IRTEC

INNOVATIVE RECLAMATION TECHNOLOGIES & ENGINEERING CO., INC.

211 MAIN STREET, P.O. BOX 306, CARYVILLE, TENNESSEE 37714

TELEPHONE: (423)-566-1915 FAX: (423)-566-1966

January 9, 2018

Mr. Bryan Epperson, NPDES Program Manager Division of Water Pollution Control – Mining Section Department of Environment and Conservation 3711 Middlebrook Pike Knoxville, Tennessee 37921-6538

Subject: Campbell County Highway Department - Area No. 1

NPDES Permit #TN0063606 - Campbell County - NPDES Permit Renewal

Minor Modification Update

Dear Mr. Epperson:

This letter provides an update of the subject NPDES permit renewal application submitted in November of last year. After discussions with the permit writer, Mr. Geoff Klein, and review of the site with the road superintendent, Mr. Ron Dilbeck, it became apparent that there some minor modifications to the approved plans.

- The Campbell County quarry has not had an asphalt plant in many years. They rely on a contractor when asphalt mix is needed for tar and chip applications.
- After review with the road superintendent and some minor field work by the quarry, a storm water monitoring point is apparently no longer required.
- Some property adjacent to the quarry site previously used for storage has been sold and removed from the permit area. The overall permit boundary was adjusted resulting in no overall change to the permit acreage. An updated Site Plan Map is included with this update submittal.

Enclosed for your records are two additional copies of this letter with updated maps. If you have any questions or need further information, please contact me at (423)-566-1915.

Sincerely,

Tim K. Slone, PE, PLS

On Behalf of Campbell County

Highway Department

Enclosures

cc: Mr. Ron Dilbeck, Road Superintendent, Campbell County Highway Department File

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INNOVATIVE RECLAMATION TECHNOLOGIES & ENGINEERING CO., INC.

211 MAIN STREET, P.O. BOX 306, CARYVILLE, TENNESSEE 37714

TELEPHONE: (423)-566-1915 FAX: (423)-566-1966

November 22, 2017

Mr. Bryan Epperson, NPDES Program Manager Division of Water Pollution Control – Mining Section Department of Environment and Conservation 3711 Middlebrook Pike Knoxville, Tennessee 37921-6538

Subject: Campbell County Highway Department – Area No. 1 NPDES Permit #TN0063606 – Campbell County – NPDES Permit Renewal

Dear Mr. Epperson:

Campbell County Highway Department would like to request the renewal of the NPDES Permit for the subject site, based upon the currently approved plans, for a period of five years. According to the DWR Dataviewer, the current NPDES Permit will expire on June 3, 2018.

The subject site is in compliance with the effluent limitations and terms of its NPDES permit and will continue to operate as represented in the approved plans, including any approved modifications, and the NPDES permit issued for this facility. The approved plans are representative of the current activities at this site and will continue to be so until the permit is modified or terminated. Should the approved plans be altered, your office will be notified immediately.

Attached for your review are an Address Attachment for Permit Application, an Antidegradation Statement, an EPA Form #1, an EPA Form 2C, a Line Drawing for the outfalls, copies of Discharge Monitoring Reports for the past year, a general location map and an updated Site Plan Map.

Enclosed for your records are two additional copies of this letter with attachments. If you have any questions or need further information, please contact William M. Penley or myself at (423)-566-1915.

Sincerely,

Tim K. Slone, PE,

On Behalf of Campbell County

Highway Department

Attachments

Enclosures

cc: Mr. Ron Dilbeck, Superintendent, Campbell County Highway Department File

File: A1 - NPDES Renewal, doc



ADDRESS ATTACHMENT FOR PERMIT APPLICATION

This must be filled out to complete your permit application.

NPDES PERMIT #: TN0063606

AREA NAME: Area No. 1

CORPORATE HEADQUARTERS: (Where the permit will go.)

CONTACT PERSON: Ron Dilbeck

TELEPHONE #: (423)-562-3404

COMPANY NAME: Campbell County Highway Department

STREET AND/OR P.O. BOX #: 136 Mount Paran Road

CITY: Jacksboro

STATE: Tennessee

ZIP CODE: 37757

PERMIT BILLING ADDRESS: (Where the invoices will go.)

CONTACT PERSON: Ron Dilbeck

TELEPHONE #: (423)-562-3404

COMPANY NAME: Campbell County Highway Department

STREET AND/OR P.O. BOX #: 136 Mount Paran Road

CITY: Jacksboro

STATE: Tennessee

ZIP CODE: <u>37757</u>

FACILITY LOCATION: (Where the inspectors will go.)

FACILITY: Area No. 1

NPDES PERMIT #: **TN0063606**

STREET ADDRESS: 729 Towe String Road

COUNTY: Campbell

P.O. BOX #: Not Applicable

TELEPHONE #: (423)-562-3404

CITY: Jacksboro

STATE: Tennessee

ZIP CODE: <u>37757</u>

DMR MAILING ADDRESS: (Where the pre-printed DMR's will go.)

