Tegrah
Engineering, P.C.

March 23, 2018

Mr. Conner Franklin
TN Department of Environment and Conservation
Division of Water Resources
Jackson Environmental Field Office
1625 Hollywood Drive
Jackson, Tennessee 38305

Subject: NPDES Permit Renewal Submittal Package
NPDES Permit No. TN00620146 – Bruceton Wastewater Lagoon
Town of Bruceton, Tennessee
Tegrah No. 1038

Dear Mr. Franklin:

On behalf of our client, the Town of Bruceton, enclosed for your review is one original and one copy of the referenced NPDES permit renewal submittal package. The submittal package contains the following:

- Permit Contact Information form
- EPA General Form No. 1 and associated maps
- EPA Form No. 2A and associated maps

If you have any questions or require any additional information, please give me a call.

Sincerely,
Tegrah Engineering, P.C.

Angelia Howard
Senior Project Manager

Enclosures as stated

cc: Brian Edwards (Bruceton)
Tegrah File 1038 / 3.0

10162 Stinson St. Milan, TN 38358 • Office 731-613-2034 • Fax 731-613-2019

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, 11th 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: TN0062014 **DATE:** 3/16/2018

PERMITTED FACILITY: Bruceton Wastewater Lagoon **COUNTY:** Carroll

OFFICIAL PERMIT CONTACT:

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

Official Contact: Robert T. Keeton, III	Title or Position: Mayor		
Mailing Address: 209 Cheatham Street	City: Bruceton	State: TN	Zip: 38317
Phone number(s): 731-586-2401	E-mail: bruceton@tds.net		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact: Robert T. Keeton, III	Title or Position: Mayor		
Mailing Address: 209 Cheatham Street	City: Bruceton	State: TN	Zip: 38317
Phone number(s): 731-586-2401	E-mail: bruceton@tds.net		

FACILITY LOCATION (actual location of permit site and local contact for site activity):

Facility Location Contact: Brian A. Edwards	Title or Position: Director of Public Services		
Facility Location (physical street address): North end of Poplar Lane	City: Bruceton	State: TN	Zip: 38317
Phone number(s): 731-586-2401	E-mail: bruceton@tds.net		

Alternate Contact (if desired):	Title or Position:		
Mailing Address:	City:	State:	Zip:
Phone number(s):	E-mail:		

FACILITY REPORTING (Discharge Monitoring Report (DMR) or other reporting):

Cognizant Official authorized for permit reporting: Brian A. Edwards	Title or Position: Director of Public Services		
Mailing Address: 209 Cheatham Street	City: Bruceton	State: TN	Zip: 38317
Phone number(s): 731-586-2401	E-mail: bruceton@tds.net		
Fax number for reporting: 731-586-2402	Does the facility have interest in starting electronic DMR reporting? Yes No Yes		

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F	TN0062014		D
1	2 — 13	14	15

LABEL ITEMS	
I.	EPA I.D. NUMBER
III.	FACILITY NAME
V.	FACILITY MAILING ADDRESS
VI.	FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)	X (16)	(17)	X (18)
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)	(19)	X (20)	(21)
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	(22)	X (23)	(24)
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)	(25)	X (26)	(27)
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	(28)	X (29)	(30)
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	(31)	X (32)	(33)
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	(34)	X (35)	(36)
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	(37)	X (38)	(39)
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	(40)	X (41)	(42)
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)	(43)	X (44)	(45)

III. NAME OF FACILITY

C	SKIP	
1	(15) (16 - 29)	BRUCETON WASTEWATER LAGOON (30 — 69)

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2 — EDWARDS, BRIAN, DIRECTOR OF PUBLIC SERVICES (15 — 16 — 45)	(731) 586-2401 (46 — 48 — 49 — 51 — 52 — 55)

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 — 209 CHEATHAM STREET (15 — 16 — 45)

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 — BRUCETON (15 — 16 — 40)	TN (41 — 42)	38317 (47 — 51)

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 — POPLAR LANE (15 — 16 — 45)

B. COUNTY NAME

CARROLL (46 — 70)

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 — BRUCETON (15 — 16 — 40)	TN (41 — 42)	38317 (47 — 51)	(52 — 54)

