

From: [michael thompson](#)
To: [Priyaa Dhasarathy](#)
Subject: RE: EXTERNAL:TN0002780- Application Due
Attachments: [image001.png](#)
[image002.png](#)

I have provided answers following your questions below. I appreciate your thorough review of our application. I am on vacation for most of the remainder of the month but will check my emails and may be able to respond to some questions in the days following Christmas.

Michael A. Thompson
Senior Environmental Health & Safety Engineer
Chattem Chemicals, Inc.
3708 St. Elmo Ave.
Chattanooga, TN 37409
michael.thompson@sunpharma.com
423-822-5029



From: Priyaa Dhasarathy <Priyaa.Dhasarathy@tn.gov>
Sent: Thursday, December 14, 2023 1:49 PM
To: michael thompson <Michael.Thompson@sunpharma.com>
Subject: RE: EXTERNAL:TN0002780- Application Due

Good Afternoong Micheal,

We reviewed your application for completeness and we are deeming it incomplete till we get some clarifications on all the questions below.

1. Is there a reason why you have entered all the value in kg/d and not in mg/l? I'm asking since I see the units of mg/l in your previous application and current DMRs. What flowrate do you use to convert kg/d into mg/l- design flow or the actual flow that you've reported in your application? Somewhere in the instructions I read that data should be reported in the units of kg/d. I was not able to find the source in a quick review of the instructions. The flowrate used was 0.5 mgd.
2. What industrial activity is exposed to stormwater? The stormwater from our facility with the exception of one roof top and an adjacent 200 ft² concrete pad is directed to the local POTW. The stormwater from the roof top and concrete do not have direct contact with any industrial activity.
3. I see the source of cooling water are 2 wells. What is the source of aluminum, zinc, mercury and ammonia in the non-contact cooling water? I'm asking this so we under the reasonable potential for these metals in terms of affecting water quality. The previous permits have included limits for these metals and there is no proper rationale explaining why the previous

permit writers included them in your permit. If we know an answer to these, we should be able to calculate the reasonable potential and even think about why we need these limits in the coming permit or not. I'm just trying to make sure we make the permit better from our side with precise explanation to all that is on there so its makes it easier for you and the Division going forward. The source of metals and ammonia in the well water are background environmental sources. I have sampled the wells on the occasion we experienced elevated levels of these pollutants and determined our facility is not contributing to their levels. In the case of ammonia we dramatically reduce the value as the water flows through our facility. The well water is only exposed to atmospheric conditions once when the cooling water loops combine in a <50 gallon open top tank on the roof of one of our buildings immediately before discharge. I have asked the same questions you are asking because we have demonstrated through our testing over many years the pollutants exist at very low levels. I was advised at one time it was due to our being the primary source of water to an low volume stream. The stream is actually a near 100% covered stormwater conveyance system. We welcome an evaluation of the validity for testing of these pollutants.

4. Is there anything else you add to the cooling water ? Do you analyze the well water for metals periodically? We do not treat the well water we use for non contact cooling. As I stated in the answer to question 3 I have sampled whenever elevated values in the pollutants have been measured and determined them in the case of mercury to likely to an outlier and in the case of ammonia a one-time episode where the elevated levels were present in the well water we pumped into our facility.

Thanks for your time. Please do not hesitate to reach out to me if you have any questions.

Thanks,
Priyaa

From: michael thompson <Michael.Thompson@sunpharma.com>

Sent: Monday, November 27, 2023 2:12 PM

To: Priyaa Dhasarathy <Priyaa.Dhasarathy@tn.gov>

Subject: [EXTERNAL] RE: EXTERNAL:TN0002780- Application Due

Please find attached the subject application forms. We appreciate your guidance and patience with our application submittal.

If you have any questions please feel free to contact me.