CONTACT PERSON: Ron Dilbeck

TELEPHONE #: (423)-562-3404

COMPANY NAME: Campbell County Highway Department

STREET AND/OR P.O. BOX #: 136 Mount Paran Road

CITY: Jacksboro

STATE: Tennessee

ZIP CODE: <u>37757</u>

CN-1090

RDAs2352 AND 2366

Antidegradation Statement Guidance

To Be Used When Administering Tennessee's Antidegradation Statement as Associated with Obtaining a National Pollutant Discharge Elimination System (NPDES) Permit

The Antidegradation Statement Guidance document is to be used in accordance with the *Tennessee's Antidegradation Statement Rule 0400-40-03-.06* as it pertains to completing the application requirements for a NPDES permit. This document may be used as equivalent information for the EPA Worksheets (A, G, O, R, V, W, X, Y, Z, and AB for the private sector and O, P, Q, S, T, U, and AA for the public sector).

Specifically the document is divided into five parts. Parts 1-2 are general information regarding the facility and receiving water. Part 3 characterizes the level of degradation and alternatives analysis (including social, economic, and environmental considerations of each alternative). Part 4-5 detail the social and economic justification required to demonstrate that the degradation associated with the proposed discharge to an Exceptional Tennessee Water (ETW) is justified. All permit applicants must complete, at a minimum, Parts 1-3 of this document. If you propose to discharge to an ETW, you must complete the document in its entirety.

Part 1. Contact Information	
1. Company name:	Campbell County Highway Department
2. NPDES No.: TN00	TN0063606
3. Facility or mine name:	Area No. 1
4. County:	Campbell

Part 2. Mine and Stream Information

1.

Please select the type of mine.	
Noncoal	
■ Limestone□ Sand and Gravel□ Industrial Sand□ Ball Clay	☐ Shale☐ Dimension Stone☐ Zinc
Coal	
☐ Reclamation☐ Active mining☐ Post mining	☐ Prep plants / associated areas☐ Tipple / load outNOV 2 7 2017

2.	. Please se	elect the type of permit activity requested.								
	Renewal of permit based on currently approved plans Renewal and modification of permit Modification of permit New permit									
3.	designati	st each outfall number, the name of receiving streation (Outstanding National Resource Water (ONR or Non Exceptional Tennessee Water (Non ETW).	W), Excep	otional Te	ennessee Water					
	Outfall(s)	Receiving Stream(s)		eam Desi	ignation					
	- will(b)	Teodiving Stream(b)	ONRW	ETW	NON ETW					
	001	Unnamed Tributary of Cuckle Creek								
	002	Unnamed Tributary of Cuckle Creek								

Part 3. Characterize the Level of Degradation in the Proposed Activity and Analysis of Alternatives.

Please select one of the following levels and support your conclusion in the space that follows. Finally, complete the Alternatives Analysis.

t 3-A - Level of Degradation
The proposed activity is to renew an existing permit.
No changes to the acreage size, the number or location of outfall(s), or the volume of the existing discharge are proposed at this time. Renewal of the permit does not cause degradation above what is already permitted. (If this applies, skip to Part 3-B.)
The proposed activity will cause no measurable degradation.
Activities causing no measurable degradation are defined as those activities that do not cause a measurable increase in levels of a given parameter in the receiving water.
The proposed activity will cause de minimis degradation.
Activities causing de minimis degradation are defined as those activities that cause degradation of a small magnitude as described in $Rule\ 0400-40-0304\ (4)(a)$. De minimis activities are described as single discharges that use less than five percent of the available assimilative capacity of the substance be discharged.
Note, this option is not applicable if the 7Q10 of the receiving water is zero or if the receiving water has unavailable parameters for the pollutant to be discharged.
The proposed activity will cause more than de minimis degradation.
Applications for activities causing degradation above the level of de minimis must analyze all reasonable alternatives and describe the level of degradation caused by each of the feasible alternatives. Analysis of each of these alternatives should also discuss the social and economic consequences of each alternative. Applicants must also demonstrate that the proposed degradation will not violate the water quality criteria for existing uses in the receiving waters and is necessary to accommodate important economic and social development in the area.
Attach additional pages as needed

Part 3-B – Alternatives Analysis

con	e following are examples of alternatives relative to natural resource extraction that are to be estimated by applicants under <i>Tennessee's Antidegradation Statement 0400-40-0306</i> . Please eck which treatment option(s) are currently used or will be used at the facility.	
	Connect to existing treatment system.	
	Use over-sized ponds to increase treatment ability and holding capacity beyond the 10 year /24 hour design storm.	1
	Design capacity of the pollution control system –	
	Current capacity of the system (%) –	
	Divert drainage from non-disturbed areas away from treatment structures separating storm water from mine wastewater – i.e. diversion berms, ditches, other BMPs.	1
	Use pit as primary treatment and/or storage to increase ability to hold water on site during storm events.	5
	Use ponds in series, forebays, and/or baffles to increase treatment and retention time.	
	Use chemical treatment for pH adjustment or treatment of solids.	
	Reuse/recycle treated process water to reduce discharge frequency. What percentage is already or will be recycled? Less than 5%	7
	Create no-discharge system.	
	Use concurrent reclamation with mining activity.	
	Land application of treated wasted wastewater.	
If tr	reatment option used is not listed, please describe below.	

2) Based on the alternatives indicated above, describe the level of degradation caused by each, as well as the social and economic consequences of each alternative. Examples of social economic consequences may include by are not limited to, improved infrastructure such as road projects, housing development, as well as increasing local tax revenue and employment opportunities.

It should be noted that the site was developed prior to permitting and has been used for a number of years by various parties.