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
4952 *(specify)* SEWERAGE SYSTEMS	*(specify)*
C. THIRD	**D. FOURTH**
(specify)	*(specify)*

VIII. OPERATOR INFORMATION

A. NAME	B. Is the name listed in Item VIII-A also the owner?
TOWN OF BRUCETON, TENNESSEE	☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

M *(specify)*

D. PHONE *(area code & no.)*: A (731) 586-2401

E. STREET OR P.O. BOX: 209 CHEATHAM STREET

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
BRUCETON	TN	38317	Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
9 N TN0062014	9 P
B. UIC *(Underground Injection of Fluids)*	**E. OTHER** *(specify)*
9 U	9 *(specify)*
C. RCRA *(Hazardous Wastes)*	**E. OTHER** *(specify)*
9 R	9 *(specify)*

XI. MAP

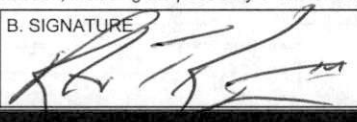
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

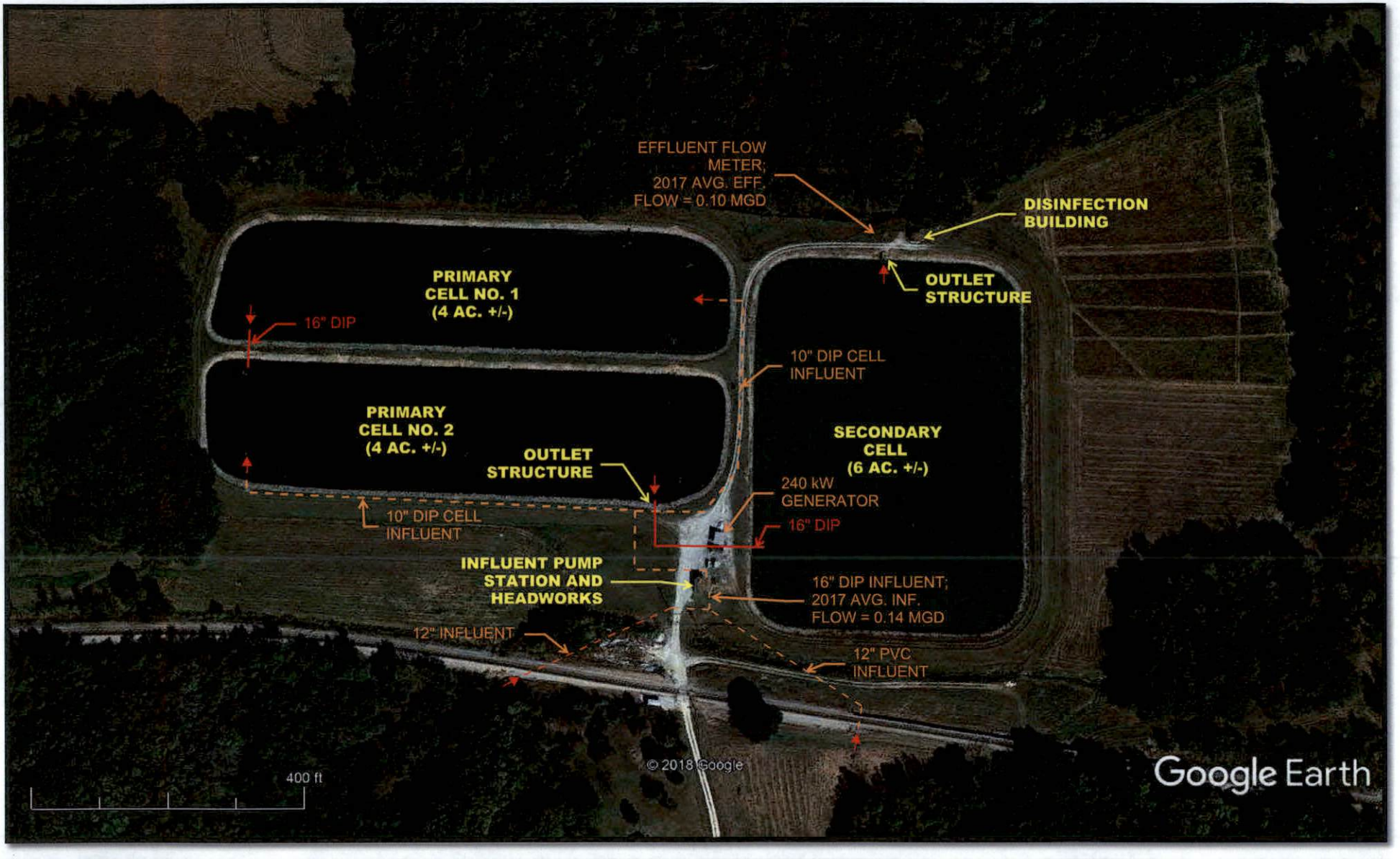
PROVIDE WASTEWATER COLLECTION AND TREATMENT SERVICE FOR THE TOWN OF BRUCETON, TENNESSEE, INCLUDING RESIDENTIAL AND COMMERCIAL USERS LOCATED WITHIN THE CORPORATE LIMITS.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the 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.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
ROBERT T. KEETON, III MAYOR		3/26/18