Michael A. Thompson
Senior Environmental Health & Safety Engineer
Chattem Chemicals, Inc.
3708 St. Elmo Ave.
Chattanooga, TN 37409
michael.thompson@sunpharma.com
423-822-5029



From: Priyaa Dhasarathy <Priyaa.Dhasarathy@tn.gov>
Sent: Tuesday, November 21, 2023 10:54 AM
To: michael thompson <Michael.Thompson@sunpharma.com>
Subject: RE: EXTERNAL:TN0002780- Application Due

That would be great. For your question about form 2C, no. That discharge is regulated/permitted by the POTW via the pretreatment program. Hope this helps.

From: michael thompson <Michael.Thompson@sunpharma.com>
Sent: Thursday, November 16, 2023 1:35 PM
To: Priyaa Dhasarathy <Priyaa.Dhasarathy@tn.gov>
Subject: [EXTERNAL] RE: EXTERNAL:TN0002780- Application Due

I'll secure a signature this week and submit electronically immediately thereafter. Is a Form 2C required in addition to our Form 1 and Form 2-F because we have process wastewater that is discharged to the local POTW?

Michael A. Thompson
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From: Priyaa Dhasarathy <Priyaa.Dhasarathy@tn.gov>
Sent: Wednesday, November 15, 2023 1:02 PM
To: michael thompson <Michael.Thompson@sunpharma.com>
Cc: jason allen <Jason.Allen@sunpharma.com>
Subject: RE: EXTERNAL:TN0002780- Application Due

Good Afternoon Mr. Thompson,

Just reaching back since it has been almost 2 weeks since your last email. Are you able to submit a signed application anytime soon?

Thanks,
Priyaa

From: michael thompson <Michael.Thompson@sunpharma.com>
Sent: Thursday, November 2, 2023 3:34 PM
To: Priyaa Dhasarathy <Priyaa.Dhasarathy@tn.gov>
Cc: jason allen <Jason.Allen@sunpharma.com>
Subject: [EXTERNAL] RE: EXTERNAL:TN0002780- Application Due

I will submit the application at the earliest possible date and I believe that to be within a few business days.

Michael A. Thompson
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From: Priyaa Dhasarathy <Priyaa.Dhasarathy@tn.gov>
Sent: Thursday, November 2, 2023 4:31 PM
To: michael thompson <Michael.Thompson@sunpharma.com>
Cc: jason allen <Jason.Allen@sunpharma.com>
Subject: RE: EXTERNAL:TN0002780- Application Due

Mr.Thompson,

Unfortunately, we will not be able to work with an unsigned application. The basic we expect is for the application to be signed by Mr. Jason Allen. I would advise you to submit a signed application to us at the earliest.

Thank you,
Priyaa Dhasarathy

From: michael thompson <Michael.Thompson@sunpharma.com>
Sent: Thursday, November 2, 2023 1:17 PM
To: Priyaa Dhasarathy <Priyaa.Dhasarathy@tn.gov>
Cc: jason allen <Jason.Allen@sunpharma.com>
Subject: [EXTERNAL] RE: EXTERNAL:TN0002780- Application Due

I will send you an unsigned application today for you to work with until I can submit a signed one. Our Vice President – General Manager has been traveling internationally and hasn't been able to sign.

Michael A. Thompson
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From: Priyaa Dhasarathy <Priyaa.Dhasarathy@tn.gov>
Sent: Thursday, November 2, 2023 1:14 PM
To: michael thompson <Michael.Thompson@sunpharma.com>; jason allen <Jason.Allen@sunpharma.com>
Subject: RE: EXTERNAL:TN0002780- Application Due

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Good Afternoon Mr. Thompson,

Just checking to see if the testing has been done and if you are able to submit the application for permit reissuance? The permit application was due on September 2, 2023 and it has been 2 months past that date.

Please let me know if you have any questions.

Thank you,
Priyaa Dhasarathy

From: michael thompson <Michael.Thompson@sunpharma.com>
Sent: Tuesday, October 3, 2023 8:18 AM
To: Priyaa Dhasarathy <Priyaa.Dhasarathy@tn.gov>; jason allen <Jason.Allen@sunpharma.com>
Subject: [EXTERNAL] RE: EXTERNAL:TN0002780- Application Due

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

Yes we have received your reminders. While working on the application I determined the new EPA application format requires testing for additional parameters we do not test for. I submitted samples for that specific testing and have now received the results. I will complete the application and forward it immediately. We appreciate the state's reminders regarding reapplication status.

