

#### 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:** 

DATE:

**PERMITTED FACILITY:** 

COUNTY:

### **OFFICIAL PERMIT CONTACT:**

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

\_\_\_\_\_

Official Contact:	Title or Position:		
Mailing Address:	City:	State:	Zip:
Phone number(s):	E-mail:	å	¥

PERMIT BILLING ADDRESS (where invoices should be sent):										
Billing Contact:	Title or Position:									
Mailing Address:	City:	State:	Zip:							
Phone number(s):	E-mail:		•							

FACILITY LOCATION (actual location of permit site and local contact for site activity):									
Facility Location Contact:	Title or Position:								
Facility Location (physical street address):	City:	State:	Zip:						
Phone number(s):	E-mail:								
Alternate Contact (if desired):	Title or Position:								
Mailing Address:	City:	State:	Zip:						
Phone number(s):	E-mail:								

FACILITY REPORTING (Discharge Monitoring Report (DMR) or othe	er 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 of	electronic DMR	reporting? Yes No	)

EPA	Identificatio	on Number	NPDES Pe	rmit Number	r		Facility Name		Form Approved 03/05/19			
			TNOO	24988		Tow	n of Alamo STP		OMB No. 2040-0004			
Form 2A	3	EPA		Ар	U. plicatio	S. Environme	ental Protection Ag Permit to Discharg	ency e Was	tewater			
NPDES				NEW A	ND EX	STING PUBLI	CLY OWNED TRE	ATMEN	NT WORKS			
SECTIO	N 1. BAS	IC APPLICAT	ION INFORMATIC	N FOR A	ALL APP	PLICANTS (40	CFR 122.21(j)(1) a	nd (9)				
	1.1	Facility name	9									
		Town of Alam	no STP									
		Mailing addre	ess (street or P.O.	box)								
		97 South Johr	nson St									
		City or town					State		ZIP code			
tior		Alamo					TN		38001			
E L		Contact nam	e (first and last)	Title			Phone number		Email address			
Info		Will Perry		Wastewa	ater Ope	erator	(731) 414-7120		will010274@gmail.com			
acility		Location add 925 Hwy 54 N	lress (street, route North	number,	or other	specific identif	fier) 🛛 Same a	is maili	ng address			
		City or town					State	5	ZIP code			
		Alamo					TN		38001			
	1.2	Is this application	ation for a facility t	hat has ye	et to con	nmence discha	arge?					
1.5		Yes	See instruction	is on data	submis	No						
			requirements for new dischargers.									
1.1.1.2	1.3	Is applicant o	different from entity	y listed un	ider Item	1.1 above?						
		I ✓ Yes				Ľ	No → SKIP	to Item	1.4.			
1.158		Applicant nar	me									
5 - 180		Town of Alam										
5		Applicant add	Applicant address (street or P.U. box)									
mat		97 South John	nson St				21.1		70			
nfor		City or town					State		ZIP code			
Int		Contact nom	o (first and lost)	THE			Dharasanahan					
olice		John Aveny Fr	e (iirst and iast)	Mayor			Phone number		Email address			
Apl	1.4	Is the applica	ant the facility's ou		ator or	hoth? (Chock of	(751) 050-4515		Johnaver yernison@yanoo.com			
1000	1.4		ant the facility 5 0w	nei, opera			one response.		<b>D</b> .4			
			r			Operator			Both			
1.4.55	1.5	lo which ent	ity should the NPE	DES perm	itting au	thority send co	prrespondence? (Ch	leck on	ly one response.)			
		G Facility	y			Applicant		$\checkmark$	Facility and applicant			
0.000	16	Indicate belo	w any existing en	/ironment:	al nermi	ts (Check all t	hat apply and print	nr tvne	the corresponding permit			
lits	1.0	number for e	ach.)	nonnena	a perm			or type	the corresponding permit			
ern					Exis	ting Environm	ental Permits					
tal F		NPDE	S (discharges to s	urface		RCRA (hazar	dous waste)		UIC (underground injection			
men		00249	988					control)				
iron		PSD (a	air emissions)	Π	Nonattainmer	nt program (CAA)	Π	NESHAPs (CAA)				
Env							1010 • •					
ting			dumning (MDDC)	_	Dredge or fill	(CWA Section	Other (specify)					
Xist				Y		404)		ш	Oner (sherrik)			

EPA	Identificati	on Number	NPDES Permit Nu	mber	Facility Nam	e	٦	1	Form Appr	oved 03/05/19	
			TN0024988	3	Town of Alam	o STP			OMB	lo. 2040-0004	
	1.7	Provide the collect	tion system informa	ation reque	sted below for the treatm	ent works.	_				
		Municipality Served	Population Served		Collection System Typ (indicate percentage)	De		Owne	rship St	atus	
		Town of Alama	2500	100	% separate sanitary sewer			Own		Maintain	
Zei		TOWN OF Alamo	2500		% combined storm and sar	nitary sewer		Own		Maintain	
Se					Unknown		니브	Own		Maintain	
noi					% separate sanitary sewer			Own	Ц	Maintain	
ulat					% combined storm and san	litary sewer		Own	Ц	Maintain	
b							님	Own	<u> </u>	Maintain	
P P					% combined storm and sar	nitany sowor		Own		Maintain	
an					Inknown	illary sewer		Own		Mointoin	
em					% separate sanitary sewer		븝	Own	<u> </u>	Maintain	
yst					% combined storm and sar	nitary sewer		Own	– –	Maintain	
u S					Unknown	indi y contor		Own	Ē	Maintain	
tio		Total		Sec. Start		a de la de	1			maintain	
Collec		Population Served	2500								
				Separate Sanitary Sewer System					ed Storm ary Sew	n and er	
		Total percentage of sewer line (in mile	of each type of s)			100 %				0 %	
itry	1.8	Is the treatment w	orks located in Indi	ian Country	?						
no		Yes		☑ No							
5	1.9	Does the facility di	ischarge to a receiv	ving water	that flows through Indian	Country?					
India		Yes			No No	oounity.					
	1.10	Provide design an	d actual flow rates		Design Flow Rate						
					gnatod opubbo.	F	0.4 mgd				
tual				Annua	Average Flow Rates (A	Actual)			1.2		
d Ac		Two Yea	ars Ago		Last Year			Th	is Year		
Iow R			0.434 mgd		0.3	394 mgd				0.381 mgd	
esic T				Maxim	um Daily Flow Rates (A	Actual)		: 2	1		
Ō		Two Yea	ars Ago	- <u>-</u>	Last Year		V	Th	is Year		
			1.458 mgd		1.3	347 mgd				1.495 mgd	
s	1.11 Provide the total number of effluer				oints to waters of the Uni	ited States b	y typ	e.			
oint			Tota	al Number	of Effluent Discharge P	oints by Ty	pe	here also del		91-51 - 6 m oc	
scharge Po by Type		Treated Effluent Untreated Effluent Overflows							Const Emer Over	tructed gency flows	
Dis		1	0		0	0				0	

A Identifica	tion Number	NPDES P TNO	ermit Number 024988	To	Facility Name wn of Alamo STP		Form Approved 03/05/19 OMB No. 2040-0004			
Outfal	Is Other Than t	o Waters of the	Inited States							
1.12	Does the POT discharge to v	W discharge was vaters of the Unite	stewater to basi ed States?	ns, ponds, or ot	her surface impo → SKIP to Item	oundments that	do not have outlets for			
1.13	Provide the lo	cation of each su	rface impound	impoundment and associated discharge information in the table below						
		onina di secono di s Secono di secono di se	Surface Impo	oundment Loca	tion and Discha	arge Data				
		Location		Average Dai Discharged Impound	ly Volume to Surface dment	Contin	uous or Intermittent (check one)			
					gpd	Contin     Intermi	uous ittent			
					gpd	Continue Continue Continue	uous ittent			
12 12/2					gpd	□ Contin □ Intermi	uous ittent			
1.14	Is wastewater	applied to land?		✓ No	→ SKIP to Item	1.16.				
1.15	Provide the la	nd application site	e and discharge	e data requested	l below.					
			Land A	pplication Site	and Discharge I	Data				
	Loca	ation	Siz	ze	Average Da Appl	ily Volume lied	Intermittent (check one)			
				acres		gpd	Continuous     Intermittent			
			acres			gpd	Continuous			
				acres		gpd				
1.16	Is effluent tran	sported to anothe	er facility for tre	atment prior to c	lischarge? → SKIP to Iter	n 1.21.				
1.17	Describe the r	neans by which t	he effluent is tra	ansported (e.g.,	tank truck, pipe)					
1.18	Is the effluent	transported by a	party other that	n the applicant?	→ SKIP to Item	1.20.				
1.19	Provide inform	nation on the tran	sporter below.							
				Transport	er Data		and the second			
	Entity name				Mailing address	s (street or P.O	). box)			
	City or town				State .		ZIP code			
	Contact name	(first and last)			Title					
	Phone numbe	Phone number Email address								

EPA	Identifica	tion Number	Number NPDES Permit Number				Facility Name	٦	Form Approved 03/05/19		
				TN0024988		Том	n of Alamo STP		OMB No. 2040-0004		
	1.20	In the table be receiving facilit	low, indicat ly.	e the name, a	address, con	tact informat	tion, NPDES number,	and a	verage daily flow rate of the		
-		Facility name	n "		Re	ceiving Fac	ility Data Mailing address (stree	t or P	2 () hox)		
Juec									.0. boxy		
Contir		City or town				5	State		ZIP code		
) spoy		Contact name	(first and la	ast)			Title				
al Met		Phone number					Email address				
ispos		NPDES numbe	er of receiv	ing facility (if	any)	None	Average daily flow rate	e	mgd		
ge or D	1.21	have outlets to waters of the United States (e.g., underground percolation, underground injection)?									
char		Yes Yes			]	No No	→ SKIP to Item 1.23.				
Dis	1.22	Provide inform	ation in the	table below	on these other	er disposal r	nethods.	_			
the		Disposal	Disposal Annual Average								
s and O		Method Description Location of			Siz Dispo	e of sal Site	Daily Discharge Volume	C	Continuous or Intermittent (check one)		
Dutfalls						acres	gpd		Continuous Intermittent		
U						acres	gpd		Continuous Intermittent		
						acres	gpd		Continuous		
Variance Requests	1.23	Do you intend Consult with you Dischart Section	to request our NPDES ges into ma 301(h))	or renew one permitting a arine waters (	or more of the uthority to de CWA	t 122. be sint limit	21(n)? (Check all that apply. ubmitted and when.) tation (CWA Section				
		Not app	licable								
00.05 86 ", 0 10 - 1 - 2 - 2 -	1.24	Are any operation the responsibil	tional or ma ity of a con	aintenance as tractor?	spects (relate	d to wastew	ater treatment and eff	luent	quality) of the treatment works		
	1.25		n and cont	ant informatio	n for each a		SKIP to Section 2.		ha ana tanàna kaoka mandritra dia dia kaoka minina dia kaoka minina dia kaoka minina dia kaoka minina dia kaoka		
	1.20	and maintenar	ice respons	sibilities.				on of t	ne contractors operational		
1.673				Co	CO ntractor 1	ntractor Inf	Ormation Contractor 2	- 1	Contractor 3		
5		Contractor nan	ne	00			Contractor 2		COntractor 5		
natio		(company nam	ie)								
form		Mailing addres	S								
r lu		City state and			1. 11. X. 11. 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		in a start and				
acto		code	. 20								
Conti		Contact name last)	(first and								
		Phone number									
		Email address									
		Operational an maintenance responsibilities contractor	d s of								

