EPA Identification Number NPDES Permit Number Facility Name Form Approved 03/05/19
TN0026361 Facility Name Form Approved 03/05/19
OMB No. 2040-0004

Form 2A NPDES



U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater

NPDES			NEW AND E	EXISTING PUBL	ICLY OWNED TRE	ATME	NT WORKS
SECTIO	N 1. BAS	SIC APPLICATION INFORMA	TION FOR ALL A	APPLICANTS (40	CFR 122.21(j)(1) a	ınd (9)	
	1.1	Facility name					
		Chapel Hill S.D. STP					
		Mailing address (street or P	.O. box)				
		6463 Haley Road					
_		City or town			State		ZIP code
tion		Memphis			TN		38134
rm:		Contact name (first and last			Phone number		Email address
Info		Chris Masin	Senior Engine	er	(901) 222-7746		chris.masin@shelbycountytn.g
Facility Information		Location address (street, rol 9856 Bette Lu	ute number, or oth	ner specific identi	fier) \square Same a	as mail	ing address
		City or town			State		ZIP code
		Millington			TN		38053
	1.2	Is this application for a facili			arge?		
		Yes → See instruct requiremen	ions on data subr ts for new dischar		☑ No		
	1.3	Is applicant different from er	ntity listed under It	tem 1.1 above?			
		✓ Yes]	☐ No → SKIP	to Item	1.4.
		Applicant name					
		Shelby County Government					
		Applicant address (street or	P.O. box)				
Applicant Information		1045 Mullins Station Rd.	•				
E C		City or town			State		ZIP code
linfe		Memphis			TN		38134
cant		Contact name (first and last) Title		Phone number		Email address
ppli		Cliff Norville	Director of Pu	blic Works	(901) 222-7850		cliff.norville@shelbycountytn.
«	1.4	Is the applicant the facility's	owner, operator,	or both? (Check	only one response.)		
-		Owner		Operator		√	Both
100	1.5	To which entity should the N	IPDES permitting	authority send co	orrespondence? (Ch	eck or	nly one response.)
							Facility and applicant
		☐ Facility	✓	Applicant			(they are one and the same)
lifs	1.6	Indicate below any existing number for each.)				or type	the corresponding permit
em				xisting Environm			
Existing Environmental Permits		NPDES (discharges t water) TN0026361	o surface	RCRA (hazar	dous waste)		UIC (underground injection control)
nviron		PSD (air emissions)		Nonattainme	nt program (CAA)		NESHAPs (CAA)
р П							,
kistin		Ocean dumping (MPR	RSA)	Dredge or fill 404)	(CWA Section		Other (specify)
ū							

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	4.7	Dravida the calls			sted below for the treatme	ont works			
	1.7	Municipality Served	Population Served	allon reque	Collection System Type (indicate percentage)	e	0	wnership S	tatus
ation Served		Unincorporated Shelby County	320	100	% separate sanitary sewer % combined storm and san Unknown % separate sanitary sewer % combined storm and san		Own Own Own Own		Maintain Maintain Maintain Maintain Maintain
Collection System and Population Served					Unknown % separate sanitary sewer % combined storm and sani Unknown % separate sanitary sewer	itary sewer	Own Own Own Own Own		Maintain Maintain Maintain Maintain Maintain
on Syste					% combined storm and sani Unknown	itary sewer	Own		Maintain Maintain
Collectic		Total Population Served	320						
				Sepa	arate Sanitary Sewer Sys	stem		bined Stor anitary Sev	
		Total percentage sewer line (in mi				100 %			%
ountry	1.8	Is the treatment Yes	works located in Ind	lian Country	/? ✓ No				
Indian Country	1.9	Does the facility Yes	discharge to a recei	iving water	that flows through Indian (No	Country?			
	1.10	Provide design a	and actual flow rates	in the desi	gnated spaces.		De	sign Flow f	Rate
YELL								121	0.045 mgd
tua				Annua	Average Flow Rates (A	ctual)			
d Ac		Two Y	ears Ago	1210	Last Year			This Year	
Design and Actual Flow Rates			32,000 mgd		32,0	00 mgd			32,000 mgd
esig FI			2011	Maxim	um Daily Flow Rates (A	ctual)			
ă		Two Y	ears Ago		Last Year		- 18 11	This Year	
			45,000 mgd		45,0	00 mgd			34,000 mgd
so.	1.11	Provide the total			oints to waters of the Unit				
oint			Tot	al Number	of Effluent Discharge Po	oints by Ty	pe		
Discharge Points by Type		Treated Efflu	ent Untreated	Effluent	Combined Sewer Overflows	Вура	sses	Eme	structed rgency rflows
Disc		1							