Michael A. Thompson
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Sent: Monday, October 2, 2023 4:25 PM
To: jason allen <Jason.Allen@sunpharma.com>
Cc: michael thompson <Michael.Thompson@sunpharma.com>
Subject: EXTERNAL:TN0002780- Application Due

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Good Afternoon,

I'm the permit writer for TN0002780. Your current permit is due to expire on February 29, 2024 and your permit application for reissuance is past the due date of September 2, 2023. I'm reaching out to check if you are receiving the application due emails from us and if you have a questions about the permit application forms that need to be submitted .

Please do not hesitate to reach out to me if you have any questions.

Thank you,
Priyaa Dhasarathy



Priyaa Dhasarathy | Environmental Protection Specialist
Division of Water Resources, Water-Based Systems Unit

William R. Snodgrass TN Tower, 11th Fl

312 Rosa L. Parks Ave 37243

p. 615-913-0076

priyaa.dhasarathy@tn.gov

tn.gov/environment

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From: [Priyaa Dhasarathy](#)
To: [Water Permits](#); [Elizabeth Rorie](#)
Subject: FW: EXTERNAL:TN0002780- Application Due
Date: Monday, November 27, 2023 2:16:22 PM
Attachments: [image001.png](#)
[image002.png](#)

Hey Beth,

Another permit application. Could you please upload this to WL as well?

Thanks,
Priyaa

From: michael thompson <Michael.Thompson@sunpharma.com>
Sent: Monday, November 27, 2023 2:12 PM
To: Priyaa Dhasarathy <Priyaa.Dhasarathy@tn.gov>
Subject: [EXTERNAL] RE: EXTERNAL:TN0002780- Application Due

Please find attached the subject application forms. We appreciate your guidance and patience with our application submittal.

If you have any questions please feel free to contact me.

Michael A. Thompson
Senior Environmental Health & Safety Engineer
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Chattanooga, TN 37409
michael.thompson@sunpharma.com
423-822-5029



From: Priyaa Dhasarathy <Priyaa.Dhasarathy@tn.gov>
Sent: Tuesday, November 21, 2023 10:54 AM
To: michael thompson <Michael.Thompson@sunpharma.com>
Subject: RE: EXTERNAL:TN0002780- Application Due

That would be great. For your question about form 2C, no. That discharge is regulated/permitted by the POTW via the pretreatment program. Hope this helps.

From: michael thompson <Michael.Thompson@sunpharma.com>

Sent: Thursday, November 16, 2023 1:35 PM
To: Priyaa Dhasarathy <Priyaa.Dhasarathy@tn.gov>
Subject: [EXTERNAL] RE: EXTERNAL:TN0002780- Application Due

I'll secure a signature this week and submit electronically immediately thereafter. Is a Form 2C required in addition to our Form 1 and Form 2-F because we have process wastewater that is discharged to the local POTW?

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To: michael thompson <Michael.Thompson@sunpharma.com>
Cc: jason allen <Jason.Allen@sunpharma.com>
Subject: RE: EXTERNAL:TN0002780- Application Due

Good Afternoon Mr. Thompson,

Just reaching back since it has been almost 2 weeks since your last email. Are you able to submit a signed application anytime soon?

Thanks,
Priyaa

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Cc: jason allen <Jason.Allen@sunpharma.com>
Subject: [EXTERNAL] RE: EXTERNAL:TN0002780- Application Due

I will submit the application at the earliest possible date and I believe that to be within a few business days.

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Sent: Thursday, November 2, 2023 4:31 PM
To: michael thompson <Michael.Thompson@sunpharma.com>
Cc: jason allen <Jason.Allen@sunpharma.com>
Subject: RE: EXTERNAL:TN0002780- Application Due

Mr.Thompson,

Unfortunately, we will not be able to work with an unsigned application. The basic we expect is for the application to be signed by Mr. Jason Allen. I would advise you to submit a signed application to us at the earliest.