EPA	Identificat	ion Number		NPDES Permit Num	nber		Facility	Name	Form Approved 03/05/19			
			TN0024988		Тс	own of A	lamo STP		OMB No. 2040-0004			
SECTIC	N 2. AD	DITIONAL INFO	ORMA	TION (40 CFR 122	.21(j)(1) and	d (2))						
low	Outfal	s to Waters of	the Ur	nited States					a an	2012 - 112 - 12		
gn F	2.1	Does the treat	tment v	works have a desig	in flow great	er than or	equal to	0.1 mgd?				
Desi		✓ Yes				No	SKIP to S	Section 3.				
uo	2.2	Provide the tre	eatmer	nt works' current av	verage daily	volume of	inflow	Average Da	aily Volume of Inflow	v and Infiltration		
ltrat		and infiltration								100000 gpd		
i Infi		Indicate the st	eps the	e facility is taking to	o minimize ir	nflow and i	nfiltratio	n.				
v and		Smoke testing	, video	, spot repair and re	elined sewer	line troub	le spots.	Applying for	funds to start futur	e sewer rehab.		
llov												
	23	Have you atta	chod a	topographic map	to this applic	ation that	containa	all the require	d information? (Ca	a instructions for		
raph	2.0	specific requir	ement	s.)			Contains					
pogi					-							
٩ ٩		I Yes										
ram	2.4	Have you atta (See instruction	ched a	specific requireme	ram or schei	matic to th	is applica	ation that cont	ains all the required	l information?		
Flc		Yes										
	2.5	Are improvem	ents to	the facility schedu	uled?							
		☐ Yes				No ə	SKIP to	Section 3.				
		Briefly list and	docori	ibo tho schodulod i	improvomon	to						
tion		d we had	uesci		mprovemen	15.						
lenta		I. We do have	e a futi	ire rehab project f	or the waste	water trea	atment p	lant in proces	s . SEE ATTACHMEN	NTS.		
pler		2.										
of Im												
rles		3.										
hedu		4										
od So		4.										
ts an	2.6	Provide sched	luled o	r actual dates of co	ompletion for	improven	nents.	· · · · · ·				
men		0.1.1.1		Affected	or Actual	Jates of C	ompiet	ion for impro	vements	Attainment of		
lovel		Improveme	nt	Outfalls	Beg	in Jotion	Con	End struction	Begin Discharge	Operational		
dml		(from above	)	(list outfall number)	(MM/DD/	YYYY)	(MM/	DD/YYYY)	(MM/DD/YYYY)	Level (MM/DD/YYYY)		
Inled		1.				***				(		
chec		2.		-								
<i>o</i>			-									
		3.										
100		4.										
	2.7	Have appropri	ate pe	rmits/clearances co	oncerning ot	her federa	l/state re	equirements b	een obtained? Brief	ly explain your		
		Ves			No			п	None required (	or applicable		
1112		Explanation:										
		Lipianatori										
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1												

EPA	Identifica	tion Number NPD	ES Permit Number TN0024988	Т	Facility own of Al	Name Iarno STP		Form Approved 03/05/19 OMB No. 2040-0004		
SECTIO	N 3. INF	ORMATION ON EFFLUENT	DISCHARGES (40 CF	R 122.21(j	)(3) to (5	j))				
	3.1	Provide the following inform	nation for each outfall. (A	Attach add	itional sh	eets if you l	have more that	an three o	outfalls.)	
			Outfall Number	001	Out	fall Numbe	er	Outfall	Number	·
		State	Tennessee	9						
tfalls		County	Crockett							
of Ou		City or town	Alamo							
iption		Distance from shore		0 ft.			ft.			ft.
Descr		Depth below surface		o ft.			ft.			ft.
		Average daily flow rate	0.	403 mgd			mgd			mgd
		Latitude	35° 47′ 53.	.1″N	•	,	n	0	,	"
		Longitude	-89° 07′ 05,	,1″ W	o	,	"	o	,	"
e Data	3.2	Do any of the outfalls desc	ribed under Item 3.1 har	ve seasona	al or perio	odic dischar No <del>∃</del>	ges? SKIP to Iten	n 3.4.		
harg	3.3	If so, provide the following	information for each app	plicable out	fall.		A	1		
Disc			Outfall Number	Outfall Number			oer	Outfal	I Numb	er
riodic		Number of times per year discharge occurs								
or Pe		Average duration of each discharge (specify units)								
isonal		Average flow of each discharge		mgo	1		mgd			mgd
Sei		Months in which discharge occurs								
	3.4	Are any of the outfalls lister	d under Item 3.1 equipp	ed with a d	liffuser?					
		Yes			$\checkmark$	No <del>&gt;</del> SK	IP to Item 3.6			
be	3.5	Briefly describe the diffuse	type at each applicable	e outfall.						
er Tyl			Outfall Number	·	Ou	itfall Numb	er	Outfal	I Numb	er
Diffus										
1										
			2							
rs of J.S.	3.6	Does the treatment works of discharge points?	lischarge or plan to disc	charge was	tewater	to waters of	the United St	ates fron	n one or	more
Watel the L		✓ Yes				No <del>→</del> SKI	P to Section 6	5.		

EPA	A Identifica	tion Number	NPDES	S Permit	t Number 988		т	Fa Town o	cility Name of Alamo ST	ГР	]		Form Approved 03/ OMB No. 2040	/05/19 -0004
-	3.7	Provide the re	eceiving water a	and rel	ated informati	on (if I	known	n) for e	each outfall					
				0	utfall Numbe	r_001		C	Dutfall Nun	nber		0	utfall Number	
		Receiving wat	ter name	Unna	med tributary	y to Ba	ick Cr							
uo		Name of wate or stream sys	ershed, river, tem	Fo	rked Deer-No	orth Fo	rk							
Descript		U.S. Soil Con Service 14-dig code	servation git watershed											
g Water		Name of state management/	e river basin		Forked De	er					-			
Receivinç		U.S. Geologic 8-digit hydrolo cataloging uni	al Survey ogic it code		0801020	4					_			
5		Critical low flo	w (acute)	0		0	cfs	cfs		cfs			cfs	
-04%		Critical low flo	w (chronic)		(	0	cfs				cfs			cfs
		Total hardnes low flow	s at critical			mg/ Ca	/L of CO₃		00	m	ig/L of CaCO₃		mg Ca	/L of aCO3
	Iow flow           3.8         Provide the following information des		escribing the t	reatm	ent pro	ovide	d for discha	irges fro	m each	outfa	II.			
				Outfall Number		<b>r</b> _001	_	C	Outfall Nun	nber		0	utfall Number	
E		Highest Leve Treatment (cl apply per outf	<b>! of</b> heck all that all)		Primary Equivalent to secondary Secondary Advanced Other (specify	y)			Primary Equivalent secondary Secondary Advanced Other (spe	t to ' y ecify)			Primary Equivalent to secondary Secondary Advanced Other (specify)	
scriptio		Design Remo Outfall	oval Rates by											
tent De		BOD₅ or CBO	D₅			85	%				%			%
Treatm		TSS				85	%				%			%
		Phosphorus			Not applic	able	%		□ Not ap	plicable	%		☐ Not applicable	%
		Nitrogen			Not applic	able	%		□ Not ap	plicable	%		□ Not applicable	%
		Other (specify	)		Not applic	able	%		□ Not ap	plicable	%		□ Not applicable	%

EPA	A Identifica	tion Number	NPDES Perm	nit Number 4988	Toy	Facility	Name		Form Ap OMI	proved 03/05/19 3 No. 2040-0004	
ntinued	3.9	Describe the type of season, describe b	of disinfection upelow.	used for the eff	luent from each	noutfal	ll in the ta	ble below. If dis	sinfection varie	es by	
on Cor				Outfall Num	ber_001_	0	utfall Nur	nber	Outfall Number		
Jescripti		Disinfection type		Liquid Bleach - 12% all Not applicable Yes No							
atment		Seasons used									
Trea		Dechlorination use	d?				Not apj Yes No	olicable	Not applicable		
	3.10	Have you complete	ed monitoring fo	or all Table A p	arameters and	attach	ned the re No	sults to the app	lication packa	ge?	
	3.11	Have you conducted discharges or on a Yes	ed any WET tes ny receiving wa	sts during the 4 ater near the di	1.5 years prior t ischarge points	to the c ?	date of the No →	e application on SKIP to Item 3.	any of the fac	cility's	
	3.12	Indicate the number discharges by outf	er of acute and all number or o	chronic WET to f the receiving	ests conducted water near the	discha	the last p arge point	ermit reissuanc s.	e of the facility's Outfall Number		
				Acute	Chronic			Chronic	Acute	Chronic	
		Number of tests of water	discharge								
	3.13	water Does the treatmen	t works have a	e a design flow greater than or equal to 0.1 mgd?					16		
sting Data	3.14	Does the POTW us reasonable potenti	se chlorine for o al to discharge	disinfection, us chlorine in its	e chlorine else effluent?	where	in the trea	atment process	, or otherwise	have	
Effluent Te	3.15	Have you complete package?	ed monitoring fo	or all applicable	e Table B pollu	tants a	nd attach	ed the results to	o this applicati	ion	
	3.16	Does one or more • The facility ha • The POTW ha • The NPDES p sample other each of its dis Yes → C	of the following as a design flow as an approved permitting author additional para charge outfalls omplete Tables	conditions app greater than c pretreatment prity has inform meters (Table (Table E). s C, D, and E a	ply? or equal to 1 mg program or is re led the POTW D), or submit th as	gd. equired that it r ne resu	d to develor nust sam lits of WE	op such a progr ple for the para T tests for acute	ram. meters in Tab e or chronic to	le C, must xicity for	
	3.17	Have you complete package?	pplicable. ed monitoring fo	or all applicable	e Table C pollu	tants a	ind attach	ed the results to	o this applicat	ion	
	3.18	Have you complete	ed monitoring fo	or all applicable	e Table D pollu	tants re	No equired by	y your NPDES p	permitting aut	hority and	
		attached the results to this application package?         Yes         Yes         No additional sampling required by NPDES permitting authority.								NPDES	

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			TN0024988	Town of	Alamo STP	OMB NO. 2040-0004				
	3.19	Has the POT or (2) at least	V conducted either (1) minimum c four annual WET tests in the past	of four quarterly WET t 4.5 years?	tests for one year	preceding this permit application				
1.00		🛛 Yes			No  Comple	te tests and Table E and SKIP to 26.				
	3.20	Have you pre-	viously submitted the results of the	e above tests to your	NPDES permitting	authority?				
	0.04	Yes			No → Provide Item 3.2	results in Table E and SKIP to 6.				
지 않는	3.21	Indicate the d	ates the data were submitted to y	our NPDES permittin	g authority and pro	wide a summary of the results.				
			(MM/DD/YYYY)		Summary of	Results				
eq										
ontinu										
taC	3.22	Regardless of	how you provided your WET test	ing data to the NPDE	ES permitting author	rity, did any of the tests result in				
g Da		toxicity?		-						
stin	3.23	Describe the	cauca(a) of the toxicity		No → SKIP to	Item 3.26.				
nt Te	5.25	Describe the	Lause(s) of the toxicity.							
fluer										
ш										
1.0	3.24	Has the treatment works conducted a toxicity reduction evaluation?								
		🔲 Yes			No 🔿 SKIP to	Item 3.26.				
	3.25	Provide detail	s of any toxicity reduction evaluat	ions conducted.						
	3.26	Have you con	noleted Table E for all applicable	outfalls and attached	the results to the a	unnlication package?				
					Not applicable	because previously submitted				
OFOTIO					information to	the NPDES permitting authority.				
SECTIC	4.1NL	Does the POT	W receive discharges from SII le	OF NSCIUS?	2.21(j)(6) and (7))					
		Yes	W receive discharges from 5105		No -> SKIP to It	em 4.7.				
tes	4.2	Indicate the n	umber of SIUs and NSCIUs that of	lischarge to the POT	W.					
Was			Number of SIUs		Num	ber of NSCIUs				
sno										
carde	4.3	Does the POT	W have an approved pretreatment	nt program?						
Haz		🔲 Yes			No					
and	4.4	Have you sub	mitted either of the following to th	e NPDES permitting	authority that conta	ains information substantially				
rges		identical to the	at required in Table F: (1) a pretre (2) a pretreatment program?	eatment program ann	ual report submitte	d within one year of the				
scha			(2) a prodotation program:	п	No 🔿 SKIP to li	om 1 6				
	4.5	Identify the tit	e and date of the annual report of		m referenced in It	$am \Lambda \Lambda$ SKIP to Itom $\Lambda T$				
ustri			and date of the dimuter report of	Productation progra						
Ind	4.6	Have you con	pleted and attached Table F to the	nis application packa	qe?					
		☐ Yes	<ul> <li>- country are warranted and and and an an analysis of the second s</li></ul>		No					
					-					