Identifica	tion Number	NPDES Perm TN0026		Cha	Facility Name apel Hill S.D. STF	,		Form Approved 03/05 OMB No. 2040-00
0.46.1	1. Other There 4. 1						-	
1.12			water to basins, pon	_	er surface impo		at do n	not have outlets for
1.13	Provide the local	ion of each surfac	ce impoundment an	nd associa	ted discharge ir	nformation in t	he tab	ole below.
		S	urface Impoundme			arge Data		
		Location	Disc		y Volume o Surface ment	Conti		s or Intermittent eck one)
					gpd		nuous nittent	
					gpd	□ Interr	nuous nittent	
					gpd		nuous nittent	
1.14	Is wastewater ap		✓		→ SKIP to Item	1.16.		
1.15	Provide the land	application site ar	nd discharge data r	equested	below.	D-4-		
	Locatio	on	Size	ion Site a	nd Discharge l Average Da Appl	ily Volume		Continuous or Intermittent (check one)
				acres		gpd		Continuous Intermittent
				acres		gpd		Continuous Intermittent Continuous
				acres		gpd		Intermittent
1.16	Is effluent transp	orted to another fa	acility for treatment		ischarge? → SKIP to Iter	m 1.21.		
1.17	Describe the me	ans by which the	effluent is transport	ed (e.g., t	ank truck, pipe)			
1.18	Is the effluent tra	nsported by a par	rty other than the ap		SKIP to Item	1.20.		
1.19	Provide informat	ion on the transpo	orter below.					
			Tr	ransporte		()	0 1	
	Entity name				Mailing address	s (street or P.). bo	K)
	City or town				State		ZIP	code ,
	Contact name (fi	rst and last)			Title		1	
	Phone number				Email address			

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	1.20	In the table bel		e the name,				and average daily flow	rate of the
75		Facility name			Red	eiving Faci	Mailing address (stree	t or P.O. box)	
ntinue		City or town				(State	ZIP code	
တွေ ရေး လ		Contact name	(first and la	st)		1	l'itle		
Metho		Phone number				E	Email address		
posal		NPDES numbe	er of receivi	ng facility (if	any) 🗆 l	None A	Average daily flow rate)	mgd
Outfalls and Other Discharge or Disposal Methods Continued	1.21	Is the wastewa have outlets to	ter dispose waters of t	ed of in a mar he United St	ates (e.g., un	derground pe	ady mentioned in Iten ercolation, underground SKIP to Item 1.23.	ns 1.14 through 1.21 th nd injection)?	nat do not
isch	1.22	Provide informa	ation in the	table below			ethods.		
e L					Information	on Other D	isposal Methods		
and Oth		Disposal Method Description	Die	cation of cosal Site		e of sal Site	Annual Average Daily Discharge Volume	Continuous or In (check or	
utfalls						acres	gpd	☐ Continuous ☐ Intermittent	
8						acres	gpd	☐ Continuous ☐ Intermittent	
						acres	gpd	☐ Continuous ☐ Intermittent	
Variance Requests	1.23	Consult with yo	our NPDES ges into ma 301(h))	or renew one permitting a arine waters (uthority to de	termine what	information needs to quality related effluer	122.21(n)? (Check al be submitted and who it limitation (CWA Sec	en.)
	1.24	Are any operat the responsibili				_	eter treatment and efforts	uent quality) of the tre	atment works
	1.25				on for each co	ontractor in a	ddition to a descriptio	n of the contractor's o	perational
						ntractor Info			4 0
ion		Contractor nan		Co	ntractor 1		Contractor 2	Contrac	ctor 3
Contractor Information		(company nam Mailing addres (street or P.O.	S						
ractor li		City, state, and code	ZIP						
Cont		Contact name last)	(first and						
		Phone number	•						
		Email address							
		Operational an maintenance responsibilities contractor							