Thank you,
Priyaa Dhasarathy

From: michael thompson <Michael.Thompson@sunpharma.com>
Sent: Thursday, November 2, 2023 1:17 PM
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Subject: [EXTERNAL] RE: EXTERNAL:TN0002780- Application Due

I will send you an unsigned application today for you to work with until I can submit a signed one. Our Vice President – General Manager has been traveling internationally and hasn't been able to sign.

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Subject: RE: EXTERNAL:TN0002780- Application Due

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Good Afternoon Mr. Thompson,

Just checking to see if the testing ahs been done and if you are able to submit the application for permit reissuance? The permit application was due on September 2, 2023 and it has been 2 months past that date.

Please let me know if you have any questions.

Thank you,
Priyaa Dhasarathy

From: michael thompson <Michael.Thompson@sunpharma.com>
Sent: Tuesday, October 3, 2023 8:18 AM
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Subject: [EXTERNAL] RE: EXTERNAL:TN0002780- Application Due

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Yes we have received your reminders. While working on the application I determined the new EPA application format requires testing for additional parameters we do not test for. I submitted samples for that specific testing and have now received the results. I will complete the application and forward it immediately. We appreciate the state's reminders regarding reapplication status.

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Sent: Monday, October 2, 2023 4:25 PM
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Subject: EXTERNAL:TN0002780- Application Due

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Good Afternoon,

I'm the permit writer for TN0002780. Your current permit is due to expire on February 29, 2024 and your permit application for reissuance is past the due date of September 2, 2023. I'm reaching out to check if you are receiving the application due emails from us and if you have a questions about the permit application forms that need to be submitted .

Please do not hesitate to reach out to me if you have any questions.

Thank you,
Priyaa Dhasarathy



Priyaa Dhasarathy | Environmental Protection Specialist
Division of Water Resources, Water-Based Systems Unit
William R. Snodgrass TN Tower, 11th Fl
312 Rosa L. Parks Ave 37243
p. 615-913-0076
priyaa.dhasarathy@tn.gov
tn.gov/environment


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EPA Identification Number 110064280380	NPDES Permit Number TN0002780	Facility Name Chattem Chemicals Inc.	Form Approved 03/05/19 OMB No. 2040-0004
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Form 1 NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater GENERAL INFORMATION
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SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(f) and (f)(1))

Activities Requiring an NPDES Permit	1.1	Applicants Not Required to Submit Form 1	
	1.1.1	Is the facility a new or existing publicly owned treatment works ? If yes, STOP. Do NOT complete Form 1. Complete Form 2A.	1.1.2 Is the facility a new or existing treatment works treating domestic sewage ? If yes, STOP. Do NOT complete Form 1. Complete Form 2S.
	1.2	Applicants Required to Submit Form 1	
	1.2.1	Is the facility a concentrated animal feeding operation or a concentrated aquatic animal production facility ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2B.	1.2.2 Is the facility an existing manufacturing, commercial, mining, or silvicultural facility that is currently discharging process wastewater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2C.
	1.2.3	Is the facility a new manufacturing, commercial, mining, or silvicultural facility that has not yet commenced to discharge ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2D.	1.2.4 Is the facility a new or existing manufacturing, commercial, mining, or silvicultural facility that discharges only nonprocess wastewater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2E.
	1.2.5	Is the facility a new or existing facility whose discharge is composed entirely of stormwater associated with industrial activity or whose discharge is composed of both stormwater and non-stormwater ? <input checked="" type="checkbox"/> Yes → Complete Form 1 and Form 2F unless exempted by 40 CFR 122.26(b)(14)(x) or (b)(15).	

SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(f)(2))

Name, Mailing Address, and Location	2.1	Facility Name		
		Chattem Chemicals Inc.		
	2.2	EPA Identification Number		
		110064280380		
	2.3	Facility Contact		
		Name (first and last)	Title	Phone number
		Michael Thompson	Sr Environmental, Health, & Safety Engr	(423) 822-5029
		Email address michael.thompson@sunpharma.com		
2.4	Facility Mailing Address			
	Street or P.O. box 3708 Saint Elmo Ave.			
	City or town	State	ZIP code	
	Chattanooga	TN	37409	

EPA Identification Number 110064280380		NPDES Permit Number TN0002780		Facility Name Chattem Chemicals Inc.		Form Approved 03/05/19 OMB No. 2040-0004	
Name, Mailing Address, and Location Continued	2.5	Facility Location					
	Street, route number, or other specific identifier 1713 W. 38th Street						
	County name Hamilton		County code (if known)				
	City or town Chattanooga		State TN		ZIP code 37409		
SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))							
SIC and NAICS Codes	3.1	SIC Code(s)		Description (optional)			
		2833					
		2869					
	3.2	NAICS Code(s)		Description (optional)			
		325411					
		325180					
SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(f)(4))							
Operator Information	4.1	Name of Operator					
	Chattem Chemicals Inc.						
	4.2	Is the name you listed in Item 4.1 also the owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	4.3	Operator Status <input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input checked="" type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____					
Operator Information Continued	4.4	Phone Number of Operator					
	(423) 822-5000						
Operator Information Continued	4.5	Operator Address					
		Street or P.O. Box 3708 Saint Elmo Ave.					
	City or town Chattanooga		State TN		ZIP code 37409		
	Email address of operator michael.thompson@sunpharma.com						
SECTION 5. INDIAN LAND (40 CFR 122.21(f)(5))							
Indian Land	5.1	Is the facility located on Indian Land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

EPA Identification Number 110064280380	NPDES Permit Number TN0002780	Facility Name Chattem Chemicals Inc.	Form Approved 03/05/19 OMB No. 2040-0004
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SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(f)(6))

Existing Environmental Permits	6.1	Existing Environmental Permits (check all that apply and print or type the corresponding permit number for each)		
		<input checked="" type="checkbox"/> NPDES (discharges to surface water)	<input checked="" type="checkbox"/> RCRA (hazardous wastes)	<input type="checkbox"/> UIC (underground injection of fluids)
		<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)	<input checked="" type="checkbox"/> NESHAPs (CAA)
	<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input type="checkbox"/> Other (specify)	

SECTION 7. MAP (40 CFR 122.21(f)(7))

Map	7.1	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CAFO—Not Applicable (See requirements in Form 2B.)
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SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8))

Nature of Business	8.1	Describe the nature of your business. Manufacturing of Active Pharmaceutical Ingredients (APIs), Toiletry chemicals, and inorganic chemicals
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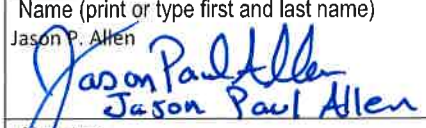
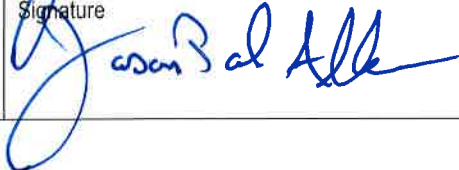
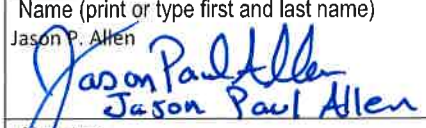
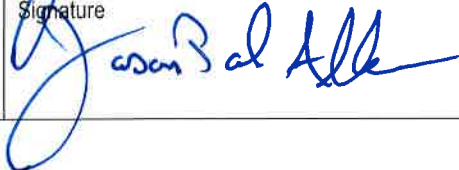
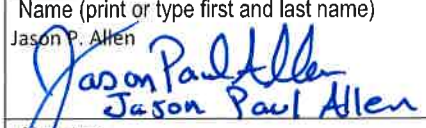
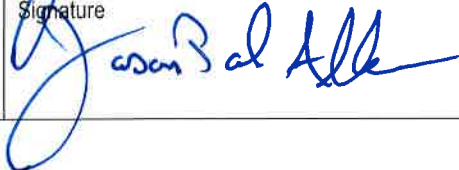
SECTION 9. COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(f)(9))