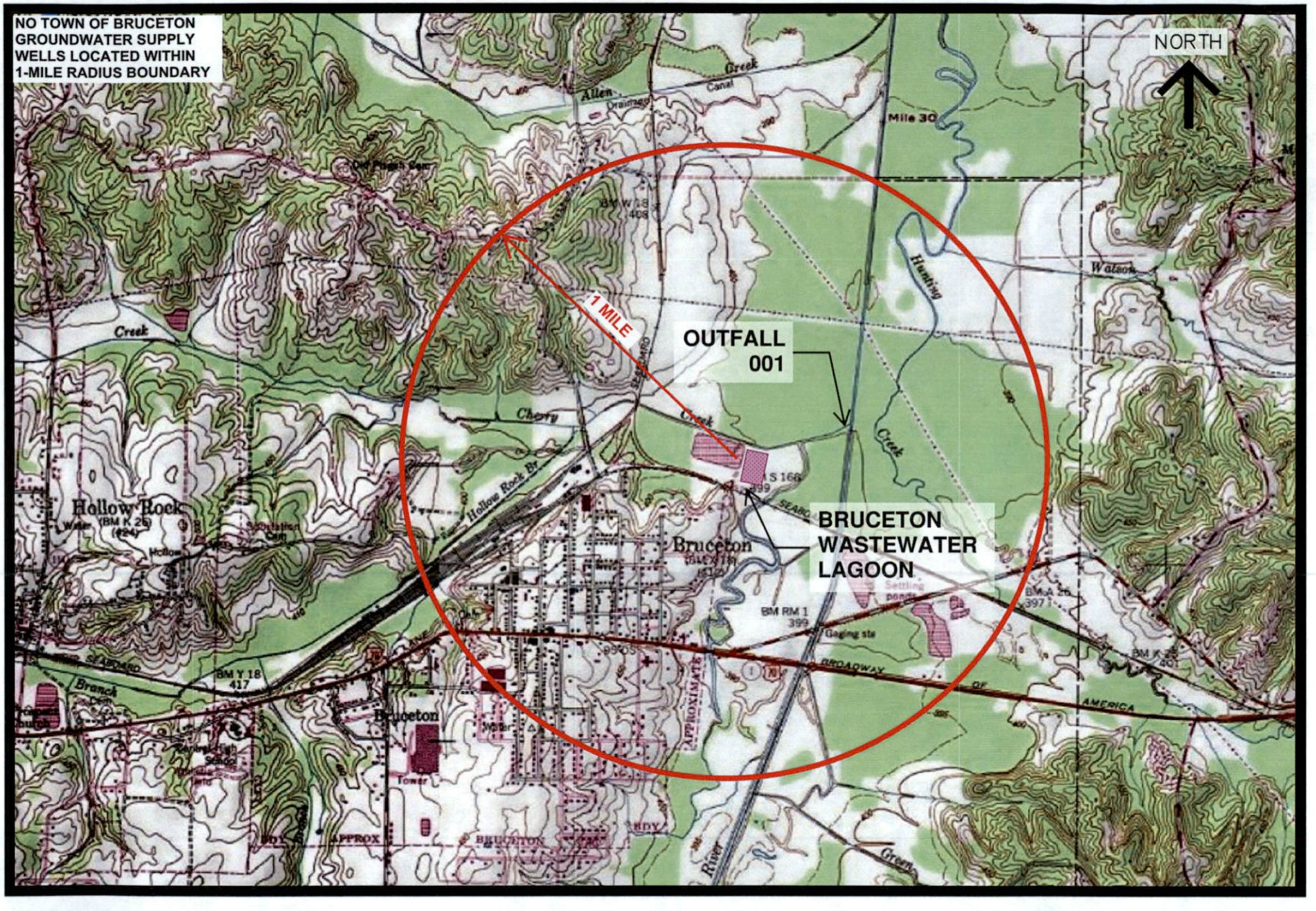
COMMENTS FOR OFFICIAL USE ONLY



Tegrah Engineering, P.C.

BRUCETON WASTEWATER LAGOON
NPDES PERMIT RENEWAL APPLICATION 2018
TOWN OF BRUCETON, TENNESSEE

EXHIBIT 1
PROCESS FLOW SCHEMATIC



Tegrah Engineering, P.C.

BRUCETON WASTEWATER LAGOON
NPDES PERMIT RENEWAL APPLICATION 2018
TOWN OF BRUCETON, TENNESSEE

EXHIBIT 2
TOPOGRAPHICAL MAP

FACILITY NAME AND PERMIT NUMBER:
BRUCETON WASTEWATER LAGOON / TN0062014

Form Approved 1/14/99
OMB Number 2040-0086

FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: Bruceton Wastewater Lagoon

Mailing Address: 209 Cheatham Street, Bruceton, Tennessee 38317

Contact person: Mr. Brian Edwards

Title: Director of Public Services

Telephone number: (731) 586-2401

Facility Address (not P.O. Box): Poplar Lane

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: Town of Bruceton, Tennessee

Mailing Address: 209 Cheatham Street, Bruceton, Tennessee 38317

Contact person: Mr. Robert T. Keeton, III

Title: Mayor, Town of Bruceton, Tennessee

Telephone number: (731) 586-2401

Is the applicant the owner or operator (or both) of the treatment works?

✔ owner ✔ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility ✔ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	TN0062014	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Town of Bruceton,TN	1,478	separate	municipal

Total population served _____

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✔ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✔ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.57 mgd *(Influent daily flow rate data from MORs dated Jan. 2015 - Dec. 2017)*

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.12	0.15	0.14	mgd
c. Maximum daily flow rate	0.99	1.01	0.87	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✔ Separate sanitary sewer	100.00 %
_____ Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✔ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent	1
ii. Discharges of untreated or partially treated effluent	0
iii. Combined sewer overflow points	0
iv. Constructed emergency overflows (prior to the headworks)	0