EPA	A Identificat	tion Number	NPDE T	ES Permit Number FN0024988	Facili Town of	ty Name Alamo STP	Form Approved 03/05/19 OMB No. 2040-0004		
	4.7	Does the POTV regulated as R0	V receive, or CRA hazardo	has it been notified the bus wastes pursuant to	at it will receive, b 40 CFR 261?	y truck, rail, or dedica No → SKIP to Item	ted pipe, any waste 4.9.	s that are	
	4.8	If ves, provide t	he followina	information:				C	
		Hazardous W Number	/aste	Waste (ch	e <b>Transport Meth</b> eck all that apply)	lod	Annual Amount of Waste Received	Units	
and a ba				Truck		Rail			
ontinued				Dedicated pipe		Other (specify)	_		
Se C				Truck		Rail	-		
Vast				Dedicated pipe		Other (specify)			
dous V							-		
Izaro				Truck		Rail			
d Ha				Dedicated pipe		Other (specify)			
s an							-		
Discharge	4.9	Does the POTV including those	V receive, or undertaken	has it been notified the pursuant to CERCLA a	at it will receive, wand Sections 3004	vastewaters that origin I(7) or 3008(h) of RCF	ate from remedial a	ctivities,	
rial		Yes				No → SKIP to Sec	tion 5.		
Indust	4.10	Does the POTV specified in 40	V receive (or CFR 261.30	r expect to receive) less (d) and 261.33(e)?	s than 15 kilogran	ns per month of non-a	cute hazardous was	stes as	
		□ Yes →	SKIP to Sec	tion 5.		No			
	4.11	Have you repor site(s) or facility the extent of tre	rted the follow (ies) at whice eatment, if ar	wing information in an a th the wastewater origin ny, the wastewater rece	attachment to this nates; the identitie eives or will receiv	application: identifica es of the wastewater's re before entering the	tion and description hazardous constitu POTW?	of the ents; and	
		Yes				No			
SECTIC	N 5. CO	MBINED SEWER	ROVERFLO	WS (40 CFR 122.21(i)	(8))				
E	5.1	Does the treatm	nent works h	ave a combined sewer	system?				
liagraı		Yes			$\checkmark$	No →SKIP to Sec	ction 6.		
D pu	5.2	Have you attack	hed a CSO s	system map to this app	lication? (See ins	tructions for map requ	irements.)		
ap a		Yes				No			
M O	5.3	Have you attack	hed a CSO s	system diagram to this	application? (See	instructions for diagra	am requirements.)		
SS		Yes Yes				No			

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-	5.4	For each CSC	outfall, provid	de the following in	formation. (At	tach additional	sheets as nece	essary.)	
				CSO Outfall Nu	mber	CSO Outfall	Number	CSO Outfall	Number
Ę		City or town							
criptic		State and ZIP	code						
ll Des		County			•				
Outfa		Latitude		• •	n	۰, o	"	• •	"
cso		Longitude		• •	11	• •	"	• •	"
		Distance from	shore		ft.		ft		ft.
		Depth below s	surface		ft.		ft		ft.
	5.5	Did the POTV	V monitor any	of the following ite					
				CSO Outfall Nu	mber	CSO Outfall	Number	CSO Outfall	Number
5		Rainfall		□ Yes I	⊐ No	□ Yes	s 🗖 No	□ Yes	D No
litorin		CSO flow volume		□ Yes I	⊐ No	□ Yes	s 🗆 No	□ Yes	D No
O Mor		CSO pollutant concentration	t s	□ Yes I	⊐ No	□ Yes	s 🗆 No	□ Yes	D No
cs		Receiving wat	ter quality	🗆 Yes I	⊐ No	🗆 Yes	s 🗆 No	□ Yes	D No
		CSO frequence	cy	□ Yes I	⊐ No	🛛 Yes	s 🗆 No	□ Yes	D No
		Number of sto	orm events	□ Yes I	⊐ No	🗆 Yes	s 🗆 No	C Yes	D No
in ng sin T	5.6	Provide the fo	llowing inform	ation for each of y	our CSO outf	alls.		•	
1.04				CSO Outfall Nu	mber	CSO Outfall	Number	CSO Outfall	Number
ast Year		Number of CS the past year	60 events in		events		events		events
s in P		Average durat	tion per		hours		hours		hours
vent		eveni		□ Actual or □	Estimated	□ Actual or	Estimated	Actual or	Estimated
SO E		Average volur	ne per event	mi	llion gallons		million gallons		million gallons
0		Minim	<b>r</b> _11		Estimated	LI Actual or		LI Actual or	
		a CSO event i	iall causing	inche	es of rainfall	ir DA (	nches of rainfal	ir ir	ches of rainfall
			,	LI Actual or LI	Estimated	LI Actual or	LI Estimated	LI Actual or	LI Estimated

EPA	A Identifica	ation Numb	er NPD	ES Permit Nu NO024988	mber 3		Facility Name Town of Alamo STP		Form Approved 03/05/1 OMB No. 2040-000
	5.7	Provid	e the information in th	e table bel	low for e	ach of your	CSO outfalls		
		1.25		CSO Out	tfall Nu	mber	CSO Outfall Numbe	r	CSO Outfall Number
		Desein	ing water name						
		Receiv	ing water name						
		stream	of watershed/						
aters		U.S. S	oil Conservation	Ľ	] Unkno	wn			Unknown
iving Wa		Service waters (if know	e 14-digit hed code vn)						
Rece		Name	of state						
CSOF		U.S. G 8-Digit	ement/river basin eological Survey Hydrologic Unit	E	] Unkno	wn	Unknown		Unknown
21		Code (	if known)						
Certification Statement CSO Receiving Waters		water quality impacts on receiving stream by CSO (see instructions for examples)							
CTIC	0N 6. CH	IECKLIS	T AND CERTIFICAT	ION STAT	EMENT	(40 CFR 12	2.22(a) and (d))		
	6.1	In Colu each s all app	Imn 1 below, mark th ection, specify in Col licants are required to Column 1	e sections umn 2 any p provide a	of Form attachm ttachme	2A that you lents that you ents.	have completed and a u are enclosing to alert	re submittin the permitt	g with your application. For ing authority. Note that not
- a.,			Section 1: Basic Apr	lication			Colui		1 1 M 1 M 1
ent		Information for All Applicants				w/ variance	request(s)		w/ additional attachments
			Section 2: Additional Information	tion 2: Additional mation			phic map al attachments	$\checkmark$	w/ process flow diagram
			<ul> <li>Section 3: Information on Effluent Discharges</li> <li>Section 4: Industrial Discharges and Hazardous Wastee</li> </ul>			<ul> <li>w/ Table A</li> <li>w/ Table B</li> <li>w/ Table C</li> <li>w/ SIU and NSCIU attachments</li> <li>w/ additional attachments</li> </ul>			w/ Table D w/ Table E w/ additional attachment
on Stater									w/ Table F
ertification			Section 5: Combined Overflows	tion 5: Combined Sewer erflows			p stem diagram		w/ additional attachments
t and C			Section 6: Checklist Certification Stateme	and ent		w/ attachm	ents		
Checklis	6.2	Certifi I certify accord submit for gate	cation Statement / under penalty of law ance with a system o ted. Based on my inq hering the information	r that this d lesigned to uiry of the n, the inforr	locumer assure person mation s	nt and all atta that qualifie or persons v ubmitted is	achments were prepare d personnel properly ga vho manage the system to the best of my know	d under my ather and ev n, or those p ledge and b	direction or supervision in valuate the information persons directly responsible elief, true, accurate
		comple	ete. I am aware that the prisonment for known for the prison of the pris	here are sign ng violation	gnificant ns.	penalties fo	or submitting false infon	mation, inclu	uding the possibility of fine
		John Av	very Emison	idət fidme	)			Mayor	ue
		Signat	Im M	her	4	im	æ	Date sign	red - 1 3- 202
A Form	3510-2A	(Revised 3	-19)	1				1	Page 1

EPA Identification Number	NPDES Perr TN002	nit Number 4988	Facility Name Town of Alamo STP	Ē	Outfall Number 001		Form Approved 03/05/19 OMB No. 2040-0004
TABLE A. EFFLUENT PARAME	TERS FOR ALL PO	TWS					
	Maximum	Daily Discharge	Average Daily Discharge			Analytical	MI or MDI
Pollutant	Value	Units	Value	Units	Number of Samples	Method <sup>1</sup>	(include units)
Biochemical oxygen demand BODs or IZ CBODs (report one)	31.0	mg/L	8.09	mg/L	84	SM5210B 2011	1.0 mg/l ☐ ML ☑ MDL
Fecal coliform	770.1	MPN/100 mL	70.1	MPN/100 mL	84	SM9223B	MPN/1.0 DML
Design flow rate	1.458	MGD	0.403	MGD	1095		
pH (minimum)	6.67	su					
pH (maximum)	8.07	su					
Temperature (winter)		NA		NA			
Temperature (summer)		NA		NA			
Total suspended solids (TSS)	24.0	mg/L	4.28	mg/L	84	SM2540D 2011	1.0 mg/L I ML

¥.

<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).

EPA Identification Number	NPDES Permit TN00249	Number 88	Facility Name Town of Alamo STF		Outfall Number 001	7	Form Approved 03/05/19 OMB No. 2040-0004
TABLE B. EFFLUENT PARAMETE	RS FOR ALL POTW	S WITH A FLOW EQ	UAL TO OR GREAT	ER THAN 0.1 MGD			
	Maximum D	aily Discharge	1	Average Daily Discha	irge	Applytical	MI or MDI
Pollutant	Value	Units	Value	Units	Number of Samples	Method <sup>1</sup>	(include units)
Ammonia (as N)	15.30	mg/L	4.71	mg/L	84	SM4500 NH3D 2011	0.2 mg/l ☐ ML ☑ MDL
Chlorine (total residual, TRC) <sup>2</sup>	0.02	mg/L	0.01	mg/L	140	SM4500 CIG - 2011	0.01 mg/l 🛛 ML
Dissolved oxygen	10.52	mg/L	7.97	mg/L	140	SM4500 OG -2011	0.5 mg/l 🖾 ML Ø MDL
Nitrate/nitrite	8.15	mg/L	3.28	mg/L	3	epa -353.2	0.2 mg/I I ML
Kjeldahl nitrogen	6.24	mg/L	3.97	mg/L	3	epa-351.2	0.5 mg/l I ML
Oil and grease	1.9	mg/L	1.76	mg/L	3	epa 1664b	1.4 mg/l 🛛 ML Ø MDL
Phosphorus	4.79	mg/L	1.71	mg/L	28	epa-365.1	0.2 mg/l I ML
Total dissolved solids	250	mg/L	172	mg/L	3	SM-2540 C 2011	20.0 mg/l 🛛 ML 12 MDL

<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). <sup>2</sup> Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not

required to report data for chlorine.