Constructing oversized impoundments to handle the surface water runoff was not much of a consideration during the pre-law development of the site. The ponds were constructed later to reduce the contribution of sediment to the receiving stream. The alternative had no social and economic consequence, but did slightly increase the cost of doing business.

The water discharged from Outfalls 001 and 002 is checked under the terms and conditions of the NPDES Permit for the site and will continue to be so under the new permit. The pH is checked within the basin if the impoundment is not discharging. Exceedance or near exceedance of the parameters specified within the NPDES permit is utilized as the basis for the implementation of any treatment.

The active pit is the primary drainage control device for the drainage area of Outfall 002. There is seldom a discharge at either outfall.

Chemical treatment in the form of neutralizers and/or flocculants is not anticipated to be needed at the site, but can be used if necessary to maintain discharges within effluent limits.

Reuse or recycling of water may occur in the control of dust at the site, but the amount utilized is anticipated to be less than 5 percent of surface water runoff.

3) Can the level of treatment achievable at the facility ensure that water quality criteria will not be violated? Please explain.

Yes! The site has received no NOVs or Notice of Non-Compliances in recent years and even the self-reporting indicates no exceedances for a number years.

4)	Is there another	discharge	location th	at would	have less	impact o	on the	watershed?
----	------------------	-----------	-------------	----------	-----------	----------	--------	------------

No

5) Evaluate the mining technique used at the site. Would another technique result in a reduction in quantity or improvement in quality of the discharge from the site?

No.

6) Were other locations for the facility evaluated? Describe the reasons why other locations were selected or rejected.

Other locations are always considered in the projected mining plans of an applicant. The site was an existing site at a convenient location, which provided a quality rock suitable for sale.

7) If this is an existing site, how long has the company mined at this location? If the option to mine has been reserved through payments to the owner or lessor of the rights, how long has that option been reserved? What is the projected life of the mine?

Mining at this site has been conducted for a number of years by various entities. The option to operate is reserved for as long as the appropriate permits are maintained.

Part 4. Economic Justification Not Applicable to this permitting action.

If you are applying for a new or expanded permit that discharges to Exceptional Tennessee Waters (ETC), complete Parts 4 and 5.

The following section shows economic/financial information for the facility. This information is necessary to determine if the applicant can afford to implement appropriate pollution control measures to protect water quality in the receiving water. Attach additional pages if needed.

1.	Annual cost of operation and maintenance of pollution control project (including but not limited to monitoring, inspection, permitting fees, waste disposal charges, repair, administration, and replacement).	
2.	Annual earnings without pollution control project costs	
3.	Annual earnings with pollution control project costs	

1 art 3. Social Justification 1 Not Applicable to this permitting action	Part 5.	Social Justification	Not Applicable to this permitting actio	n.
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The following section shows social justification of the proposed degradation within the community where the facility is located. Attach additional pages if needed.

1.	Define the affected community in this case; what areas are included.	
2.	Current unemployment rate in affected community (if available).	
3.	Current national unemployment rate.	
4.	Additional number of persons expected to collect unemployment in affected community due to compliance with water quality standards.	
5.	Expected unemployment rate in the affected community after compliance with water quality standards (Current number of persons collecting unemployment in affected community + (4)/labor force in affected community.	
6.	Number of jobs facility provides in the affected community.	
7.	Average salary of these jobs.	
8.	Median household income in affected community.	
9.	Total number of households in affected community.	
10.	Current total tax revenues in the affected community.	
11.	Tax revenues paid by the private entity to the affected community.	