v. Other _____	0

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✔ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✔ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✔ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

_____

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes ✔ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:
BRUCETON WASTEWATER LAGOON / TN0062014

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number: 001

b. Location:
Bruceton - Big Sandy River - RM 31.0 (City or town, if applicable) — 38317 (Zip Code)
Carroll (County) — Tennessee (State)
36.047555 (Latitude) — -88.226388 (Longitude)

c. Distance from shore (if applicable): _____ ft.

d. Depth below surface (if applicable): _____ ft.

e. Average daily flow rate: 0.10 mgd

f. Does this outfall have either an intermittent or a periodic discharge? _____ Yes ✔ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? _____ Yes ✔ No

A.10. Description of Receiving Waters.

a. Name of receiving water: Big Sandy River

b. Name of watershed (if known): Tennessee Western Valley (Kentucky Lake)

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 06040005

d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:
BRUCETON WASTEWATER LAGOON / TN0062014

Form Approved 1/14/99
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A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

_____ Primary _____ Secondary

_____ Advanced ✔ Other. Describe: Equiv. to Secondary Treatment (40 CFR 133.105)

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	65.00	%
Design SS removal	65.00	%
Design P removal		%
Design N removal		%
Other _____		%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

liquid sodium hypochlorite

If disinfection is by chlorination, is dechlorination used for this outfall? _____ Yes ✔ No

d. Does the treatment plant have post aeration? _____ Yes ✔ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.80	s.u.			
pH (Maximum)	8.20	s.u.			
Flow Rate	1.08	MGD	0.08	MGD	365.00
Temperature (Winter)	50.00	F	50.00	F	3.00
Temperature (Summer)	75.00	F	75.00	F	3.00