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EPA	Identificatio	n Number NPDES P	ermit Number		Facility Name		Form Approved 03/05/19 OMB No. 2040-0004		
Form 2A	\$	EPA	Applicati	U.S. Environme ion for NPDES I	ental Protection Ag Permit to Discharg	jency e Wastev	water		
NPDES			NEW AND E	XISTING PUBLI	CLY OWNED TRE	ATMENT	WORKS		
SECTIO	N 1. BAS	IC APPLICATION INFORMATI	ON FOR ALL A	PPLICANTS (40	CFR 122.21(j)(1) a	nd (9))			
	1.1								
		Mailing address (street or P.C	. box)						
ion		City or town		State			ZIP code		
Informat		Contact name (first and last)	Title		Phone number	E	Email address		
<sup>-</sup> acility		Location address (street, route	e number, or othe	er specific identi	fier) 🛛 Same a	is mailing	address		
_		City or town			State	Z	ZIP code		
	1.2	Is this application for a facility ☐ Yes → See instructio requirements	that has yet to co ns on data subm for new discharg	nmence discharge? sion D No ers.					
	1.3	Is applicant different from enti	ty listed under Ite	em 1.1 above?					
		Yes		[	No → SKIP	to Item 1.4	4.		
		Applicant name							
uo		Applicant address (street or P	.O. box)						
Informat		City or town			State	Z	ZIP code		
pplicant		Contact name (first and last)	Title	Phone number			Email address		
Ā	1.4	Is the applicant the facility's or	wner, operator, o	r both? (Check o	only one response.)				
		Owner		Operator		В	Both		
	1.5	To which entity should the NP	DES permitting a	authority send co	prrespondence? (Ch	eck only o	one response.)		
		Facility		Applicant			they are one and the same)		
nits	1.6	Indicate below any existing er number for each.)	vironmental perr	mits. (Check all t	hat apply and print	or type the	e corresponding permit		
Perm			E)	cisting Environm	ental Permits				
mental		water)		RCRA (nazar	dous waste)		ontrol)		
l Environ		PSD (air emissions)		Nonattainmer	nt program (CAA)	□ N	IESHAPs (CAA)		
Existing		Ocean dumping (MPRS	(A)	Dredge or fill 404)	(CWA Section		Other (specify)		

EPA	Identificatio	n Number	NPDES Permit Nu	mber	Facility Nam	le			Form Appr OMB N	oved 03/05/19 No. 2040-0004	
	17	Provide the collection	n system inform	ation reque	sted below for the treatm	ont works					
	1.7	Municipality Served	Population Served		Collection System Typ (indicate percentage)	De		Ow	nership St	atus	
					% separate sanitary sewer			Own		Maintain	
/ed					% combined storm and sar	nitary sewer		Own		Maintain	
Ser	=				Unknown			Own		Maintain	
u (					% separate sanitary sewer			Own		Maintain	
atic					% combined storm and sar	nitary sewer		Own		Maintain	
pul					Unknown			Own		Maintain	
Pol					% separate sanitary sewer			Own		Maintain	
pu					% combined storm and sar	nitary sewer		Own		Maintain	
na					Unknown			Own		Maintain	
stei					% separate sanitary sewer			Own		Maintain	
Sys					% combined storm and sar	nitary sewer		Own		Maintain	
u					Unknown			Own		Maintain	
Collecti		Population Served									
				Sepa	arate Sanitary Sewer Sy	vstem		Comb Sa	oined Storm nitary Sew	n and er	
		Total percentage of sewer line (in miles)	Total percentage of each type of sewer line (in miles) %							%	
itry	1.8	Is the treatment works located in Indian Country?									
our		Yes	, □ Yes □ No								
u C	19	Does the facility dis	harge to a receiv	ving water	that flows through Indian	Country?					
dia	1.0			ing water		oounay.					
느											
	1.10	Provide design and	actual flow rates	in the desi	gnated spaces.	-	Design Flow Rate				
										mgd	
ual	-			Annua	Average Flow Rates (	Actual)					
Act tes		Two Year	s Ago		Last Year				This Year		
nd Ra		1110 1001	57.90		Luot rour				The roat		
lo w			mgd			mgd				mgd	
esiç F				Maxim	um Daily Flow Rates (A	Actual)					
ă		Two Years Ago Last Year						This Year			
			mgd			mgd				mgd	
(0	1.11	Provide the total nu	Provide the total number of effluent discharge points to waters of the United State				by type	Э.			
int		Total Number of Effluent Discharge Points by Type									
charge Pc by Type		Treated Effluent	Untreated	Effluent	Combined Sewer Overflows	Вура	asses		Const Emer Over	tructed gency flows	
Dis											

EPA	Identificat	ion Number	NPDES	Permit Number		Facility Name		Form Approved 03/05/19 OMB No. 2040-0004				
	Outfall	s Other Than to	o Waters of the	United State	es							
	1.12	Does the POT discharge to w	W discharge wa aters of the Uni	astewater to b ited States?	asins, ponds, or c	ther surface impo → SKIP to Item	oundments th	at do not have outlets for				
	1 13	Provide the loc	cation of each s	urface impou	ndment and assor	iated discharge in	nformation in	the table below				
	1.10			Surface In	npoundment Loc	ation and Discha	arge Data					
			Location		Average Da Dischargeo Impour	nily Volume to Surface ndment	Cont	inuous or Intermittent (check one)				
						gpd	Cont	inuous mittent				
						gpd	Cont	inuous mittent				
sp						gpd	Cont     Inter	inuous mittent				
l Metho	1.14	ls wastewater	Is wastewater applied to land? □ Yes □ No → SKIP to Item 1.16.									
osal	1.15	Provide the lar	nd application si	ite and discha	arge data requeste	d below.						
lisp				Land	Application Site	and Discharge	Data	O antinuo an				
arge or [		Loca	ition		Size	e Average Dai Appl		Intermittent (check one)				
Disch					acres		gpo	Continuous				
Other					acres		gpo	Continuous				
and					acres		gpo					
alls	1.16	Is effluent tran	sported to anoth	her facility for	treatment prior to	discharge?						
Outi		Yes			1	lo ➔ SKIP to Iter	m 1.21.					
	1.17	7 Describe the means by which the effluent is transported (e.g., tank truck, pipe).										
	1.18	Is the effluent	transported by a	a party other t	han the applicant	? → SKIP to Item	1.20.					
	1.19	Provide inform	ation on the tra	nsporter belo	w.							
		E			Transpor	ter Data	<u> </u>					
		Entity name				Mailing address	s (street or P.	.U. box)				
		City or town				State		ZIP code				
		Contact name	(first and last)			Title						
		Phone numbe	r			Email address						

EPA	Identificat	ion Number	NPDES Permit Nu	mber	F	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004				
	1.20	In the table below receiving facility.	, indicate the name,	address, conta	act informati	on, NPDES number,	and average daily flow rate of the				
σ		Facility name		Rec	eiving Faci	<u>lity Data</u> /lailing address (stree	et or P.O. box)				
tinue		City or town			5	State	ZIP code				
Con		Contact name /fir	at and last)			Title					
spou			St allu lastj								
ll Met		Phone number			E	Email address					
sposa		NPDES number of	of receiving facility (if	any) □N	one A	Average daily flow rate	e mgd				
ge or Di	1.21	Is the wastewater have outlets to wa	r disposed of in a ma aters of the United St	nner other thar ates (e.g., und	n those alreater lerground pe	ady mentioned in Iten ercolation, undergrou	ns 1.14 through 1.21 that do not nd injection)?				
schar					No •	→ SKIP to Item 1.23.					
ır Dis	1.22	Provide information	on in the table below	on these other	r disposal m <b>on Other D</b>	ethods. isposal Methods					
and Othe		Disposal Method Description	Location of Disposal Site	Size Disposa	of al Site	Annual Average Daily Discharge	Continuous or Intermittent (check one)				
tfalls a		Description			acres	gpd	Continuous				
no					acres	and					
					0005	gpu .	Intermittent     Continuous				
	4.00	De una l'atand ta			acres	gpd					
ts e	1.23	Consult with your	NPDES permitting a	or more of the outhority to dete	e variances ermine what	information needs to	be submitted and when.)				
arianc		Discharges	s into marine waters	(CWA E	□ Water	quality related effluer	nt limitation (CWA Section				
% «		Not applica	able		002(0)	(-//					
	1.24	Are any operation	nal or maintenance a	spects (related	to wastewa	wastewater treatment and effluent quality) of the treatment works					
		the responsibility	of a contractor?	Г	□ No →	No SKIP to Section 2					
	1.25	Provide location a	and contact informati	on for each cor	ntractor in a	actor in addition to a description of the contractor's operational					
		and maintenance	responsibilities.	Con	tractor Info	ormation					
			Co	ntractor 1		Contractor 2	Contractor 3				
tion		Contractor name									
rma		Mailing address									
Info		(street or P.O. bo	x)								
actor		City, state, and Z	IP								
Contra		Contact name (fir last)	st and								
		Phone number									
		Email address									
		Operational and									
		responsibilities of contractor									

EPA Identification Number         NPDES Permit Number         Facility Name         Form Approved 0           OMB No. 204							rm Approved 03/05/19 OMB No. 2040-0004	
SECTIO	)N 2. AD	DITIONAL INFO	ORMATION (40 (	CFR 122.21(j)(1) ar	ıd (2))			
low	Outfall	s to Waters of	the United State	es				
ign F	2.1	Does the treat	ment works have	e a design flow grea	ater than or equa	al to 0.1 mgd?		
Des		Yes			No → SKIF	P to Section 3.		
tion	2.2	Provide the tre	eatment works' c	urrent average dail	volume of inflo	w Average Da	ily Volume of Inflow	and Infiltration
ıfiltra								gpd
nd Ir		Indicate the st	eps the facility is	taking to minimize	inflow and infiltr	ation.		
low a								
lnf								
aphic p	2.3	Have you atta specific require	ched a topograpl ements.)	hic map to this appl	ication that cont	tains all the required	d information? (See	e instructions for
pogr Maj			,	_	NI.			
То	24		ahad a pragage f		INO	polication that control	ing all the required	Linformation?
ow gram	2.4	(See instructio	ons for specific re	equirements.)			ans an the required	i iniornation?
FI		Yes			No			
	2.5	Are improvem	ents to the facility	y scheduled?				
		Yes			No → SK	IP to Section 3.		
и		Briefly list and	describe the sch	neduled improveme	nts.			
entati		1.						
pleme		2						
of Im								
ules		3.						
ched		4.						
nd S	26	 Drovido sobod	ulad or actual da	tos of completion f		<u>_</u>		
ents a	2.0		Sc	cheduled or Actua	Dates of Com	pletion for Improv	ements	
veme		Scheduled	Affect Outfa	ted Be	gin	End	Begin	Attainment of Operational
mpro		(from above	nt (list ou	tfall (MM/DI	ruction D/YYYY) (	Construction MM/DD/YYYY)	Discharge (MM/DD/YYYY)	
I pəlr		1	amun					(ועט/דדד)
chedu		2						
Ň		2.						
		3.						
		4.						
	2.7	Have appropri response.	ate permits/clear	rances concerning (	other federal/sta	ite requirements be	en obtained? Brief	ly explain your
		☐ Yes		🔲 No			None required o	or applicable
		Explanation:						