Please print or type in the unshaded areas only.								
FORM	U,S, EN	VIRON	MENTAL PROTE	CTION AGENCY	1. EPA I.D. Number			
1 EPA	GENERAL INFORMATION			F TN0063606				
GENERAL	CONSOLIDATED PERMITS PROGRAM (Read the "General Instructions" before starting,)					1 1		
LABEL ITEMS					1 2 1 1			13 14 1
					If a preprinted label has	been pr	ovided, a	affix it in the
I. EPA I.D. NUMBER designated space, Review the it is incorrect, cross through it a								rrect data in the
III. FACILITY NAME					appropriate fill-in area belo data is absent (the area to t	w Also, he left of	if any of	the preprinted
EACH ITY DI FASE DI ACE I AREI IN THIS SPACE information that should appear), pl								vide it in the
V. MAILING ADDRESS					correct, you need not compl	lete items	I, III, V,	and VI (except
					VI-B which must be comp items if no label has been p	pleted reg	gardless).	Complete all
VI. FACILITY					for detailed item description	ns and for	the legal	authorizations
LOCATION					under which this data is col	lected		
II. POLLUTANT CHARACTERISTICS								
INSTRUCTIONS: Complete A through J to dete questions, you must submit this form and the supple supplemental form is attached. If you answer nexcluded from permit requirements; see Section C of	rmine wemental o" to ea of the in	vhether form li ich que struction	you need to isted in the pa estion, you ne ons. See also,	submit any permit application renthesis following the question ed not submit any of these for Section D of the instructions for	forms to the EPA If n. Mark "X" in the box rms. You may answer or definitions of bold-fac	you ar in the t "no" ced term	iswer " hird col if your ns.	yes to any umn if the activity is
CDECIFIC OLIECTIONS		Mar	k "X"	anecieia ou	COTION IO		Marl	k "X"
SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED	SPECIFIC QUI	ESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works			HILIMONES	B. Does or will this facility (either	existing or proposed)			ATTACHED
which results in a discharge to waters of the U.S.?		X		include a concentrated animal	feeding operation or		X	
(FORM 2A)				aquatic animal production fa	ACRES CARROLL STATE OF THE STAT			
C. Is this a facility which currently results in discharges	16	17	18	discharge to waters of the U.S		19	20	21
to waters of the U.S. other than those described in	X		Х	 Is this a proposed facility (other in A or B above) which will res 			X	
A or B above? (FORM 2C)	32	23	24	waters of the U.S.? (FORM 2)		35	26	27
				F. Do you or will you inject at this	s facility industrial or			
E. Does or will this facility treat, store, or dispose of		X		municipal effluent below the lo				
hazardous wastes? (FORM3)	28	29	30	taining, within one quarter mile underground sources of drinkin		91	32.	
G. Do you or will you inject at this facility any produced			- "	H. Do you or will you inject at this		-94	32	34
water or other fluids which are brought to the surface				special processes such as minin	•			
in connection with conventional oil or natural gas pro-		X		Frash process, solution mining			x	
duction, inject fluids used for enhanced recovery of				combustion of fossil fuel, or rec	covery of geothermal			
oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)				energy? (FORM 4)				
I. Is this facility a proposed stationary source which is	24	35	36	J. Is this facility a proposed station	nary source which	37	3.8	-39
one of the 28 industrial categories listed in the	1 1			is NOT one of the 28 industrial				
instructions and which will potentially emit 100 tons	1 1	X		the instructions and which will	potentially emit 250		x	
per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an				tons per year of any air pollutar the Clean Air Act and may affe				
attainment area? (FORM 5)	40	41	42	an attainment area? (FORM 5		43	44	- 45
III. NAME OF FACILITY								
SKIP SKIP			AREA NO	.1				
	\mathbf{L}	\perp	AREANO	<u> </u>				
IV. FACILITY CONTACT		_				69		
A. NAME & TITLE (last,	first, &	title)	_	B. PHONE	(area code & no.)			
			NDENT	423	562 3404			
	LEK	11711	DENT		562 3404			
V. FACILITY MAILING ADDRESS				45 46 - 40 49	- 51 52 * 55	_		
A. STREET OR P.C) BOX					_		
	ANK	JAD	للللا	îii				
B. CITY OR TOWN				C. STATE D. ZIP COD	E 1			
	П	11	1111		15			
4 JACKSBORO	1 1 1	_1_1		TN 37757				
15 16				40 41-42 47 -	51	_		
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER	2 CDEC	IEIC IE	ENTIFIED			_		
	TTT		TITI					
5 729 TOWE STRIN	NG RO	AD	7 7 7 7					
15 16				45				
B. COUNTY NAME								
CAMPBELL			3 3 3 1					
46			76					- W
C. CITY OR TOWN		, ,		D. STATE E. ZIP COD	E F. COUNTY CO	DE (if l	(nown)	
6 JACKSBORO		1 1	1 1 1 1	TN 37757				
15 16	ш		-	40 41:42 49	51	54		

Based on EPA Form 3510-1 (Rev. 10-80)

CONTINUED FROM THE FRONT			
VII. SIC CODE (4-digit, in order of priority)			
A, FIRST		B. SECOND	
7 1422 (specify) LIMESTONE QUARRY	7 7 (specify)		
C. THIRD	Cel I I I I	D. FOURTH	
7 (specify)	(specify)		
VIII. OPERATOR INFORMATION	#		
A, NAME			B. Is the name listed in Item
8 CAMPBELL COUNTY HIGH	HWAY DEPARTMENT		VIII-A also the owner? X YES NO
C. STATUS OF OPERATOR (Enter the appropriate letter into t		D. PH	ONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE 0 = OTHER (specify)	M (specify)	A 423	562 3404
P = PRIVATE	56	16 16 - 18	19 - 21 22 - 25
E. STREET OR P.O. BOX 136 MOUNT PARAN ROA	D		
F. CITY OR TOWN	G. STATE H. ZIP C	CODE IX. IND	IANI LAND
		Is the faci	lity located on Indian Lands?
B JACKSBORO	TN 3775	57	YES X NO
X. EXISTING ENVIRONMENTAL PERMITS	0.74		
A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed	Sources)	
9 N TN0063606 9 P			
B. UIC (Underground Injection of Fluids)	E, OTHER (specify)	30	
9 U 9		1111	(specify)
15 16 17 18 30 15 16		36	
C. RCRA (Hazardous Wastes)	E. OTHER (specify)		(specify)
9 U 9 9 30 135 16 17 18 30 135 16			(-F <i>y</i>)
XI. MAP	1 27 DAMES	30	
Attach to this application a topographic map of the area exte	nding to at least one mile beyond pro	perty boundari	es. The map must show the
outline of the facility, the location of each of its existing and	proposed intake and discharge structi	ures, each of its	hazardous waste treatment,
storage, or disposal facilities, and each well were it injects flu map area. See instructions for precise requirements.	ids underground. Include all springs,	rivers and othe	r surface water bodies in the
XII. NATURE OF BUSINESS (Provide a brief description)			
LIMESTONE QUARRY WIT	H ASSOCIATED CRUSH	IING FACI	LITY
XIII. CERTIFICATION (see instructions)		1	
I certify under penalty of law that I have personally examin	ned and am familiar with the inform	ation submitted	in this application and all
attachments and that, based on my inquiry of those pers	ons immediately responsible for ob	taining the in	formation contained in the
application, I believe that the information is true, accurate an information, including the possibility of fine and imprisonment	d complete. I am aware that there are the complete are the complete.	re significant po	enalties for submitting false
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE		C. DATE SIGNED
RON DILBECK, ROAD SUPERINTENDENT	Row Illin	L	11/18/17
COMMENTS FOR OFFICIAL USE ONLY			
c			
		11111	