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	24.00	mg/l	8.80	mg/l	31.00	SM5210 B	3.00
	~~CBOD-5~~							
FECAL COLIFORM		41.00	#/100 ml	27.58	#/100 ml	31.00	SM9222 A	1.00
TOTAL SUSPENDED SOLIDS (TSS)		29.00	mg/l	19.00	mg/l	31.00	SM5540 D	2.00

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

24,000.00 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Town prioritizes pipeline repairs.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ✓No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

No schedule.

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	10.40	mg/l	6.77	mg/l	3.00	SM4500-NH3	0.20
CHLORINE (TOTAL RESIDUAL, TRC)	0.26	mg/l	0.03	mg/l	159.00	SM 4500-CL	0.01
DISSOLVED OXYGEN	12.60	mg/l	5.92	mg/l	159.00	SM 4500 D	0.10
TOTAL KJELDAHL NITROGEN (TKN)	15.30	mg/l	9.33	mg/l	3.00	EPA 351.2	0.500
NITRATE PLUS NITRITE NITROGEN	0.35	mg/l	0.27	mg/l	3.00	EPA 353.2	0.200
OIL and GREASE	1.40	mg/l	1.30	mg/l	3.00	EPA 1664A	1.4
PHOSPHORUS (Total)	4.27	mg/l	3.01	mg/l	3.00	EPA 365.1	0.100
TOTAL DISSOLVED SOLIDS (TDS)	362.00	mg/l	304.66	mg/l	3.00	SM 2540C	20
SETTLEABLE SOLIDS	0.10	ml/l	0.10	ml/l	59.00	SM 2540 F	0.10

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
BRUCETON WASTEWATER LAGOON / TN0062014

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

✓ Part D (Expanded Effluent Testing Data)

✓ Part E (Toxicity Testing: Biomonitoring Data)

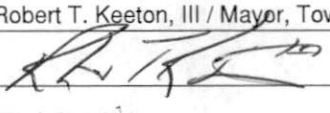
✓ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

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 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.

Name and official title: Robert T. Keeton, III / Mayor, Town of Bruceton, Tennessee

Signature: 

Telephone number: (731) 586-2401

Date signed: 3/26/18

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:
BRUCETON WASTEWATER LAGOON / TN0062014

NOTE: Bruceton's Industrial Pretreatment Program was inactivated effective January 18, 2018 due to lack of SIUs.

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	<0.008	mg/l	<0.002	ppd	<0.0039	mg/l	<0.0006	ppd	3	EPA 200.7	0.008
ARSENIC	<0.005	mg/l	<0.001	ppd	<0.0082	mg/l	<0.001	ppd	3	EPA 200.7	0.005
BERYLLIUM	<0.0002	mg/l	<0.00005	ppd	<0.0001	mg/l	<0.00001	ppd	3	EPA 200.7	0.002
CADMIUM	<0.00012	mg/l	<0.00012	ppd	<0.00012	mg/l	<0.00009	ppd	4	EPA 200.7	0.00012
CHROMIUM	*(SEE CHROMIUM III AND CHROMIUM VI DATA BELOW)*										
COPPER	0.00482	mg/l	0.00474	ppd	<0.00156	mg/l	<0.00132	ppd	4	EPA 200.7	0.00012
LEAD	0.01060	mg/l	0.01096	ppd	0.00483	mg/l	0.00402	ppd	4	EPA 200.7	0.00040
MERCURY	<0.0002	mg/l	<0.00021	ppd	<0.0002	mg/l	<0.00015	ppd	4	EPA 200.7	0.00020
NICKEL	0.00533	mg/l	0.00525	ppd	0.00332	mg/l	0.00285	ppd	4	EPA 200.7	0.00028
SELENIUM	<0.0060	mg/l	<0.0017	ppd	<0.0031	mg/l	<0.0005	ppd	3	EPA 200.7	0.006
SILVER	<0.0002	mg/l	<0.00021	ppd	<0.0002	mg/l	<0.00015	ppd	4	EPA 200.7	0.00020
THALLIUM	<0.010	mg/l	<0.002	ppd	<0.0035	mg/l	<0.0006	ppd	3	EPA 200.7	0.010
ZINC	0.0360	mg/l	0.03572	ppd	<0.00968	mg/l	<0.00918	ppd	4	EPA 200.7	0.00028
CYANIDE	0.00678	mg/l	0.00517	ppd	<0.00545	mg/l	<0.00402	ppd	4	EPA 200.7	0.0050
TOTAL PHENOLIC COMPOUNDS	0.0505	mg/l	0.0497	ppd	0.0323	mg/l	0.0281	ppd	4	EPA 200.7	0.0020
HARDNESS (AS $CaCO_3$)	76.6	mg/l	22.36	ppd	65.13	mg/l	11.49	ppd	3	EPA 200.7	0.028
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											
CHROMIUM III	<0.00176	mg/l	<0.00173	ppd	<0.00082	mg/l	<0.0006	ppd	4	EPA 200.7	0.00176
CHROMIUM VI	<0.010	mg/l	<0.0103	ppd	<0.010	mg/l	<0.0074	ppd	4	EPA 200.7	0.010