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SECTIO	N 2. AD	DITIONAL INFORMA	TION (40 CFR 122	2.21(j)(1) and ((2))	B. C.		C. S. B.
MO	Outfall	s to Waters of the U	nited States					
an F	2.1	Does the treatment	works have a desig	gn flow greater	than or equa	I to 0.1 mgd?		
Design Flow		☐ Yes		V	No → SKIP	to Section 3.		
	2.2	Provide the treatme	nt works' current a	verage daily vo	lume of inflov	Average [aily Volume of Inflov	v and Infiltration
tratic		and infiltration.						gpd
Inflow and Infiltration		Indicate the steps th	e facility is taking t	to minimize infl	ow and infiltra	ation.		
and		·						
flow								
				1. 161		in a all the many in	and information 2 (Co	a instructions for
Topographic Map	2.3	Have you attached a specific requirement		to this applicat	ion that conta	ains ail the requi	ed information? (Se	e instructions for
Map			,	_				
Тор		☐ Yes			No			
A E	2.4	Have you attached a			atic to this ap	olication that cor	tains all the required	I information?
Flow Diagram		(See instructions for	specific requireme	enis.)	No			
٥			d f 99 (. 1		No			
	2.5	Are improvements to	the facility sched	_	No - CIVII	P to Section 3.		
		☐ Yes			NO 7 SKII	P to Section 3.		
E .		Briefly list and descr	ibe the scheduled	improvements.				
ntatio		1.						
amer e	Ē							
lmp		2.						
Scheduled Improvements and Schedules of Implementation		3.						
dule		<u> </u>						
Sche		4.						
and	2.6	Provide scheduled of	or actual dates of c	ompletion for ir	nprovements			
uts		EN TEU	Schedule			letion for Impro	ovements	
/eme		Scheduled	Affected Outfalls	Begin		End	Begin	Attainment of Operational
prov		Improvement (from above)	(list outfall	Construc (MM/DD/Y		onstruction MM/DD/YYYY)	Discharge (MM/DD/YYYY)	Level
ml ba			number)	(IVIIVII DO) I		ille in the second seco	(101101200711117)	(MM/DD/YYYY)
anpa		1.						
Sche		2.						
		3.						
		4.						
	2.7	Have appropriate pe	ermits/clearances o	concerning other	er federal/stat	e requirements l	been obtained? Brief	ly explain your
		response.	_	7 No.			Name	ar annliaghta
FILE	3	Yes	L	No			None required	or applicable
		Explanation:						

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SECTIO	N 3. INF	FORMATION ON EFFLUENT [DISCHARGES (40 CFR 122.21(j)	(3) to (5))	
	3.1	Provide the following information	tion for each outfall. (Attach addit Outfall Number1	Outfall Number	an three outfalls.) Outfall Number
		State	TN		
alls		County	Shelby		
Description of Outfalls		City or town	Millington		
otion o		Distance from shore	ft.	ft.	ft.
escrip		Depth below surface	ft.	ft.	ft.
۵		Average daily flow rate	32,000 mgd	mgd	mgd
		Latitude	35° 21′ 12″ N 	0 / "	o , "
		Longitude	89° 44′ 2″ V	0 1 11	o , "
Data	3.2	Do any of the outfalls describ	ned under Item 3.1 have seasonal	or periodic discharges? ✓ No → SKIP to Iter	n 3.4.
arge	3.3	If so, provide the following int	formation for each applicable outfa	all.	
Disch			Outfall Number	Outfall Number	Outfall Number
Seasonal or Periodic Discharge Data		Number of times per year discharge occurs			
or Pe		Average duration of each discharge (specify units)			
sonal		Average flow of each discharge	mgd	mgd	mgd
Sea		Months in which discharge occurs			
	3.4	Are any of the outfalls listed u	under Item 3.1 equipped with a dif	ffuser? ✓ No → SKIP to Item 3.6	j.
e	3.5	Briefly describe the diffuser to	ype at each applicable outfall.		
ser Type		11-34-8	Outfall Number	Outfall Number	Outfall Number
Diffus					
rs of J.S.	3.6	Does the treatment works dis	scharge or plan to discharge waste	ewater to waters of the United S	tates from one or more
Waters of the U.S.		✓ Yes		No →SKIP to Section	6.