EPA Form 3510-1 (Rev. 10-80) Reverse

Please print or type in the unshaded areas only Approval expires 12-31-85 U.S. ENVIRONMENTAL PROTECTION AGENCY **FORM EPA** APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER **2C** EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS NPDES Consolidated Permits Program I. OUTFALL LOCATION A. OUTFALL NUMBER (LIST) B. LATITUDE C. LONGITUDE D. RECEIVING WATER (name) 1. DEG. 2.MIN 3. SEC 1. DEG. 2. MIN. 3. SEC. 001 36 20 06 84 08 51 **Unnamed Tributary of Cuckle Creek Unnamed Tributary of Cuckle Creek** 002 36 20 11 84 08 46 II. FLOWS, SOURCES OF POLLUTION AND TREATMENT A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g. for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures. B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; (3) The treatment received by the wastewater. Continue on additional sheets if necessary 2. OPERATION(S) CONTRIBUTING FLOW 3. TREATMENT 1. OUTFALL NO. b. AVERAGE a. DESCRIPTION b. LIST CODES a. OPERATION (list) (LIST)

(LIST)	FLOW (include units)			FR TABL	FROM TABLE 2C-1		
	Surface Water Runoff	575 GPD	Sedimentation	1-U	4-A		
001							
001							
	Surface Water Runoff	Negligible	Sedimentation	1-U	4-A		
000	Quarry Pit Pumpage	4,745 GPD	Sedimentation	1-U	4-A		
002	Canal James and Market	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

OFFICIAL USE ONLY (effluent guidelines sub-catagories)

EPA FORM 3510-2C (Rev.2/85)

CONTINUED

		ff, leaks, or spills, are any of uplete the following table)	the discha	rges in Ite	ems II-A (or B in	termittent	or se		go to Section II	<i>(</i>)	
	<u> </u>	4. FLOW										
1. OUTFALL NUMBER	CO	2. OPERATION(S) ONTRIBUTING FLOW	a. DAYS	D. M	IONTHS R YEAR	a. Fl	OW RATE	E (in 1	mgd)		L VOLUME with units)	c. DURATION
(LIST)		(List)	WEEK (specify average)	(s	pecify verage)	1	LONG FERM ERAGE	2.	MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	(in days)
III. PRODUCTIO			EDAd	5 4 2	04-545-6	N V		<u> </u>	4		100	AT JUNE
A. Does all effic	****	line limitation promulgated by Yes (complete Item III-B)	EPA under	Section 3	u4 of the C	Jiean v	vater Act aj	рріу с		go to Section IV)		
B. Are the limit		ne applicable effluent guideline	e expressed i	n terms of	production	on (<i>or a</i>	ther measu	re of		<u> </u>		
		Yes (complete Item III-C)							No (g	o to Section IV)		
	C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the to applicable effluent guideline, and indicate the affected outfalls.											
1. AVERAGE DAI	ILY PRO	DUCTION				2. AFFECTED						
a. QUANTITY PE	R DAY	b. UNITS OF MEASURE	c. O	N, PROD	UCT, I	MATERIAI	L , ET	C. (specify)		(Elsi vuljut nut	noers)	
							Not					
							Applica	ble				
r												
										-		
IV. IMPROVEME			782	18 H	1000	2	200	BŲ	The Law Sec	The latest		
practices or an	ny other en	any Federal, State or local auth vironmental programs which m	ay affect the	discharges	described	in this	application?	This	s includes, but is			
enforcement o		orcement compliance schedule le (complete the following table)	etters, stipula	tions, cour	t orders, ai	nd gran		_	ns. o (go to Item IV-1	B)		
1 IDENTIFICATION	OF CONI	DITION AGREEMENT, ETC		2. AFFECT	ED OUTF	ALLS		3. B	RIEF DESCRIPT	ION OF PROJECT	4. FINAL COM	IPLIANCE DATE
1, IDENTIFICATION	TOP COM	MITON AGREEMENT, ETC	a. NO.	b. SOL	JRCE OF	DISCH	IARGE				a. REQUIRED	b. PROJECTED
		ttach additional sheets describin ou plan. Indicate whether each										rges) you now
			☐ MAI	RK "X" II	F DESCRI	PTIO	OF ADDI	TIO	NAL CONTRO	L PROGRAMS	IS ATTACHED	