FACILITY NAME AND PERMIT NUMBER:
BRUCETON WASTEWATER LAGOON / TN0062014

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	<0.020	mg/l	<0.0058	ppd	<0.020	mg/l	<0.0035	ppd	3	EPA 624	0.020
ACRYLONITRILE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 624	0.005
BENZENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 624	0.001
BROMOFORM	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 624	0.005
CARBON TETRACHLORIDE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 624	0.001
CLOROBENZENE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 624	0.005
CHLORODIBROMO-METHANE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 624	0.005
CHLOROETHANE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 624	0.001
2-CHLORO-ETHYLVINYL ETHER	<0.025	mg/l	<0.0073	ppd	<0.025	mg/l	<0.0044	ppd	3	EPA 624	0.020
CHLOROFORM	<0.003	mg/l	<0.0008	ppd	<0.003	mg/l	<0.0005	ppd	3	EPA 624	0.003
DICHLOROBROMO-METHANE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 624	0.005
1,1-DICHLOROETHANE	<0.002	mg/l	<0.0005	ppd	<0.002	mg/l	<0.0003	ppd	3	EPA 624	0.002
1,2-DICHLOROETHANE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 624	0.005
TRANS-1,2-DICHLORO-ETHYLENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 624	0.001
1,1-DICHLOROETHYLENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 624	0.001
1,2-DICHLOROPROPANE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 624	0.005
1,3-DICHLORO-PROPYLENE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 624	0.005
ETHYLBENZENE	<0.004	mg/l	<0.0014	ppd	<0.004	mg/l	<0.0007	ppd	3	EPA 624	0.004
METHYL BROMIDE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 624	0.005
METHYL CHLORIDE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 624	0.005
METHYLENE CHLORIDE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 624	0.005
1,1,2,2-TETRACHLORO-ETHANE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 624	0.005
TETRACHLORO-ETHYLENE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 624	0.005
TOLUENE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 624	0.005