EPA	A Identificat	ion Number NPDE	S Permit Number		Facility N	ame		Form Approved 03/05/19 OMB No. 2040-0004			
SECTIO	0N 3. INF	ORMATION ON EFFLUENT	DISCHARGES (40 CFF	R 122.21(j)(	3) to (5)	)					
	3.1		Outfall Number	ttach additi	onal sne	all Numbe	nave more th er	outfall	Numbe	) :r	
		State									
alls		County									
Outfa		City or town									
ion of		Distance from shore		ft.			ft.			ft.	
script		Depth below surface		ft.			ft.			ft.	
De		Average daily flow rate		mgd			mgd			mgd	
		Latitude	o /	"	٥	,	"	٥	,	"	
		Longitude	o /	"	0	,	"	o	,	"	
a.	3.2	Do any of the outfalls descri	bed under Item 3.1 have	e seasonal	or period	dic dischar	ges?				
ge Dat		Yes				No 🚽	SKIP to Ite	m 3.4.			
schar	3.3	If so, provide the following in	Outfall Number	icable outfa		tfall Numh	har	Outfa	ll Numh	or	
dic Di		Number of times per year			00			Cullu			
Perio		discharge occurs Average duration of each									
nal or		discharge (specify units) Average flow of each									
seasol		discharge Months in which discharge		mga			mga			mga	
0)	31	OCCUIS	under Item 3.1 equippe	d with a dif	fusor?						
		Yes				No → SK	IP to Item 3.6	S.			
be	3.5	Briefly describe the diffuser	type at each applicable	outfall.							
ier Ty			Outfall Number		Out	fall Numb	er	Outfa	ll Numb	er	
Diffus											
rs of J.S.	3.6	Does the treatment works di discharge points?	scharge or plan to disch	narge waste	ewater to	waters of	the United S	tates fror	n one or	rmore	

EPA	Identificat	tion Number	NPDES	S Permit N	Number		Fac	cility Name			Form Approved 03/0 OMB No. 2040-	05/19 -0004
	3.7	Provide the re	ceiving water a	ind relat	ted information	(if known	) for e	each outfall.				
				Ou	tfall Number _		C	Outfall Number		0	utfall Number	
		Receiving wat	ter name									
ion		Name of wate or stream sys	ershed, river, tem									
Descript		U.S. Soil Con Service 14-dig code	servation git watershed									
g Water		Name of state management/	e /river basin									
Receivinç		U.S. Geologic 8-digit hydrolc cataloging uni	cal Survey ogic it code									
		Critical low flo	ow (acute)			cfs			cfs			cfs
		Critical low flo	w (chronic)			cfs			cfs			cfs
		Total hardnes low flow	s at critical			mg/L of CaCO₃			mg/L of CaCO₃		mg/ Ca	/L of CO₃
	3.8	Provide the fo	llowing informa	tion des	scribing the trea	atment pro	ovide	d for discharges	from each	outfa	all.	
				Ou	tfall Number _		C	Outfall Number		0	utfall Number	
ч		Highest Leve Treatment (cl apply per outf	e <b>l of</b> heck all that <sup>[</sup> all)		Primary Equivalent to secondary Secondary Advanced Other (specify)			Primary Equivalent to secondary Secondary Advanced Other (specify)			Primary Equivalent to secondary Secondary Advanced Other (specify)	
scriptio		Design Remo Outfall	oval Rates by									
ent Des		BOD₅ or CBO	D5			%			%			%
Treatm		TSS				%			%			%
		Phosphorus			☐ Not applicab	ole %		□ Not applica	ble %		□ Not applicable	%
		Nitrogen			Not applicab	le %		□ Not applica	ble %		□ Not applicable	%
		Other (specify	/)		□ Not applicab	le %		□ Not applica	ble %		□ Not applicable	%
		1		1		/0			/0	1		/0

EPA	Identifica	tion Number NP	DES Permi	t Number		Facility N	lame		Form App OMB	roved 03/05/19 No. 2040-0004	
ntinued	3.9	Describe the type of disinf season, describe below.	ection us	sed for the eff	uent from each	ı outfall	in the tabl	e below. If disi	infection varies	s by	
n Co				Outfall Num	ber	Out	tfall Num	ber	Outfall Num	nber	
escriptio		Disinfection type									
atment D		Seasons used									
Trea	Dechlorination used?			<ul> <li>Not applicable</li> <li>Yes</li> <li>No</li> </ul>			Not appli Yes No	cable	Not applicable Yes No		
	3.10	Have you completed moni	toring for	r all Table A p	arameters and	attache	ed the resu No	ilts to the appl	ication packag	e?	
	3.11	Have you conducted any discharges or on any rece Yes	VET test ving wat	ts during the 4 ter near the di	1.5 years prior t scharge points	o the da ?	ate of the a No → SI	application on KIP to Item 3. <sup>2</sup>	any of the faci 13.	lity's	
	3.12	Indicate the number of act discharges by outfall num	ite and c per or of	the receiving	ests conducted water near the	since the dischart	he last per ge points.	mit reissuance	ance of the facility's Outfall Number		
			-		Chronic	Outi		Chronic		Chronic	
		Number of tests of dischar water Number of tests of receivin	ge								
e	3.13	water       Image: Construction of the second									
sting Dat	3.14	Does the POTW use chlor reasonable potential to dis ☐ Yes → Complete	ine for di charge c able B	isinfection, us chlorine in its ( including chlo	e chlorine elsev effluent? rrine	where ir	The treat	ment process,	or otherwise h	lave	
Effluent Te	3.15	Have you completed moni package?	toring for	r all applicable	e Table B pollut	ants an	d attached	the results to	this applicatio	'n	
<ul> <li>Yes No</li> <li>3.16 Does one or more of the following conditions apply?</li> <li>The facility has a design flow greater than or equal to 1 mgd.</li> <li>The POTW has an approved pretreatment program or is required to develop such a program.</li> <li>The NPDES permitting authority has informed the POTW that it must sample for the parameters in Tal sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic the each of its discharge outfalls (Table E).</li> <li>Yes → Complete Tables C, D, and E as</li> </ul>									am. neters in Table e or chronic to> 4.	e C, must cicity for	
	3.17	Have you completed moni package?	toring for	r all applicable	e Table C pollut	tants an	id attached No	d the results to	this applicatio	n	
	3.18	Have you completed moni attached the results to this	toring for applicat	r all applicable tion package?	e Table D pollut	tants red	quired by	your NPDES p	permitting authors	ority and	
		Yes					No additi	onal sampling a authority.	required by N	PDES	

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	3.19	Has the POTV	L N conducted either (1) minimum of four annual WET tests in the pas	of four quarterly	WET	tests for one year	preceding this permit application
		Yes		t t.o youro.		No  → Comple Item 3.2	te tests and Table E and SKIP to 26.
	3.20	Have you prev	viously submitted the results of th	e above tests to	your	NPDES permitting	authority?
		☐ Yes				No  → Provide Item 3.2	results in Table E and SKIP to 6.
	3.21	Indicate the da	ates the data were submitted to y	our NPDES perr	mitting	authority and pro	ovide a summary of the results.
			(MM/DD/YYYY)			Summary of	Results
g							
inue							
Cont							
ata (	3.22	Regardless of	how you provided your WET test	ting data to the N	PDE	S permitting autho	prity, did any of the tests result in
ig D						No 🔺 SKIP to	Itom 3.26
estir	3.23	Describe the d	cause(s) of the toxicity:				
nt T	-						
fflue							
Ш							
	3 24	Has the treatn	nent works conducted a toxicity r	eduction evaluat	ion?		
	0.2.	Yes				No ➔ SKIP to	Item 3.26.
	3.25	Provide details	s of any toxicity reduction evaluat	tions conducted.			
	3.26	Have you com	pleted Table E for all applicable	outfalls and attac	ched t	the results to the a	pplication package?
		🗌 Yes				Not applicable	because previously submitted
SECTIO	on 4. ind	USTRIAL DISC	CHARGES AND HAZARDOUS W	VASTES (40 CF	<u>R 122</u>		
	4.1	Does the POT	W receive discharges from SIUs	or NSCIUs?			
		Yes		[		No $\rightarrow$ SKIP to It	em 4.7.
stes	4.2	Indicate the nu	umber of SIUs and NSCIUs that of	discharge to the	POTV	V. Num	har of NCCII le
s Wa						Num	
snop	4.2						
azar	4.3		w have an approved pretreatme	nt program?	_		
d Ha		L Yes				No	
is an	4.4	Have you sub	mitted either of the following to th at required in Table F: (1) a pretry	e NPDES permi	tting a	authority that conta	ains information substantially
arge		application or	(2) a pretreatment program?	aunen program	anno	an eport submitte	u within one year of the
isch		Yes		[		No ➔ SKIP to It	em 4.6.
al D	4.5	Identify the titl	e and date of the annual report o	r pretreatment p	rograi	m referenced in Ite	em 4.4. SKIP to Item 4.7.
ustri		,	·		U		
Ind	46	Have you com	pleted and attached Table E to the	his application pa	ackad	e?	
				Г		No	
				L		NO	

EPA Identification Number NPDES Perm			ermit Number	Fac	cility Name		Form App OMB	roved 03/05/19 No. 2040-0004		
	4.7	Does the POT regulated as R	V receive CRA haz	e, or has ardous	s it been notified tha wastes pursuant to	t it will receive, 40 CFR 261?	by truck, I	rail, or dedicate	d pipe, any waste	s that are
		└ Yes					No 🗲	SKIP to Item 4	.9.	
	4.8	If yes, provide t	the follov	ving info	rmation:					
		Hazardous W Number	laste		Waste (che	e Transport Method eck all that apply)			Annual Amount of Waste Received	Units
					Truck		Rail			
ontinued					Dedicated pipe		Other	(specify)		
es C					Truck		Rail			
us Wast					Dedicated pipe		Other	(specify)		
ardo					Truck		 Dail			
Haz					Dedicated nine		Other	(specify)		
and					Dedicated pipe					
ges				<u> </u>						
Dischar	4.9	Does the POT including those	W receive underta	e, or has ken pur	s it been notified tha suant to CERCLA ar	t it will receive, nd Sections 30	wastewat 04(7) or 30	ers that original 008(h) of RCRA	te from remedial a \?	activities,
ial [		Yes					No 🗲	<ul> <li>SKIP to Section</li> </ul>	on 5.	
Industr	4.10	Does the POT specified in 40	V receive CFR 261	e (or exp 1.30(d) a	pect to receive) less and 261.33(e)?	than 15 kilogra	ims per m	onth of non-acu	ite hazardous was	stes as
		□ Yes →	SKIP to	Section	5.	Ľ	No			
	4.11	Have you report site(s) or facility the extent of tree	rted the f y(ies) at v eatment,	following which th if any, t	information in an a e wastewater origin he wastewater recei	ttachment to th ates; the identi ves or will rece	is applicat ies of the ive before	tion: identification wastewater's h e entering the P	on and description azardous constitu OTW?	of the lents; and
		🗌 Yes					No			
SECTIO	N 5. CO	MBINED SEWEI		FLOWS	(40 CFR 122.21(j)(	8))				
E	5.1	Does the treatm	nent wor	ks have	a combined sewer	system?				
Diagraı		☐ Yes					No 🕂	SKIP to Section	on 6.	
] pu	5.2	Have you attac	hed a CS	SO syst	em map to this appli	cation? (See ir	structions	for map require	ements.)	
ap a		Yes Yes					] No			
M O	5.3	Have you attac	hed a C	SO syst	em diagram to this a	pplication? (Se	e instructi	ions for diagran	n requirements.)	
cs		Yes					] No			