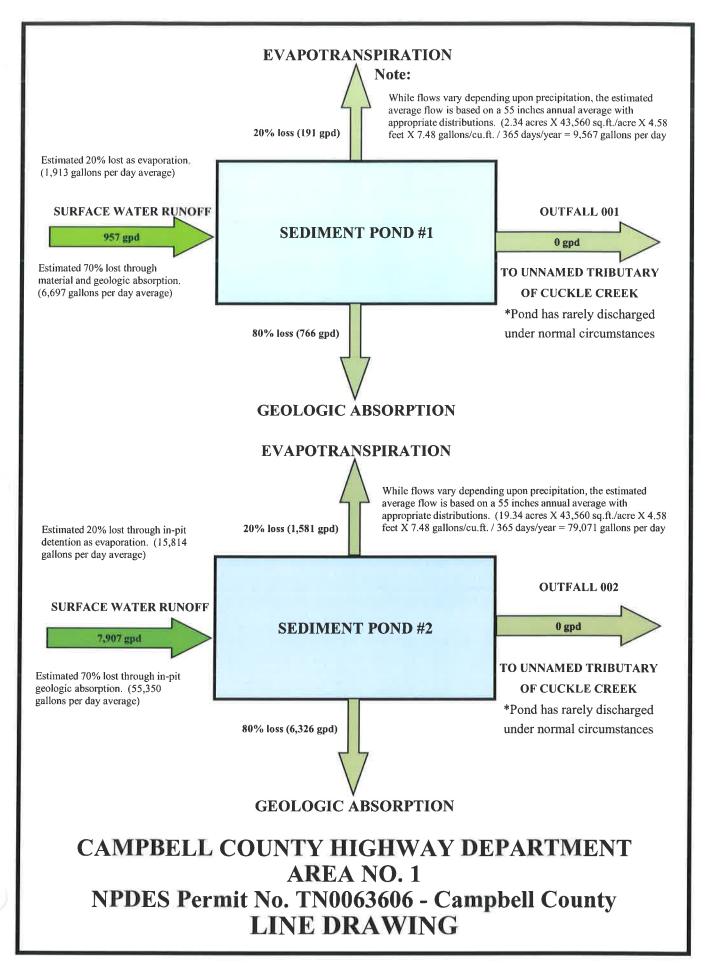
NOV 2 7 2017

V. INTAKE AND EFFLUENT CHARA	ACTERISTICS		
A,B, & C: See instructions before proce NOTE: Tables V-A, V-B an	eding – Complete one set of tables for each d V-C are included on separate sheets numb	outfall - Annotate the outfall number in the pered V-1 through V-9.	space provided.
Use the space below to list any of th discharged from any outfall. For ev	e pollutants listed in Table 2c-3 of the instruction pollutant you list, briefly describe the re	uctions, which you know or have reason to basens you believe it to be present and repor	believe is discharged or may be t any analytical data in your possession.
1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
NO TOXIC POLLUTANTS OR HAZARDOUS SUBSTANCES ARE BELIEVED TO BE PRESENT			
VI. POTENTIAL DISCHARGES NOT	COVEDED BY ANALYSIS		
	ance or a component of a substance which	you gurrently use or manufacture as an inter	modiate or final product or hymnodysts
	s (list all such pollutants below)	No (go to Item VI-B)	mediate or final product or byproduct?

VII. BIOLOGICAL TOXICITY TESTING D	OATA	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	
Do you have any knowledge or reason to believe relation to your discharge within the last 3 years	e that any biological test for acute or chronic tox?	icity has been made on any of you	ır discharges or on a receiving water in
\square Yes (identify the test(s) and des	cribe their purposes below)	No (go to Section	on VIII)
VIII. CONTRACT ANALYSIS INFORMATI	ON CONTRACTOR OF THE CONTRACTO	S 2-1 -3 3, 2 / 5 3	The second second
Were any of the analyses reported in Item V perfo		n?	
	d telephone number of, and pollutants	No (go to Section LX)	
analyzed by, each such labor A. NAME		C TELEBRIONE	D. BOLLENG AND
A. NAME	B. ADDRESS	C. TELEPHONE (AREA CODE & NUMBER)	D. POLLUTANTS ANALYZED (<i>LIST</i>)
Not Applicable			
IX. CERTIFICATION	THE THE PERSON NAMED IN	11 St. 15 (1 to 12)	
I certify under penalty of law this document and that qualified personnel properly gather and eve persons directly responsible for gathering the in aware that there are significant penalties for sub	aluate the information submitted. Based on n formation, the information submitted is, to the	ny inquiry of the person or pers e best of my knowledge and beli	ons who manage the system or those ief, try, accurate, and complete. I am
A. NAME AND OFFICIAL TITLE (type or print	()		B. PHONE NO. (Area code & no.)
F	Ron Dilbeck Road Superintendent		423-562-3404
C. SIGNATURE	11		D. DATE SIGNED

EPA FORM 3510-2C (Rev.2/85)

CONTINUED



Division of Water Pollution Control - Surface Mining Section ischarge Monitoring Report (DMR)

ermittee Name:	Campb	ell Cour	ity High	way Dep	artment		NPDES		TN0063				-
Address:	P.O. Bo						Site # /			ell Cour	ity Rock	Quarry	2
City, State, Zip:		oro, Tn	37757				Outfall #		001				-
Phone Number:	(423) 56	<u> 52-3404</u>					Rec. Str		Cuckle				4
	8					:	County:		Campb	ell			-
Parameter	Flow	pН	TSS									ORMWA'	
minimum		6.0										orting Le	
maximum	1 1 2 7 5	9.0	40.0								рН	TSS	O&G
average									No. of		5-9	200	15
units	gpm	s.u.	mg/L								s.u.	mg/L	mg/L
frequency	2/mo	2/mo	2/mo									annual	
sample type	est.	grab	grab					<u> </u>				grab	
Date			max										
10/14/16	0.0												
10/28/16	0.0												
11/01/16	0.0												
11/16/16	0.0												
12/13/16	0.0												<u> </u>
12/26/16	0.0												
				X									
Average											NET		
Maximum									1				1 1
Minimum									1				Ų.
Violations													