Form Approved 03/05/19 NPDES Permit Number Facility Name **EPA Identification Number** OMB No. 2040-0004 Chapel Hill S.D. STP TN0026361 3.7 Provide the receiving water and related information (if known) for each outfall. **Outfall Number Outfall Number** Outfall Number 1 Receiving water name Unnamed stream Name of watershed, river, Crooked Creek Receiving Water Description or stream system U.S. Soil Conservation Service 14-digit watershed code Name of state Loosahatchie management/river basin U.S. Geological Survey 8-digit hydrologic HUC08010209 cataloging unit code cfs cfs Critical low flow (acute) 0 cfs cfs Critical low flow (chronic) cfs cfs 0 mg/L of mg/L of mg/L of Total hardness at critical CaCO₃ CaCO₃ CaCO₃ low flow Provide the following information describing the treatment provided for discharges from each outfall. 3.8 Outfall Number_ Outfall Number 1 **Outfall Number** Primary **Highest Level of** Primary **Primary** Equivalent to Equivalent to Equivalent to Treatment (check all that secondary secondary apply per outfall) secondary Secondary Secondary Secondary **4** Advanced Advanced Advanced Other (specify) Other (specify) ☐ Other (specify) Treatment Description Design Removal Rates by Outfall % % % BOD₅ or CBOD₅ % % % TSS □ Not applicable ☐ Not applicable □ Not applicable Phosphorus % % % □ Not applicable □ Not applicable □ Not applicable Nitrogen % % □ Not applicable ☐ Not applicable Other (specify) ☐ Not applicable % % %

Facility Name Form Approved 03/05/19 EPA Identification Number NPDES Permit Number Chapel Hill S.D. STP OMB No. 2040-0004 TN0026361 Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below. Currently Chlorination, but will be converted to ultraviolet during 2022. **Treatment Description Continued** Outfall Number 1 **Outfall Number** Outfall Number Disinfection type Chlorination Seasons used ΑII Dechlorination used? Not applicable Not applicable Not applicable 7 Yes П Yes П Yes П П П No No No Have you completed monitoring for all Table A parameters and attached the results to the application package? 3.10 Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's 3.11 discharges or on any receiving water near the discharge points? No → SKIP to Item 3.13. ablaIndicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's 3.12 discharges by outfall number or of the receiving water near the discharge points. **Outfall Number Outfall Number Outfall Number** Chronic Chronic Chronic Acute Acute Acute Number of tests of discharge water Number of tests of receiving water Does the treatment works have a design flow greater than or equal to 0.1 mgd? 3.13 $\overline{}$ No → SKIP to Item 3.16. **Effluent Testing Data** Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have 3.14 reasonable potential to discharge chlorine in its effluent? Yes → Complete Table B, including chlorine. No → Complete Table B, omitting chlorine. Have you completed monitoring for all applicable Table B pollutants and attached the results to this application 3.15 package? No Yes Does one or more of the following conditions apply? 3.16 The facility has a design flow greater than or equal to 1 mgd. The POTW has an approved pretreatment program or is required to develop such a program. The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E). Yes → Complete Tables C, D, and E as \square No → SKIP to Section 4. applicable. Have you completed monitoring for all applicable Table C pollutants and attached the results to this application 3.17 package? Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and 3.18 attached the results to this application package? No additional sampling required by NPDES П \Box Yes permitting authority.