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	5.4	For each CSO out	tfall, provid	e the following informa	ation. (A	ttach additior	nal sheets	as neces	sary.)		
				CSO Outfall Numbe	r	CSO Outfa	all Numbe	er	CSO Outf	all Number	
u		City or town									
criptic		State and ZIP cod	e								
II Des		County									
Outfa		Latitude		o / //		o	,	"	o	, "	
cso		Longitude		o / //		o	,	"	o	, "	
		Distance from sho	ore		ft.			ft.			ft.
		Depth below surfa	ice	ft.							ft.
	5.5	Did the POTW mo	onitor any o	of the following items in	ns in the past year for its CSO outfalls?						
				CSO Outfall Numbe	r	CSO Outfa	all Numbe	er	CSO Outf	all Number	
5		Rainfall		□ Yes □ No	)	ΠY	∕es □N	lo		Yes 🗆 No	
itorin		CSO flow volume		□ Yes □ No	)	□ Y	∕es □N	lo		Yes 🗆 No	
O Mor		CSO pollutant concentrations		□ Yes □ No	)	ΠY	∕es □N	lo		Yes 🗆 No	
SS		Receiving water q	uality	□ Yes □ No	)	D Y	∕es □N	lo		Yes 🗆 No	
		CSO frequency		□ Yes □ No	)	🗆 Yes 🗖 No			□ Yes □ No		
		Number of storm e	events	🗆 Yes 🗆 No	)	ΠY	∕es □N	lo		Yes 🗆 No	
	5.6	Provide the follow	ing informa	ation for each of your C	CSO out	falls.					
				CSO Outfall Numbe	r	CSO Outfa	all Numb	er	CSO Out	fall Number	·
ast Year		Number of CSO e the past year	vents in		events			events			events
ts in Pa		Average duration event	per		hours			hours			hours
ren					nated			imated			nated
SOE	کت Average volume per event		million g	gallons	million gallon			million gallons			
()						ed Catual or Estimated Act					
0				□ Actual or □ Estin	nated	□ Actual	or 🗆 Est			l or □ Estim	nated

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	5.7	Provide the inf	formation in th	e table bel	ow for e	ach of yo	ur CSO outfalls.			
				CSO Out	fall Nun	nber	_ CSO Outfall	Number		CSO Outfall Number
		Receiving wat	er name							
		Name of water	rshed/							
aters		U.S. Soil Cons	servation				nknown		Unknown	
ving W		watershed coc (if known)	le							
) Recei		Name of state management/river basin								
CSC		U.S. Geologica 8-Digit Hydrolo	al Survey ogic Unit		] Unkno	wn	UI UI	nknown		Unknown
		Description of known								
		water quality in receiving streat (see instructio	mpacts on am by CSO ns for							
SECTIC	N 6 CH	examples)	CERTIFICAT	ION STATI	EMENT	(40 CFR	122 22(a) and (d	))		
	6.1	In Column 1 b each section, all applicants	elow, mark the specify in Coll are required to	e sections o umn 2 any p provide at	of Form attachm ttachmei	2A that y ents that nts.	ou have complete you are enclosing	d and are su to alert the	ıbmittin permitti	g with your application. For ing authority. Note that not
		(	Column 1	•				Column 2		
		Section Information	n 1: Basic App ation for All Ap	lication oplicants		w/ varian	ce request(s)			w/ additional attachments
	F	Section Information	Section 2: Additional			w/ topogi w/ additic	aphic map onal attachments			w/ process flow diagram
		Occilian 2. Information on			w/ Table A					w/ Table D
ent		Effluen	t Discharges	w/ Table B					w/ Table E	
atem		Sectior	n 4: Industrial			w/ Table w/ SIU ar	d NSCIU attachn	nents		w/ additional attachments w/ Table F
tion St		Discha Wastes	rges and Haz s	ardous		w/ additio	onal attachments			
rtificat		Section	n 5: Combined	Sewer		w/ CSO r	nap			w/ additional attachments
and Ce		Section Contific	n 6: Checklist	and		w/ attach	ments			
klist	6.2	Certification	Statement	711						
Chec		I certify under penalty of law that this document and all attachments were preparate accordance with a system designed to assure that qualified personnel properly submitted. Based on my inquiry of the person or persons who manage the syst for gathering the information, the information submitted is, to the best of my know complete. I am aware that there are significant penalties for submitting false informations.						prepared un operly gather e system, or ny knowledge ise informatic O	der my and ev those p e and b on, inclu fficial ti	direction or supervision in valuate the information persons directly responsible velief, true, accurate, and uding the possibility of fine
		Circuture								and
		Signature						Di	ate sigr	iea

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

TABLE A. EFFLUENT PARAMETE	BLE A. EFFLUENT PARAMETERS FOR ALL POTWS											
	Maximum Da	ily Discharge	A	verage Daily Dischar	ge	Analytical	ML or MDI					
Pollutant	Value	Units	Value	Units	Number of Samples	Method <sup>1</sup>	(include units)					
Biochemical oxygen demand □ BOD₅ or □ CBOD₅ (report one)							□ ML □ MDL					
Fecal coliform							□ ML □ MDL					
Design flow rate												
pH (minimum)												
pH (maximum)												
Temperature (winter)												
Temperature (summer)												
Total suspended solids (TSS)												

<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).

EPA Identification Number	NPDES Permit N	umber	Facility Name		Outfall Number	Form Approved 03/05/ OMB No. 2040-00		
TABLE B. EFFLUENT PARAMETE	RS FOR ALL POTWS	<b>WITH A FLOW EQ</b>	UAL TO OR GREATE	R THAN 0.1 MGD				
	Maximum Da	ily Discharge	A	verage Daily Discha	arge	Analytical	ML or MDI	
Pollutant	Value Units		Value	Units	Number of Samples	Method <sup>1</sup>	(include units)	
Ammonia (as N)								
Chlorine (total residual, TRC) <sup>2</sup>								
Dissolved oxygen							□ ML □ MDL	
Nitrate/nitrite								
Kjeldahl nitrogen							ML     MDL	
Oil and grease							ML     MDL	
Phosphorus								
Total dissolved solids								

<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).

<sup>2</sup> Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

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EPA Identification Number	NPDES Permit N	lumber	Facility Name		Outfall Number		Form Approved 03/05/19 OMB No. 2040-0004
ABLE C. EFFLUENT PARAMETER	RS FOR SELECTED	POTWS					
Pollutant	Maximum Da	aily Discharge	Av	erage Daily Disch	narge	Analytical	ML or MDL
Fonutant	Value	Units	Value	Units	Number of Samples	Method <sup>1</sup>	(include units)
letals, Cyanide, and Total Phenols	5						
Hardness (as CaCO <sub>3</sub> )							
Antimony, total recoverable							
Arsenic, total recoverable							
Beryllium, total recoverable							
Cadmium, total recoverable							
Chromium, total recoverable							
Copper, total recoverable							
Lead, total recoverable							
Mercury total recoverable							
Nickel total recoverable							
Selenium, total recoverable							
Zinc, total recoverable							
Cyanide							
Total phenolic compounds							
Volatile Organic Compounds							
Acrolein							
Acrylonitrile							
Benzene							
Bromoform							

EPA Identification Number	NPDES Permit Number Fac		Facility Name		Outfall Number	Form Approved 03/05/19 OMB No. 2040-0004		
ABLE C. EFFLUENT PARAMETE	RS FOR SELECTED Maximum Da	POTWS aily Discharge		Average Daily Discl	narge	Analytical	ML or MDL	
Pollutant	Value	Units	Value	Units	Number of Samples	Number of Method <sup>1</sup> Samples		
Carbon tetrachloride								
Chlorobenzene								
Chlorodibromomethane								
Chloroethane								
2-chloroethylvinyl ether								
Chloroform								
Dichlorobromomethane								
1,1-dichloroethane								
1,2-dichloroethane								
trans-1,2-dichloroethylene								
1,1-dichloroethylene								
1,2-dichloropropane								
1,3-dichloropropylene								
Ethylbenzene								
Methyl bromide								
Methyl chloride								
Methylene chloride								
1,1,2,2-tetrachloroethane								
Tetrachloroethvlene								
Toluene								
1.1.1-trichloroethane								
1 1 2-trichloroethane								
							MDL	

EPA Identification Number	NPDES Permit	Number	Facility Name		Outfall Number		Form Approved 03/05/19 OMB No. 2040-0004
TABLE C. EFFLUENT PARAMETI	ERS FOR SELECTED Maximum D	POTWS aily Discharge	A	verage Daily Disch	narge	Analytical	ML or MDL
Pollutant	Value	Units	Value	Units	Number of Samples	Method <sup>1</sup>	(include units)
Trichloroethylene							
Vinyl chloride							
Acid-Extractable Compounds							
p-chloro-m-cresol							
2-chlorophenol							
2,4-dichlorophenol							
2,4-dimethylphenol							
4,6-dinitro-o-cresol							
2,4-dinitrophenol							
2-nitrophenol							
4-nitrophenol							
Pentachlorophenol							
Phenol							
2 4 6-trichlorophenol							
Base-Neutral Compounds		<u> </u>					
Acenaphthene							
Acenaphthylene							
Anthracene							
Benzidine							
Bonzo(a)anthracana							
Benzo(a)pyrene							
3,4-benzofluoranthene							

EPA Identification Number	NPDES Permit	Number	Facility Name		Outfall Number	]	Form Approved 03/05/19 OMB No. 2040-0004
ABLE C. EFFLUENT PARAMETE	RS FOR SELECTED Maximum D	POTWS aily Discharge	A	verage Daily Disch	Analytical	ML or MDL	
Pollutant	Value	Units	Value	Units	Number of Samples	Method <sup>1</sup>	(include units)
Benzo(ghi)perylene							
Benzo(k)fluoranthene							
Bis (2-chloroethoxy) methane							
Bis (2-chloroethyl) ether							
Bis (2-chloroisopropyl) ether							
Bis (2-ethylhexyl) phthalate							
4-bromophenyl phenyl ether							
Butyl benzyl phthalate							
2-chloronaphthalene							
4-chlorophenyl phenyl ether							
Chrysene							
di-n-butyl phthalate							
di-n-octyl phthalate							
Dibenzo(a,h)anthracene							
1,2-dichlorobenzene							
1,3-dichlorobenzene							
1,4-dichlorobenzene							
3,3-dichlorobenzidine							
Diethyl phthalate							
Dimethyl phthalate							
2.4-dinitrotoluene							
2.6-dinitrotoluene							
_,•							

EPA Identification Number	NPDES Permit Nu	Imber	Facility Name Outfall Number			Form Approved 03/05/19 OMB No. 2040-0004	
ABLE C. EFFLUENT PARAMETER	RS FOR SELECTED F	POTWS					
Dellutent	Maximum Dai	ily Discharge	Av	erage Daily Disch	Analytical	ML or MDL	
Pollutant	Value	Units	Value	Units	Number of Samples	Method <sup>1</sup>	(include units)
1,2-diphenylhydrazine							
Fluoranthene							
Fluorene							
Hexachlorobenzene							
Hexachlorobutadiene							
Hexachlorocvclo-pentadiene							
Hexachloroethane							
Indeno(123-cd)pyrene							
Isophorope							
Naphthalene							
Nitrobenzene							
N-nitrosodi-n-propylamine							
N-nitrosodimethylamine							
N-nitrosodiphenylamine							
Phenanthrene							
Pyrene							
1,2,4-trichlorobenzene							

<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).

