TN0078280



DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF WATER POLLUTION CONTROL NOTICE OF INTENT (NOI)

IN DEPT OF ENVIRONMENT AND CONSERVATION MAY 1 1 2015

WATER TREATMENT PLANT DISCHARGE PERMIT/ O

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RECEIVED	URCES

Facility Name: Lafayette Water Treatment Plant	County: Ma	County: Macon	
Street Address	Latitude:	N 36°33.496'	-
or Location: 192 Spring Creek Road	Longitude:	W 86°2.946'	- 1
• All entries must be in ink • Attach a copy of IISGS tonographical man a city -	man or a county mon identifying the l	and a call calls and store	

county map, identifying the location of this facility. . This NOI must be signed by a responsible corporate officer for a corporation, a general partner for a partnership, the proprietor for a sole proprietorship, or a principal executive officer or ranking elected official for a public agency. • If this NOI is submitted because of new operator or to update facility information (such as name of facility, new official contact person name, new E-mail address, etc.), provide the existing permit tracking number:

Owner or Operator: (the person or legal entity which controls facility's operation; this may or may not be the same as the site name or the official contact name) **Dean Ellis**

1	Official Contact Person Name: (individual responsible for a facility) Dean Ellis	Title or Position: Chief Water Plant Operator			
1	Mailing Address: 192 Spring Creek Road	City: Lafayette	State: Tennessee	Zip: 37083	
	Phone: (615) 666-5560	E-mail: lafwtp@nctc.com	l		
2	Local Contact Person Name: (if appropriate, write "same as #1") Same as Number 1	Title or Position: Chief Water Plant Opera	ator		
	Facility Address: (this may or may not be the same as street address) 192 Spring Creek Road	Facility City: Lafayette	State: TN	Zip: 37083	
	Phone: (615) 666-5560	E-mail: lafwtp@netc.com			

Write in the box (to the right) or circle the number (above) to indicate where to send correspondence:

PROCESS DESCRIPTION (Reply on a separate page, if necessary)

Name of surface waters receiving the discharge (and the mileage point, if available).

Spring Creek A description of the plant, i.e. iron removal, manganese and/or turbidity removal, and a list of any additives used in the water treatment process, such as coagulant, oxidizing enhancers, etc. Plant designed for Turbidity removal, Alum used as Coagulant, Chlorine used as disinfectant, Line used to balance Ph.

Design capacity of treatment plant in million of gallons per day(MGD): 2.4 ____Number and volume of sedimentation basins: 2 .

Average flow of finished water production in MGD over 12 months prior to submission of the NOI: 1.3 MGD

Frequency for each filter: 3 times per week. Amount of water used to backwash: Filter backwashing. Number of filter backwashed: 2 45,000 gals for each filter. Frequency sedimentation basin is washed out: 2 times per year. Amount of water used to wash out the largest sedimentation basin 117,000 gallons. Type of treatment provided for backwash and sedimentation basin wash waters and the design capacity of the treatment system. Lagoon system

Water is released from the backwash settling basins 6 times per week for 1 hours per release and a volume of 45,000 gallons per release. For existing facility, give the average from the last 12 months operation. For new facilities, indicate "not available". Describe more fully, if necessary

CERTIFICATION AND SIGNATURE

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 (m) imprisonment for knowing violations.

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Printed Na	ame:

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Official Title:		Signature

4.30 Date

Received Date	Domestic Water Supply Use	Protective for Lead Conc.	Tracking No.	EAC	
Impaired Receiving Stream	High Quality Water	T & E Aquatic Fauna	NOC Date	Reviewer	

Submit the original completed and signed form to:

WTP NO1 **Division of Water Pollution Control** 6th Floor L&C Annex, 401 Church Street Nashville, TN 37243-1534