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	3.19		U conducted either (1) minimum of four annual WET tests in the past 4			ete tests and Table E and SKIP to
	3.20	Have you pre	viously submitted the results of the	above tests to you	NPDES permitting	g authority? e results in Table E and SKIP to
	3.21	Indicate the d	ates the data were submitted to you	ır NPDES permittir		
	J		Date(s) Submitted (MM/DD/YYYY)		Summary of	
Continued				La de de Alboni		
ing Data	3.22	toxicity?	f how you provided your WET testin	g data to the NPD	S permitting authors No → SKIP to	
Effluent Testing Data Continued	3.23	Describe the	cause(s) of the toxicity:			
	3.24	Has the treati	ment works conducted a toxicity red	uction evaluation?	No → SKIP to	Item 3.26.
	3.25		s of any toxicity reduction evaluatio	_		
	3.26	Have you cor	npleted Table E for all applicable ou	trails and attached	Not applicable	because previously submitted the NPDES permitting authority.
SECTIO	N 4. INE	USTRIAL DIS	CHARGES AND HAZARDOUS WA	STES (40 CFR 12	2.21(j)(6) and (7))	
	4.1	Does the PO	TW receive discharges from SIUs or	· NSCIUs?		
		☐ Yes		7	No → SKIP to I	tem 4.7.
S	4.2	Indicate the n	umber of SIUs and NSCIUs that dis	charge to the POT	W.	
s Wast			Number of SIUs			iber of NSCIUs
gon	4.2	D# DO	FIALL COLOR OF COLOR OF COLOR			
zar	4.3	Does the PO	TW have an approved pretreatment	program?		
Ŧ		☐ Yes			No	
Industrial Discharges and Hazardous Wastes	4.4	identical to th	mitted either of the following to the at required in Table F: (1) a pretreat (2) a pretreatment program?	NPDES permitting ment program ann	authority that cont ual report submitte	ains information substantially ed within one year of the
200		☐ Yes			No → SKIP to I	tem 4.6.
lustrial D	4.5	Identify the tit	le and date of the annual report or p	pretreatment progra	m referenced in It	em 4.4. SKIP to Item 4.7.
=	4.6	Have you con	pleted and attached Table F to this	application packa	ae?	
		☐ Yes	december of the second		No.	
	1	III IES		1 1	INU	

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EPA	dentifica	tion Number		ermit Number 026361		ty Name Hill S.D. STP		roved 03/05/19 No. 2040-0004
	4.7			s it been notified that wastes pursuant to		y truck, rail, or dedica No → SKIP to Item		s that are
	4.8	If yes, provide t	he following info	rmation:				
		Hazardous W Number		Waste	Transport Methock all that apply)		Annual Amount of Waste Received	Units
				Truck		Rail		
ontinued				Dedicated pipe		Other (specify)		
လွ		,		Truck		Rail		
us Waste				Dedicated pipe		Other (specify)	-	
ardo				Truck	П	Rail		
and Haz				Dedicated pipe		Other (specify)		
Industrial Discharges and Hazardous Wastes Continued	4.9					astewaters that origin (7) or 3008(h) of RCF No → SKIP to Sec	RA?	ctivities,
Industri	4.10	Does the POTV specified in 40 (than 15 kilogram	s per month of non-a	cute hazardous was	ites as
		☐ Yes →	SKIP to Section	5.		No		
	4.11	site(s) or facility	(ies) at which th	e wastewater origina	ates; the identitie	application: identificates of the wastewater's e before entering the	hazardous constitu	
		☐ Yes				No		
SECTIO	N 5. CO			(40 CFR 122.21(j)(4-44-5		12-19
E	5.1	Does the treatm	nent works have	a combined sewer s	_			
iagra		☐ Yes			V	No →SKIP to Sec		
D Dr	5.2	Have you attacl	ned a CSO syst	em map to this appli	cation? (See inst	ructions for map requ	irements.)	
CSO Map and Diagra		☐ Yes				No		
0	5.3	Have you attacl	ned a CSO syst	em diagram to this a	pplication? (See	instructions for diagra	m requirements.)	
SS		☐ Yes				No		

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EPA	\ Identifica		ES Permit Number TN0026361	Facility Name Chapel Hill S.D. STP	Form Approved 03/05/19 OMB No. 2040-0004
	5.4	For each CSO outfall, provi	de the following information. (A	ttach additional sheets as neces	
			CSO Outfall Number	CSO Outfall Number	CSO Outfall Number
Ē		City or town			
CSO Outfall Description		State and ZIP code			
II Des		County			
Outfa		Latitude	o , ,,	a / "	o 1 "
cso		Longitude	0 , "	o / "	0 1 11
		Distance from shore	ft.	ft.	ft.
		Depth below surface	ft.	ft.	ft.
II.	5.5	Did the POTW monitor any	of the following items in the pas	st year for its CSO outfalls?	
			CSO Outfall Number	CSO Outfall Number	CSO Outfall Number
5 0		Rainfall	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
itorin		CSO flow volume	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CSO Monitoring		CSO pollutant concentrations	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
S		Receiving water quality	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		CSO frequency	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		Number of storm events	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	5.6	Provide the following inform	nation for each of your CSO out	falls.	
			CSO Outfall Number	CSO Outfall Number	CSO Outfall Number
in Past Year		Number of CSO events in the past year	events	events	events
		Average duration per	hours	hours	hours
vents		event	☐ Actual or ☐ Estimated	☐ Actual or ☐ Estimated	☐ Actual or ☐ Estimated
CSO Events		Average volume per event	million gallons ☐ Actual or ☐ Estimated	million gallons ☐ Actual or ☐ Estimated	million gallons ☐ Actual or ☐ Estimated
3		Minimum rainfall causing	inches of rainfall	inches of rainfall	inches of rainfall
		a CSO event in last year	☐ Actual or ☐ Estimated	☐ Actual or ☐ Estimated	☐ Actual or ☐ Estimated