EPA Identification Number	NPDES Permit	Number	Facility Name		Outfall Number		Form Approved 03/05/19 OMB No. 2040-0004
TABLE D. ADDITIONAL POLLUT	ANTS AS REQUIRED	BY NPDES PERM	MITTING AUTHORITY				
Pollutant	Maximum D	aily Discharge	A	verage Daily Disch	arge	Analytical	ML or MDL
(list)	Value	Units	Value	Units	Number of Samples	Method <sup>1</sup>	(include units)
□ No additional sampling is re	equired by NPDES per	mitting authority.					

<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).

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number	Form Approved 03/05/19 OMB No. 2040-0004
TABLE E. EFFLUENT MONITORING FO	R WHOLE EFFLUENT TOXICI	TY		
The table provides response space for on	e whole effluent toxicity sample.	Copy the table to report additionate	al test results.	
Test Information				
	Test Number	r	Test Number	Test Number
Test species				
Age at initiation of test				
Outfall number				
Date sample collected				
Date test started				
Duration				
Toxicity Test Methods				
Test method number				
Manual title				
Edition number and year of publication				
Page number(s)				
Sample Type				
Check one:	Grab Grab	🗖 Grab		Grab Grab
	24-hour composite	🗆 24-hou	r composite	24-hour composite
Sample Location				
Check one:	Before Disinfection	Before	Disinfection	Before disinfection
	After Disinfection	After Di	isinfection	After disinfection
	After Dechlorination	After D	echlorination	After dechlorination
Point in Treatment Process				
Describe the point in the treatment proces at which the sample was collected for eac test.	s h			
Toxicity Type				
Indicate for each test whether the test wa	s Acute			Acute
performed to asses acute or chronic toxic			2	
UI DUIII. (Check one response.)	Both	Both	-	Both

EPA Identification Number	NPDES Permit Number	NPDES Permit Number Facility Na		ame Outfall Number		Form Approved 03/05/19 OMB No. 2040-0004	
TABLE E. EFFLUENT MONITORING	FOR WHOLE EFFLUENT TO	XICITY					
The table provides response space for	one whole effluent toxicity sar	mple. Copy the table to re	port additional test rea	sults.			
	Test Nu	mber	Test Nu	umber	Test N	umber	
Test Type			-				
Indicate the type of test performed. (Che	<sup>eck one</sup> Static		□ Static		□ Static		
response.)	Static-renewal		Static-renewal		Static-renewal		
Source of Dilution Water							
Indicate the source of dilution water. (C	heck	r	Laboratory wate	er	Laboratory wat	er	
one response.)				r		r	
If laboratory water, specify type.				1		1	
If receiving water, specify source.							
Type of Dilution Water			<b>I</b>				
Indicate the type of dilution water. If sal water, specify "natural" or type of artific sea salts or brine used.	lt ☐ Fresh water ial ☐ Salt water (specif	Image: Fresh water     Image: Fresh water       Image: Salt water (specify)     Image: Salt water (specify)		ify)	☐ Fresh water ☐ Salt water (spec	ify)	
Percentage Effluent Used							
Specify the percentage effluent used for concentrations in the test series.	or all						
Parameters Tested			• 				
Check the parameters tested.	D pH	🛛 Ammonia	🗆 рН	Ammonia	🗆 рН	Ammonia	
	☐ Salinity	Dissolved oxvgen	☐ Salinity	Dissolved oxygen	☐ Salinity	Dissolved oxygen	
	Temperature	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,	Temperature	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Acute Test Results							
Percent survival in 100% effluent		%		%		%	
LC <sub>50</sub>							
95% confidence interval		%		%		%	
Control percent survival		%		%		%	

EPA Identification Number	NPDES Permit Number	Facility Nan	ame Outfall Number		Form Approved 03/05/19 OMB No. 2040-0004						
TABLE E. EFFLUENT MONITORING	ABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY										
The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.											
	Test Num	ber	Test Number								
Acute Test Results Continued	Acute Test Results Continued										
Other (describe)											
Chronic Test Results					1						
NOEC		%		%		%					
IC <sub>25</sub>		%		%		%					
Control percent survival		%		%		%					
Other (describe)											
Quality Control/Quality Assurance											
Is reference toxicant data available?	☐ Yes	🗆 No	Yes	🗆 No	Yes	🗆 No					
Was reference toxicant test within											
acceptable bounds?											
(MM/DD/YYYY)?	run										
Other (describe)											
· · · ·											

EPA Identification Number	NPDES Permit Number		Facility Name			Form Approved 03/05/19 OMB No. 2040-0004
TABLE F. INDUSTRIAL DISCHARGE INFORMAT	ION					
Response space is provided for three SIUs. Copy the	ne table to report informat	tion for additional SIUs.	<u>.</u>		1	
	SIU _		SIU		SIU	
Name of SIU						
Mailing address (street or P.O. box)						
City, state, and ZIP code	-					
Description of all industrial processes that affect or contribute to the discharge.						
List the principal products and raw materials that affect or contribute to the SIU's discharge.						
Indicate the average daily volume of wastewater discharged by the SIU.		gpd		gpd		gpd
How much of the average daily volume is attributable to process flow?		gpd		gpd		gpd
How much of the average daily volume is attributable to non-process flow?		gpd		gpd		gpd
Is the SIU subject to local limits?	☐ Yes	□ No	☐ Yes	□ No	☐ Yes	□ No
Is the SIU subject to categorical standards?	☐ Yes	□ No	□ Yes	🗆 No	☐ Yes	□ No

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
TABLE F. INDUSTRIAL DISCHARGE INFORM	TION		
Response space is provided for three SIUs. Copy	the table to report information for addition	onal SIUs.	
	SIU	SIU	SIU
Under what categories and subcategories is the SIU subject?			
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4. years that are attributable to the SIU?	5 🗆 Yes 🗆 No	□ Yes □ No	Yes No
If yes, describe.			



Google Maps Alamo

Alamo - Google Maps



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https://www.google.com/maps/place/Alamo,+TN+38001/@35.7976785,-89.1179902,151m/data=I3m111e3I4m5I3m4I1s0x887ec84d271171b7:0xd73478903e1e9395I8m2I3d35.7847949I4d-89.11728831...

1/3

#### 35°47'53.1"N 89°07'05.1"W



Imagery ©2022 Maxar Technologies, Map data ©2022 50 ft



35°47'53.1"N 89°07'05.1"W 35.798071, -89.118094

# Google Maps



Imagery ©2022 Maxar Technologies, Map data ©2022 50 ft

# **TENNESSEE SPARROW HUC10 TOTAL NITROGEN ANALYSIS SHEET**

### MIDDLE FORK FORKED DEER RIVER WATERSHED (HUC10 - 02)

vs 11/13/20

#### SPARROW Modeled TN Load at Outlet of HUC10 (02)

Source Category	Contribution (%)							
Air Deposition ("background")	28.5							
Manure	3.6		Point Source Load		Enrichment Fact	or		
Fertilizer	59.5		Contribution	EF < 2.35	2.35 ≤ EF < 2.66	1	EF ≥ 2.66	
Legume Crops	0.0		%C ≥ 5.77%	Low	Medium		High	
Urban	2.8		2.27% ≤ %C < 5.77%	Low	Medium		Medium	
Wastewater	5.6		%C < 2.27%	Low	Low	í	Low	
Total	100.0							
			TN Enrichment Factor =	-	Fotal Current Load	=	: 3	3.51
Total Load	1,107,941	lbs/yr		Tota	I "Background" Load			
Drainage Area	155	sq mi						
Unit Area Load	11.188	lbs/ac/yr	Impact Category:				Me	dium
Mean Annual Streamflow	739.4	cfs	Proposed WWTP Treatment	Performance	:		<mark>8</mark> r	mg/L

#### **Point Source Characteristics**

		Design	Average	Ratio	Avg TN				Discharge to Nutrient
		Flow	Flow	(Avg/	Conc	Recommended	# of		Impaired Waterbody
Facility	Permit #	(MGD)	(MGD)	Design)	(mg/L)	Reduction (%)	Samples	Data Source	(2016)
Humboldt STP	TN0062588	2.6	1.655	63.7%	8.28	Cap *	18	DMRs (2008-15)	
Alamo STP	TN0024988	0.4	0.5084	127.1%	3.6	Сар	3	application (2017)	

\* Discharge from Humboldt STP does not require a reduction because the average discharge flow is less than the design flow.

#### **Recommended Point Source Facility Load**

Facility	Permit #	Allowable Annual Load *	Recommended Monitoring
Humboldt STP	TN0062588	41,715	Semi-monthly composite sample + in-stream monitoring
Alamo STP	TN0024988	5,571	monthly grab sample + in-stream monitoring

\* Allowable Annual Load calculated based on expected treatment performance (if reduction is recommended) or monitoring data (if no reduction is recommended). In the absence of monitoring data, load is calculated from design flow and a default TN concentration of 45 mg/L.

#### **Potential Trading Source**

Ratio Wastewater(STP )/Wastewater(other)	40.62
Ratio WWTP/(fertiliz er+manure+legumes)	0.09
Ratio (WWTP+urban)/(fe tilizer+manure+legumes)	0.13

# **TENNESSEE SPARROW HUC10 TOTAL PHOSPHORUS ANALYSIS SHEET**

### MIDDLE FORK FORKED DEER RIVER WATERSHED (HUC10 - 02)

vs 11/13/20

#### SPARROW Modeled TP Load at Outlet of HUC10 (02)

Source Category	Contribution (%)						
Soil Parent Rock ("background")	32.7						
Mines	0.0		Point Source Load		Enrichment Fact	or	
Manure	3.7		Contribution	EF < 2.67	2.67 ≤ EF < 3.05	EF≥	≥ 3.05
Fertilizer	58.3		%C ≥ 2.75%	Low	Medium	Н	ligh
Urban	2.5		1.29% ≤ %C < 2.75%	Low	Medium	Me	dium
Wastewater	2.7		%C < 1.29%	Low	Low	L	ow
Total	99.9						
			TP Enrichment Factor =	<u> </u>	otal Current Load	=	3.06
Total Load	426,014	lbs/yr		Tota	l "Background" Load		
Drainage Area	99,030	acres					
Unit Area Load	4.302	lbs/ac/yr	Impact Category:				Medium
Mean Annual Streamflow	739.4	cfs	Proposed WWTP Treatment	Performanc	e:		1 mg/L

#### **Point Source Characteristics**

		Design Flow	Average Flow	Ratio (Avg/	Avg TP Conc	Recommended	# of		Discharge to Nutrient Impaired Waterbody
Permittee	Permit #	(MGD)	(MGD)	Design)	(mg/L)	Reduction (%)	Samples	Data Source	(2016)
Humboldt STP	TN0062588	2.6	1.655	63.7%	2.05	23.4	19	DMRs (2008-15)	MFFDr Mile 23.4
Alamo STP	TN0024988	0.4	0.5084	127.1%	1.84	Сар	70	DMRs (2015-20)	ut to Buck Creek

#### **Recommended Point Source Facility Load**

Facility	Permit #	Allowable Annual Load *	Recommended Monitoring
Humboldt STP	TN0062588	7,915	Semi-monthly composite sample + in-stream monitoring
Alamo STP	TN0024988	2,848	monthly grab sample + in-stream monitoring

\* Allowable Annual Load calculated based on expected treatment performance (if reduction is recommended) or monitoring data (if no reduction is recommended). In the absence of monitoring data, load is calculated from design flow and a default TP concentration of 5 mg/L.

