amended by the Clean Water Act of 1977 (33 U.S.C. 1251, et seq.):

Discharger: **WPNA Water Discharge Line**
is authorized to discharge: **spent hydrostatic test water from Outfalls 001, 002, 003(SW2), and 004(SW4)**
from a facility located: **553 McBryant Road North West, Charleston, in Bradley County**
to receiving waters named: **Chickamauga Reservoir and South Mouse Creek Embayment; Hiwassee River near mile 15.9,**

in accordance with effluent limitations, monitoring requirements and other conditions set forth herein.

Coverage under this general permit shall become effective on **March 13, 2015**

and shall expire on **May 15, 2016**

Issuance date: **March 13, 2015**

Hydrostatic GP: http://www.state.tn.us/environment/wpc/forms/hydro_gp.pdf

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

NAME **Wacker Polysilicon North America,**
 ADDRESS P.O. Box 446
 Charleston, TN 37310
 FACILITY WPNA Water Discharge Line
 LOCATION Bradley County, Tennessee
 Attn: Dr. Konrad Bachhuber

TNG670457
 PERMIT NUMBER

DISCHARGE NUMBER

COVERAGE TERM :
 13-MAR-15 TO 15-MAY-16

MONITORING PERIOD						
YEAR	MON	DAY		YEAR	MON	DAY
			FROM	To		

NEW FACILITY

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				No. Ex	Frequency of Analysis	SAMPLE TYPE
		AVERAGE	MAXIMUM	Units	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, Total 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****	****		01/DS	EST
	PERMIT REQUIREMENT	DISCHARGE PER DAY, Total			*****	*****	*****	****		Once per Discharge	Estimate
VISIBLE OIL 84066 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		*****	(9P)	*****	*****	*****	****		01/DS	VIS
	PERMIT REQUIREMENT	REPORT	*****	YES=1 NO=0	*****	*****	*****	****		Once per Discharge	Visual
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MONTH	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CHECK HERE IF THIS IS A ONE TIME DISCHARGE AND YOU REQUEST TERMINATION OF YOUR PERMIT.

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already pre-printed.
2. Enter "Permittee Name/Mailing Address (and facility name/ location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
4. Enter each "Parameter" as specified in monitoring requirements of permit.
5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period". (Note to municipals and secondary treatment requirement: Enter 30-day average of sample measurements under "Average", and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceeded maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g. Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement", (e.g. Enter "Grab" for individual sample, "24HC" for 24-hour composite, "CONT" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
11. If "No Discharge" occurs during monitoring period, check the box for "No Discharge".
12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer or Authorized Agent", "Telephone Number", and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R.125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.