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EPA	Identifica	ition Numb	-	ES Permit Nu TN0026361			Facility Name Chapel Hill S.D. STP		Form Approved 03/05/19 OMB No. 2040-0004
	5.7	Provid	le the information in t	he table bel	ow for	each of your	CSO outfalls.		
				CSO Out	fall N	umber	CSO Outfail Numbe	r (CSO Outfall Number
		Receiv	ving water name						
			of watershed/ n system						
tera			Soil Conservation		3 Unkr	nown	☐ Unknown		□ Unknown
CSO Receiving Waters			e 14-digit shed code wn)						
90			of state						
CSO		U.S. G 8-Digit	gement/river basin Geological Survey t Hydrologic Unit (if known)] Unkr	nown	☐ Unknown		□ Unknown
		Descri water receiv	ption of known quality impacts on ing stream by CSO astructions for						
SECTIO	N 6. CH	ECKLIS	T AND CERTIFICAT	ION STAT	EMEN	T (40 CFR 12	22.22(a) and (d))	-	The state of the state of
	6.1	each s	umn 1 below, mark th section, specify in Co plicants are required t	lumn 2 any	attach	ments that yo	ou are enclosing to alert	the permitti	g with your application. For ng authority. Note that not
			Column 1				Colun	nn 2	
		7	Section 1: Basic Ap Information for All A			w/ variance	e request(s)		w/ additional attachments
		V	Section 2: Additional Information	ıl		w/ topogram w/ addition:	ohic map al attachments		w/ process flow diagram
						w/ Table A			w/ Table D
			Section 3: Information	on on		w/ Table B			w/ Table E
nen			Effluent Discharges			w/ Table C			w/ additional attachments
rtification Statement			Section 4: Industrial Discharges and Haz				NSCIU attachments		w/ Table F
ate			Wastes			w/ CSO ma			w/ additional attachments
ertific			Section 5: Combine Overflows	d Sewer			stem diagram		
Checklist and Ce		Ø	Section 6: Checklist Certification Statem			w/ attachm	ents		
₩ ₩	6.2	Certif	cation Statement						
Chec		accord submit for ga compl	dance with a system it itted. Based on my in thering the informatio	designed to quiry of the n, the infori there are si	assur person mation gnifica	e that qualifien or persons to submitted is.	ed personnel properly ga who manage the system . to the best of my know.	other and events, or those placed and be the second to the	persons directly responsible lief, true, accurate, and uding the possibility of fine
			(print or type first an					Official ti	
		Cliff No	orville	920				Director o	of Public Works
		Signa	ture	ull	e			Date sign	d/zz

EPA Identification Number	NPDES Permit Number TN0026361	umber 1	Facility Name Chapel Hill S.D. STP	Out	Outfall Number 1		Form Approved 03/05/19 OMB No. 2040-0004
TABLE A. EFFLUENT PARAMETERS FOR ALL POTW		S				を	二者をかる
	Maximum Da	Maximum Daily Discharge	Av	Average Daily Discharge	ag	Anshrical	M or MDI
Pollutant	Value	Units	Value	Units	Number of Samples	Method ¹	(include units)
Biochemical oxygen demand ☐ BOD₅ or ☑ CBOD₅ (report one)	20	MG/L	10	MG/L	2/month	USEPA-405.1	ZZ MDL
m	941	CFU/100mL	126	CFU/100mL	2/month	USEPA-1603	ML 🖂 MDL
Design flow rate	0.045	MGD					
pH (minimum)	9						
pH (maximum)	6						
Temperature (winter)							
Temperature (summer)							
Total suspended solids (TSS)	45	MG/L	30	MG/L	2/month	USEPA-160.2	□ ML © MDL

¹ 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).