#### **Potential Trading Source**

Ratio Wastewater(STP)/Wastewater(other)	4.40
Ratio WWTP/(fert lizer+manure)	0.04
Ratio (WWTP+urban)/ [fertilizer+manure)	0.08

### 6.2. NH<sub>3</sub>-N TOXICITY

To assess toxicity impacts, the state utilizes the EPA Ambient Water Quality Criteria for Ammonia (https://www.epa.gov/wqc/aquatic-life-criteria-ammonia), which is promulgated in Tennessee Rules, Chapter 0400-40-03-.03-3(3)(j), dated *September 11, 2019*, and stream temperatures of 23°C and 10°C and pH of 7.0 to derive an allowable instream protection value protective of chronic exposure to a continuous discharge. A mass balance equation with sewage treatment facility and stream flows and this allowable value determines the monthly average permit limit. The criteria document states that a 30Q5 flow value is protective in deriving allowable values. Where the division has 30Q5 flow values, the division may use them. Otherwise, the division utilizes the available 7Q10 or 1Q10 values that are generally more conservative. The criteria continuous concentrations (CCC) derived from assumed temperature and pH values are as follows:

Temperature (°C)	7.0 pH	7.5 pH	8.0 pH
23	<mark>1.56</mark>	1.15	0.64
25	1.37	1.01	0.56
27	1.20	0.89	0.49
30	0.99	0.73	0.41

Temperature (°C)	7.0 pH	7.5 pH	8.0 pH
10	<mark>3.6</mark>	2.66	1.48
15	2.6	1.92	1.07
17	2.29	1.69	0.94
20	1.89	1.39	0.78

CCC values based on temperature and pH, in mg/L:

The mass balance equation is as follows:

$$CCC = \frac{Q_{S}C_{S} + Q_{STP}C_{STP}}{Q_{S} + Q_{STP}}$$

$$C_{STP=} \frac{CCC(Q_{S}+Q_{STP})-(Q_{S}C_{S})}{Q_{STP}}$$

where:

CCC = Criteria continuous concentration (mg/L)  $Q_{S} = 7Q10 \text{ flow of receiving stream (MGD)}$   $Q_{STP} = \text{Design flow of STP (MGD)}$   $C_{S} = \text{Assumed/Measured instream NH}_{3} (mg/L)$   $C_{STP} = \text{Allowable STP discharge of NH}_{3} (mg/L)$   $C_{STP} = \underline{CCC (0 \text{ MGD} + 0.4 \text{ MGD}) - (0 \text{ MGD x } 0.1 \text{ mg/L})}$  0.4 MGD = 1.56 mg/L (summer) 0.4 MGD = 3.6 mg/L (winter)

or,

In this case, limiting NH<sub>3</sub>-N to 1.1 mg/l (summer) and 2 mg/l (winter) is retained due to the antibacksliding provision of 40 CFR 122.44(I) that requires a reissued permit to be as stringent as the previous permit.

0.4 MGD

\*In the current permit, keep in mind that the state utilized the EPA document, <u>1999 Update to Ambient</u> <u>Water Quality Criteria for Ammonia</u>, pursuant to 0400-40-03-.0-3(3)(j), and <u>assumed</u> stream temperatures of 27°C and 17°C and pH of 8.0 to derive an allowable instream protection value protective of chronic exposure to a continuous discharge.

Temperature (°C)	7.5 pH	8.0 pH	Temperature (°C)	7.5 pH	8.0 pH
25	2.22	1.24	15	4.22	2.36
27	1.94	<mark>1.09</mark>	17	3.72	<mark>2.07</mark>
30	1.61	0.90	20	3.06	1.71

## CCC values based on temperature and pH, in mg/L:

C <sub>STP</sub> =	1.09	(0 MGD+	0.4 MGD)	)-(	0 MGD x 0.1mg/l)
			0.	4	MGD

= 1.09 mg/l (summer)

$C_{STP} = 2.07 (0 \text{ MGD} + 0.4 \text{ MGD}) - (0 \text{ MGD x } 0.1 \text{ mg/l})$	= 2.07  mg/l (winter)
0.4 MGD	

In this case, limiting  $NH_3$ -N to 1.1 mg/l (summer) and 2 mg/l (winter) is necessary to prevent ammonia toxicity.

## CORRECTIVE ACTION PLAN/ENGINEERING REPORT (CAP/ER)

FOR THE TOWN OF ALAMO, TENNESSEE

IN RESPONSE TO TDEC – DIVISION OF WATER RESOURCES DIRECTOR'S ORDER CASE NO. WPC21-0023





## Introduction

The Town of Alamo received Director's Order and Assessment WPC21-0023 from the Tennessee Department of Environment and Conservation (TDEC), Division of Water Resources for violations of the Town's NPDES Permit. More than half of the violations were exceedances of the ammonia nitrogen limit.

One of the requirements of the Order is for the Town to provide a Corrective Action Plan/ Engineering Report for addressing the violations and providing corrective steps with a schedule. The purpose of this document is to summarize the findings of the Order, present planned corrective actions, and to provide an implementation schedule for the planned corrective actions.

## Summary of Director's Order and Assessment

The Director's Order identifies the following facts:

- The Town of Alamo operates a wastewater treatment plant (WWTP) with an NPDES Permit identification of TN0024988. The permit to discharge treated wastewater is typically a five year permit; however, the current permit for Alamo is a four year permit, effective August 1, 2018, and expiring July 31, 2022.
- As part of the permit requirements, the Town of Alamo submits monthly operating data to TDEC.
- From the time period of October 2019 through March 2021 (18 months), there were 67 exceedances of various permit limits.

Due to those exceedances, the Order and Assessment was issued. Almost half of the exceedances were due to exceeding the Ammonia Nitrogen permit limit, while nearly as many were due to exceeding the BOD limit. Exceeding the BOD limit indicates that the treatment plant is not processing organic material to the level needed to be within permit limits.

The Ammonia Nitrogen and BOD exceedances account for 51 of the 67 exceedances. This indicates that the plant is challenged to consistently treat wastewater to the level needed. There are multiple causes for this; one of the chief ones is the significant infiltration and inflow issue within the Town of Alamo wastewater collection system. The collection system allows in a significant amount of rainwater, which overloads the wastewater treatment plant, reducing its ability to adequately treat wastewater to the permit limits. One of the other causes of exceedances is the limits of the permit itself. Due to the permit standards for discharging into an unnamed tributary to Buck Creek, there is little margin for error in operational efficiencies.

## **Planned Corrective Actions**

The Town of Alamo recognizes the need to implement corrective actions to bring the wastewater treatment plant into compliance with the existing permit limits. Following are the planned activities.

## **Operational Adjustments**

The Town of Alamo recognizes that one corrective action is to adjust the operations of the existing facility to optimize the process units available. Since October 2019, the Town has

replaced the wastewater treatment plant operator and the current operator is utilizing TAUD and MTAS resources for tweaking the plant performance. The operator has already implemented multiple adjustments to how the plant functions.

## Infiltration and Inflow Reduction

The chief cause of upsets within the existing wastewater treatment plant is the significant amount of infiltration and inflow of rainwater. During 2020, the Town of Alamo engaged TREKK Design Group to inspect and assess portions of the wastewater collection system, identifying areas of higher priority for repair. The Town of Alamo is using a significant portion of an existing Community Development Block Grant (CDBG) for infiltration and inflow reduction through lining of a portion of the existing sewer system, addressing the areas identified in the TREKK study.

The CDBG plans have been submitted to the State of Tennessee ECD for review and concurrence. Once approved, the plans will be bid and construction will occur. It is anticipated that this work will be complete by May 2022.

## **Construction of a Second Clarifier**

The existing wastewater treatment plant has only one secondary clarifier, a clear limitation to operational flexibility and redundancy. The Town has recognized this and is using a portion of their current CDBG for the design and construction of a second clarifier. The inclusion of a second clarifier will allow for the plant to be able to handle the higher storm flows and still provide acceptable settling rates. The design is complete and the plans have been submitted to the State of Tennessee ECD for review and concurrence. Once approved, the plans will be bid and construction will occur. It is anticipated that this work will be complete by May 2022.

## Additional Infiltration and Inflow Study and Corrective Action

Once the initial infiltration and inflow work is complete, the Town then will monitor and assess the remaining magnitude of infiltration and inflow within the wastewater system and will determine the areas of the wastewater collection system that require additional investigation.

Once the high priority areas are identified, the Town of Alamo will retain a firm to perform cleaning and video inspection services to assess the issues and further refine the next infiltration and inflow repair project.

The Town will have the flow monitoring performed in 2022 and then have the cleaning and inspection services in 2023.

## **Investigation into Seasonal Spray Irrigation**

One of the issues with long term compliance with the existing NPDES permit is the fact that the plant discharges to a small, unnamed tributary. It has been previously suggested by TDEC that the Town consider transitioning to spray irrigation for disposal of treated wastewater. The use of spray irrigation for disposal would eliminate the loading of treated wastewater to the unnamed tributary during applicable time periods.

The Town will investigate the opportunity for the addition of spray irrigation disposal as a seasonal wastewater disposal, with the intent that the existing discharge be utilized during the wetter months. With the current permit expiring in July 2022, it is proposed to work the permit renewal and spray irrigation disposal permitting efforts in parallel.

# **Corrective Action Implementation Schedule**

Following is the proposed implementation schedule for the corrective actions.

Infiltration and Inflow Reduction - Initial wastewater collection system investigation and determination of repair needs	Completed January 2021
Infiltration and Inflow Reduction – Rehabilitation of wastewater collection system – CDBG project	<ul> <li>Design is complete</li> <li>Construction Anticipated October 2021 – May 2022</li> </ul>
<b>Construction of a Second Clarifier</b> – Design and construction of a second clarifier	<ul> <li>Design is complete</li> <li>Construction Anticipated October 2021 – May 2022</li> </ul>
Additional Infiltration and Inflow Study and Corrective Action – Wastewater collection system infiltration and inflow study	<ul> <li>Flow monitoring – May 2022 through December 2022</li> <li>Cleaning and Inspection – first half 2023</li> </ul>
<b>Investigation into Seasonal Spray</b> <b>Irrigation</b> – Siting and permitting of seasonal spray irrigation	<ul> <li>Preliminary siting discussion with TDEC – fall 2021</li> <li>Soil percolation investigations – spring 2022</li> <li>Permit application for spray irrigation – summer 2022</li> <li>Construction Plans for spray irrigation – 2023</li> <li>Construction of spray field - 2024</li> </ul>

The schedule for the various construction projects is dependent on the ability of the Town of Alamo to obtain grant funding for the projects

## Conclusion

The Town of Alamo recognizes that improvements to the processes of collection and treatment of wastewater must be made to be in compliance with the Town's NPDES permit. The Town has already committed funds for investigation of the collection system, repair of portions of the collection system, and construction of a second clarifier at the wastewater treatment plant for the purpose of achieving compliance with the permit.

The Town believes that the proposed corrective actions will obtain compliance with the current NPDES permit limits and proposes to implement these actions as per the presented schedule.