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that

there are significant penalties for submitting false information including the possibility of fine and imprisonment. See 18 USC §1001 & 33 USC §1319. (Penalties under these statues may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

Name & Title of Responsible Official

Signature of Responsible Official/Authorized Agent

Division of Water Pollution Control - Surface Mining Section Pischarge Monitoring Report (DMR)

. ermittee Name:	Campb	ell Cour	nty High	way Dep	artment	NPDES	TN0063				_
Address:	P.O. Bo					Site # /		ell Coun	ty Rock	Quarry	5) <u>-</u>
City, State, Zip:	Jacksb	oro, Tn	37757			Outfall #	002				_
Phone Number:	(423) 56	52-3404				Rec. Str	Cuckle				_
1						County:	Campb	ell			
Parameter	Flow	рH	TSS							DRMWA	
minimum		6.0								orting Le	
maximum	1310-1	9.0	40.0						pН	TSS	O&G
average				HE ST					5 - 9	200	15
units	gpm	s.u.	mg/L						s.u.	mg/L	mg/L
frequency	2/mo	2/mo	2/mo							annual	
sample type	est.	grab	grab							grab	
Date			max								
10/14/16	0.0										
10/28/16	0.0										
11/01/16	0.0								-		
11/16/16	0.0										
12/13/16	0.0			,							
12/26/16	0.0										
Average											
Maximum											
Minimum											
Violations											

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Name & Title of Responsible Official

Signature of Responsible Official/Authorized Agent

Division of Water Pollution Control - Surface Mining Section Pischarge Monitoring Report (DMR)

remittee Name: Campbell County Highway Department

P.O. Box 19

Address:

City, State, Zip:		oro, 1 n	3//3/		utiali #:	Overlele	O 1-		_	•11
Phone Number:	(423) 56	2-3404			ec. Stream:	Cuckle				• S;
					 ounty:	Campb	ell			
Parameter	Flow	рН	TSS	7.75					DRMWA'	
minimum		6.0				EU			orting Le	
maximum		9.0	40.0					РH	TSS	O&G
average				XI HELD		A		5 - 9	200	15
units	gpm	s.u.	mg/L	A 1				s.u.	mg/L	mg/L
frequency	2/mo	2/mo	2/mo						annual	
sample type	est.	grab	grab		i				grab	
Date			max							
01/04/17	0.0									
01/30/17	0.0									
02/04/17	0.0									
02/17/17	0.0									
03/06/17	0.0									
03/29/17	0.0			To all						
				2						
				-V-I						
						Ì				
				Per						
						1				
Average			"		1					
Maximum								100		
Minimum										
Violations	7 - 1									
Name of Company(s) (Collecting Sa	mples and	or Perforn	ning Analy	Sta	ndard L	aborato	ories		

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(Penalties under these statues may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

Name & Title of Responsible Official

Signature of Responsible Official/Authorized Agent

TN0063606

Campbell County Rock Quarry

NPDES #:

Site # / Name:

Division of Water Pollution Control - Surface Mining Section Pischarge Monitoring Report (DMR)

. ermittee Name: Address:	P.O. Bo	ell Cour	ity High	way Dep	artmen	<u>t</u>	NPDES Site # /	TN0063	3606 ell Coun	ty Rock	Quarry	71:
City, State, Zip:		oro, Tn	37757			-	Outfall a	002		.,	quarry	
Phone Number:	(423) 56					-	Rec. St	Cuckle	Creek			-0
							County:	Campb				•
Parameter	Flow	Нq	TSS							STO	DRMWA	TER
minimum		6.0								Rep	orting Le	evels
maximum		9.0	40.0							pН	TSS	O&G
average				-						5 - 9	200	15
units	gpm	s.u.	mg/L							s.u.	mg/L	mg/L
frequency	2/mo	2/mo	2/mo					j			annual	
sample type	est.	grab	grab								grab	
Date			max									
01/04/17	0.0							Ī				
01/30/17	0.0											
02/04/17	0.0											
02/17/17	0.0											
03/06/17	0.0											
03/29/17	0.0											
				2.00								
Average												
Maximum												
Minimum												
Violations												

Name of Company(s) Collecting Samples and/or Performing Analyses:

Standard Laboratories

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Name & Title of Responsible Official

Signature of Responsible Official/Authorized Agent

Division of Water Pollution Control - Surface Mining Section Pischarge Monitoring Report (DMR)