Cooling Water Intake Structures	9.1	Does your facility use cooling water? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 10.1.
	9.2	Identify the source of cooling water. (Note that facilities that use a cooling water intake structure as described at 40 CFR 125, Subparts I and J may have additional application requirements at 40 CFR 122.21(r). Consult with your NPDES permitting authority to determine what specific information needs to be submitted and when.) 2 Wells

SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(f)(10))

Variance Requests	10.1	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.) <input type="checkbox"/> Fundamentally different factors (CWA Section 301(n)) <input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2)) <input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g)) <input type="checkbox"/> Thermal discharges (CWA Section 316(a)) <input checked="" type="checkbox"/> Not applicable
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SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	11.1	<p>In Column 1 below, mark the sections of Form 1 that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Column 1</th> <th style="width: 50%; text-align: center;">Column 2</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Section 1: Activities Requiring an NPDES Permit</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 2: Name, Mailing Address, and Location</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 3: SIC Codes</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 4: Operator Information</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 5: Indian Land</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 6: Existing Environmental Permits</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 7: Map</td> <td><input type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 8: Nature of Business</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 9: Cooling Water Intake Structures</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 10: Variance Requests</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 11: Checklist and Certification Statement</td> <td><input type="checkbox"/> w/ attachments</td> </tr> </tbody> </table>	Column 1	Column 2	<input checked="" type="checkbox"/> Section 1: Activities Requiring an NPDES Permit	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 2: Name, Mailing Address, and Location	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 3: SIC Codes	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 4: Operator Information	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 5: Indian Land	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 6: Existing Environmental Permits	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 7: Map	<input type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> Section 8: Nature of Business	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 9: Cooling Water Intake Structures	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 10: Variance Requests	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 11: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
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11.2	<p>Certification Statement</p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Name (print or type first and last name) Jason P. Allen  Jason Paul Allen </td> <td style="width: 50%;"> Official title Vice President - General Manager </td> </tr> <tr> <td> Signature  </td> <td> Date signed 27 NOV 2023 </td> </tr> </table>	Name (print or type first and last name) Jason P. Allen  Jason Paul Allen	Official title Vice President - General Manager	Signature 	Date signed 27 NOV 2023																					
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Effluent Characteristics Continued	4.3	Is fecal coliform believed present, or is sanitary waste discharged (or will it be discharged)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.5.						
	4.4	Provide data as requested in the table below. ¹ (See instructions for specifics.)						
		Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Source (Use codes per instructions.)
				Mass	Conc.	Mass	Conc.	
		Fecal coliform						
		<i>E. coli</i>						
		Enterococci						
	4.5	Is chlorine used (or will it be used)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.7.						
	4.6	Provide data as requested in the table below. ¹ (See instructions for specifics.)						
		Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Source (use codes per instructions)
			Mass	Conc.	Mass	Conc.		
	Total Residual Chlorine							
4.7	Is non-contact cooling water discharged (or will it be discharged)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 5.							
4.8	Provide data as requested in the table below. ¹ (See instructions for specifics.)							
	Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Source (use codes per instructions)	
			Mass	Conc.	Mass	Conc.		
	Chemical oxygen demand (COD)	52	13.5	kg/d	3	kg/d	1	
	Total organic carbon (TOC)	52	7	kg/d	1.6	kg/d	1	

SECTION 5. FLOW (40 CFR 122.21(h)(5))

Flow	5.1	Except for stormwater water runoff, leaks, or spills, are any of the discharges you described in Sections 1 and 3 of this application intermittent or seasonal? <input type="checkbox"/> Yes → Complete this section. <input checked="" type="checkbox"/> No → SKIP to Section 6.					
	5.2	Briefly describe the frequency and duration of flow.					

SECTION 6. TREATMENT SYSTEM (40 CFR 122.21(h)(6))

Treatment System	6.1	Briefly describe any treatment system(s) used (or to be used). N/A					
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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).