	Campb	ell Cour	ity High	way Dep	artment	NPDES #: TN006360 Site # / Name: Campbell				063606 pbell County Rock Quarry			
Address:	P.O. Bo						Site # /	Name:	Campb	ell Cour	ity Rock	Quarry	3
City, State, Zip:	Jacksb		37757				Outfall #	# :	001				
Phone Number:	(423) 56	52-3404					Rec. St	ream:	Cuckle				-
							County:		Campb	ell			_
Parameter	Flow	рН	TSS								STO	DRMWA	TER
minimum		6.0									Rep	orting Le	
maximum		9.0	40.0								pН	TSS	O&G
average		1, 1,									5 - 9	200	15
units	gpm	s.u.	mg/L								s.u.	mg/L	mg/L
frequency	2/mo	2/mo	2/mo									annual	
sample type	est.	grab	grab	V3								grab	
Date			max										
04/04/17	0.0												
04/17/17	0.0												
5/6/2017	0.0												
5/20/2017	0.0			No III X									
6/10/2017	0.0												
6/24/2017	0.0												
					A .								
				10. 8									
Average													
Maximum													
Minimum													
Violations									2				

Name of Company(s) Collecting Samples and/or Performing Analyses:

Standard Laboratories

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Name & Title of Responsible Official

Signature of Responsible Official/Authorized Agent

Division of Water Pollution Control - Surface Mining Section Discharge Monitoring Report (DMR)

ermittee Name:	Campb	ell Cour	nty High	way Der	nartmen	f	NPDES	: #·	TN0063	3606		_	
Address:	P.O. Bo	x 19	ny mgn	way Dop	Juitmen	-	Site # /				ity Rock	Quarry	
City, State, Zip:	Jacksb		37757			-	Outfall a		002	cii oodi	ny moon	duarry	£.
Phone Number:	(423) 56		01101			-	Rec. St		Cuckle	Creek			
T TIGHTO I TUMBOT.	1120/00	72 0 10 1				-	County:		Campb				50
Parameter	Flow	рН	TSS				T				STO	ORMWA	TFR
minimum		6.0							10000			orting Le	
maximum		9.0	40.0			1					рН	TSS	O&G
average			200	77-74		<u> </u>					5-9	200	15
units	gpm	s.u.	mg/L	1011							s.u.	mg/L	mg/L
frequency	2/mo	2/mo	2/mo						1			annual	
sample type	est.	grab	grab							1		grab	
Date			max	2 10 2								Ť	
04/04/17	0.0					1			1				
04/17/17	0.0								i	İ			
5/6/2017	0.0								i				
5/20/2017	0.0												
6/10/2017	0.0								ı				
6/24/2017	0.0												
									1				
									Ĭ .				
									1				
									1				
									1				
Average													Barrier San
Maximum												أكالك	
Minimum													
Violations	- 1												

Name of Company(s) Collecting Samples and/or Performing Analyses:

Standard Laboratories

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Name & Title of Responsible Official

Signature of Responsible Official/Authorized Agent

Division of Water Pollution Control - Surface Mining Section Discharge Monitoring Report (DMR)

Address: City, State, Zip: Phone Number:	P.O. Box 19 Jacksboro, Tn 37757 (423) 562-3404				artment	Outfa	# / Name: ill #: Stream:	TN0063606 Campbell County Rock Quarry 001 Cuckle Creek Campbell				
Parameter	Flow	рH	TSS			Coun	ty.	Campo	T	STO	ORMWA	TED
minimum	1100	6.0	100				_				orting Le	
maximum	7	9.0	40.0				_	15.2 (5)		рН	TSS	O&G
average		0.0	40.0		-				1 1 4	5-9	200	15
units	gpm	s.u.	mg/L				_			s.u.	mg/L	mg/L
frequency	2/mo	2/mo	2/mo					1		0,0.	annual	
sample type	est.	grab	grab						1		grab	
Date		J	max								J	
07/14/17	0.0											
07/31/17	0.0			100				1				
8/3/2017	0.0							1	1			
8/17/2017	0.0			-								
9/6/2017	0.0			-				1				
9/21/2017	0.0											
							1					
												ļ
								1				
								↓				
Average												
Maximum								-				-
Minimum							_	-				
Violations								1				

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individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that
1 27 1 38 1 1 18 1 1 1 18 1 1 1 1 1 1 1 1 1

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Name & Title of Responsible Official

Signature of Responsible Official/Authorized Agent

Date

Division of Water Pollution Control - Surface Mining Section
Discharge Monitoring Report (DMR)

Permittee Name: Address:	P.O. Bo	x 19		way Dep	artment		NPDES Site # /			606 ell Coun	ty Rock	Quarry	3
City, State, Zip:		oro, Tn	37757				Outfall #	# :	002				-
Phone Number:	(423) 56	52-3404					Rec. Str	ream:	Cuckle	Creek			-
						c	County:		Campb	ell			
Parameter	Flow	рН	TSS	E (i)								ORMWA	
minimum	aximum 9.0 40.0											orting Le	
maximum	verage										pН	TSS	O&G
average		2-36	1000								5 - 9	200	15
units	gpm	s.u.	mg/L								s.u.	mg/L	mg/L
frequency	2/mo	2/mo	2/mo									annual	
sample type	est.	grab	grab									grab	
Date			max										
07/14/17	0.0												
07/31/17	0.0												
8/3/2017	0.0												
8/17/2017	0.0												
9/6/2017	0.0								į				
9/21/2017	0.0												
Average													
Mayimum													

Name of Company(s) Collecting Samples and/or Performing Analyses:	
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Standard Laboratories

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Name & Title of Responsible Official

Minimum Violations

Signature of Responsible Official/Authorized Agent