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SECTION 7. OTHER INFORMATION (40 CFR 122.21(h)(7))

Other Information	7.1	Use the space below to expand upon any of the above items. Use this space to provide any information you believe the reviewer should consider in establishing permit limitations. Attach additional sheets as needed. N/A
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SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	8.1	In Column 1 below, mark the sections of Form 2E that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.					
		Column 1	Column 2				
		<input checked="" type="checkbox"/> Section 1: Outfall Location	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)				
		<input checked="" type="checkbox"/> Section 2: Discharge Date	<input type="checkbox"/> w/ attachments				
		<input checked="" type="checkbox"/> Section 3: Waste Types	<input type="checkbox"/> w/ attachments				
		<input checked="" type="checkbox"/> Section 4: Effluent Characteristics	<input type="checkbox"/> w/ attachments				
		<input checked="" type="checkbox"/> Section 5: Flow	<input type="checkbox"/> w/ attachments				
		<input checked="" type="checkbox"/> Section 6: Treatment System	<input type="checkbox"/> w/ attachments				
		<input checked="" type="checkbox"/> Section 7: Other Information	<input type="checkbox"/> w/ attachments				
		<input checked="" type="checkbox"/> Section 8: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments				
	8.2	<p>Certification Statement</p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p> <table border="1" style="width: 100%;"> <tr> <td>Name (print or type first and last name) Jason P. Allen <i>Jason Paul Allen</i></td> <td>Official title Vice President - General Manager</td> </tr> <tr> <td>Signature <i>Jason Paul Allen</i></td> <td>Date signed <i>27 NOV 2023</i></td> </tr> </table>		Name (print or type first and last name) Jason P. Allen <i>Jason Paul Allen</i>	Official title Vice President - General Manager	Signature <i>Jason Paul Allen</i>	Date signed <i>27 NOV 2023</i>
Name (print or type first and last name) Jason P. Allen <i>Jason Paul Allen</i>	Official title Vice President - General Manager						
Signature <i>Jason Paul Allen</i>	Date signed <i>27 NOV 2023</i>						

Form 2F NPDES		U.S Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY
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SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))

Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below			
	Outfall Number	Receiving Water Name	Latitude		Longitude
	001	Chattanooga Creek at mile 0.3 via storm sewer system	35°	00'	41.8"
			°	'	"
			°	'	"
			°	'	"
			°	'	"
			°	'	"

SECTION 2. IMPROVEMENTS (40 CFR 122.21(g)(6))

Improvements	2.1	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3.			
	2.2	Briefly identify each applicable project in the table below.			
		Brief Identification and Description of Project	Affected Outfalls (list outfall numbers)	Source(s) of Discharge	Final Compliance Dates
					Required Projected
2.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (Optional Item) <input type="checkbox"/> Yes <input type="checkbox"/> No				

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SECTION 3. SITE DRAINAGE MAP (40 CFR 122.26(c)(1)(i)(A))

Site Drainage Map	3.1	Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.)
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4. POLLUTANT SOURCES (40 CFR 122.26(c)(1)(i)(B))

Pollutant Sources	4.1	Provide information on the facility's pollutant sources in the table below.			
		Outfall Number	Impervious Surface Area <small>(within a mile radius of the facility)</small>	Total Surface Area Drained <small>(within a mile radius of the facility)</small>	
		001	2000 ft ² .	<i>specify units</i>	2000 ft ² . <i>specify units</i>
				<i>specify units</i>	<i>specify units</i>
				<i>specify units</i>	<i>specify units</i>
				<i>specify units</i>	<i>specify units</i>
				<i>specify units</i>	<i>specify units</i>
				<i>specify units</i>	<i>specify units</i>
				<i>specify units</i>	<i>specify units</i>
		4.2	Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.) Non-contact cooling water and stormwater from Building 2 roof and impervious area adjacent to outfall		
	4.3	Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)			
		Stormwater Treatment			
		Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)	
		001	SPCC Plan	NA	
		001	SWPPP	NA	
		001	Employee Training	NA	
		001	Visual Inspections	NA	

SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))

Non-Stormwater Discharges	5.1	<i>I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.</i>				
		Name (print or type first and last name)	Official title			
		Jason P. Allen	Vice President - General Manager			
		Signature	Date signed			
		5.2	Provide the testing information requested in the table below.			
			Outfall Number	Description of Testing Method Used	Date(s) of Testing	Onsite Drainage Points Directly Observed During Test
			001			

SECTION 6. SIGNIFICANT LEAKS OR SPILLS (40 CFR 122.26(c)(1)(i)(D))

Significant Leaks or Spills	6.1	Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years. None
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SECTION 7. DISCHARGE INFORMATION (40 CFR 122.26(c)(1)(i)(E))

Discharge Information	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.		
	7.1	Is this a new source or new discharge?	
		<input type="checkbox"/> Yes → See instructions regarding submission of <i>estimated data</i> .	<input checked="" type="checkbox"/> No → See instructions regarding submission of <i>actual data</i> .
	Tables A, B, C, and D		
	7.2	Have you completed Table A for each outfall?	
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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Discharge Information Continued

7.3	Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.5.
7.4	Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.5	Do you know or have reason to believe any pollutants in Exhibit 2F-2 are present in the discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.7.
7.6	Have you listed all pollutants in Exhibit 2F-2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.7	Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → SKIP to Item 7.18. <input checked="" type="checkbox"/> No
7.8	Do you know or have reason to believe any pollutants in Exhibit 2F-3 are present in the discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.10.
7.9	Have you listed all pollutants in Exhibit 2F-3 that you know or have reason to believe are present in the discharge in Table C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.10	Do you expect any of the pollutants in Exhibit 2F-3 to be discharged in concentrations of 10 ppb or greater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.12.
7.11	Have you provided quantitative data in Table C for those pollutants in Exhibit 2F-3 that you expect to be discharged in concentrations of 10 ppb or greater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.12	Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.14.
7.13	Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.14	Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.15	Do you know or have reason to believe any pollutants in Exhibit 2F-4 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.17.
7.16	Have you listed pollutants in Exhibit 2F-4 that you know or believe to be present in the discharge and provided an explanation in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.17	Have you provided information for the storm event(s) sampled in Table D? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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TN0002780

Facility Name
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SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	10.1	In Column 1 below, mark the sections of Form 2F that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.	
		Column 1	Column 2
	<input checked="" type="checkbox"/>	Section 1	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
	<input checked="" type="checkbox"/>	Section 2	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 3	<input type="checkbox"/> w/ site drainage map
	<input checked="" type="checkbox"/>	Section 4	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 5	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 6	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 7	<input checked="" type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input checked="" type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input type="checkbox"/> Table C <input type="checkbox"/> Table D
	<input checked="" type="checkbox"/>	Section 8	<input type="checkbox"/> w/attachments
	<input checked="" type="checkbox"/>	Section 9	<input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms)
	<input checked="" type="checkbox"/>	Section 10	<input type="checkbox"/>
10.2	Certification Statement		
	<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
	Name (print or type first and last name) Jason P. Allen <i>Jason Paul Allen</i>	Official title Vice President - General Manager	
	Signature <i>Jason P. Allen</i>	Date signed <i>27 NOV 2023</i>	

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TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))¹

You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details and requirements.

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	2 mg/l		2 mg/l		1	1
2. Biochemical oxygen demand (BOD ₅)	2 mg/l		2 mg/l		1	1
3. Chemical oxygen demand (COD)	4 mg/l		4 mg/l		1	1
4. Total suspended solids (TSS)	3 mg/l		3 mg/l		1	1
5. Total phosphorus	0.04 ml/l		0.04		1	1
6. Total Kjeldahl nitrogen (TKN)	0.90 mg/l		0.90		1	1
7. Total nitrogen (as N)	1.22 mg/l		1.22 mg/l		1	1
8. pH (minimum)	7.0				1	1
	pH (maximum)	7.0			1	1

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).

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TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)
02/11/2021	3	0.4	96	3	500

Provide a description of the method of flow measurement or estimate.
Time required to fill known volumes.