FACILITY NAME AND PERMIT NUMBER:
BRUCETON WASTEWATER LAGOON / TN0062014

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 624	0.001
1,1,2-TRICHLOROETHANE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 624	0.005
TRICHLORETHYLENE	<0.002	mg/l	<0.0005	ppd	<0.002	mg/l	<0.0003	ppd	3	EPA 624	0.002
VINYL CHLORIDE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 624	0.001
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL	<0.002	mg/l	<0.0005	ppd	<0.002	mg/l	<0.0003	ppd	3	EPA 625	0.002
2-CHLOROPHENOL	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 625	0.005
2,4-DICHLOROPHENOL	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 625	0.005
2,4-DIMETHYLPHENOL	<0.010	mg/l	<0.002	ppd	<0.010	mg/l	<0.0017	ppd	3	EPA 625	0.010
4,6-DINITRO-O-CRESOL	<0.010	mg/l	<0.002	ppd	<0.010	mg/l	<0.0017	ppd	3	EPA 625	0.010
2,4-DINITROPHENOL	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 625	0.005
2-NITROPHENOL	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 625	0.005
4-NITROPHENOL	<0.010	mg/l	<0.0029	ppd	<0.010	mg/l	<0.0017	ppd	3	EPA 625	0.010
PENTACHLOROPHENOL	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 625	0.005
PHENOL	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 625	0.005
2,4,6-TRICHLOROPHENOL	<0.0027	mg/l	<0.0007	ppd	<0.0027	mg/l	<0.0004	ppd	3	EPA 625	0.0027
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
ACENAPHTHYLENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
ANTHRACENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
BENZIDINE	<0.020	mg/l	<0.0058	ppd	<0.020	mg/l	<0.0035	ppd	3	EPA 625	0.020
BENZO(A)ANTHRACENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
BENZO(A)PYRENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001

FACILITY NAME AND PERMIT NUMBER:
BRUCETON WASTEWATER LAGOON / TN0062014

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
BENZO(GHI)PERYLENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
BENZO(K)FLUORANTHENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
BIS (2-CHLOROETHOXY) METHANE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 625	0.005
BIS (2-CHLOROETHYL)-ETHER	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
BIS (2-CHLOROISO-PROPYL) ETHER	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
BIS (2-ETHYLHEXYL) PHTHALATE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 625	0.005
4-BROMOPHENYL PHENYL ETHER	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
BUTYL BENZYL PHTHALATE	<0.002	mg/l	<0.0005	ppd	<0.002	mg/l	<0.0003	ppd	3	EPA 625	0.002
2-CHLORONAPHTHALENE	<0.002	mg/l	<0.0005	ppd	<0.002	mg/l	<0.0003	ppd	3	EPA 625	0.002
4-CHLORPHENYL PHENYL ETHER	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
CHRYSENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
DI-N-BUTYL PHTHALATE	<0.002	mg/l	<0.0005	ppd	<0.002	mg/l	<0.0003	ppd	3	EPA 625	0.002
DI-N-OCTYL PHTHALATE	<0.002	mg/l	<0.0005	ppd	<0.002	mg/l	<0.0003	ppd	3	EPA 625	0.002
DIBENZO(A,H) ANTHRACENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
1,2-DICHLOROBENZENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
1,3-DICHLOROBENZENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
1,4-DICHLOROBENZENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
3,3-DICHLOROBENZIDINE	<0.010	mg/l	<0.0029	ppd	<0.010	mg/l	<0.0017	ppd	3	EPA 625	0.010
DIETHYL PHTHALATE	<0.002	mg/l	<0.0005	ppd	<0.002	mg/l	<0.0003	ppd	3	EPA 625	0.002
DIMETHYL PHTHALATE	<0.002	mg/l	<0.0005	ppd	<0.002	mg/l	<0.0003	ppd	3	EPA 625	0.002
2,4-DINITROTOLUENE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 625	0.005
2,6-DINITROTOLUENE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 625	0.005
1,2-DIPHENYLHYDRAZINE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 625	0.005

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POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
FLUORENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
HEXACHLOROBENZENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
HEXACHLOROBUTADIENE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 625	0.005
HEXACHLOROCYCLO-PENTADIENE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 625	0.005
HEXACHLOROETHANE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 625	0.005
INDENO(1,2,3-CD)PYRENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
ISOPHORONE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
NAPHTHALENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
NITROBENZENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
N-NITROSODI-N-PROPYLAMINE	<0.002	mg/l	<0.0005	ppd	<0.002	mg/l	<0.0003	ppd	3	EPA 625	0.002
N-NITROSODI- METHYLAMINE	<0.005	mg/l	<0.0014	ppd	<0.005	mg/l	<0.0008	ppd	3	EPA 625	0.005
N-NITROSODI-PHENYLAMINE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
PHENANTHRENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
PYRENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
1,2,4-TRICHLOROBENZENE	<0.001	mg/l	<0.0002	ppd	<0.001	mg/l	<0.0001	ppd	3	EPA 625	0.001
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
BRUCETON WASTEWATER LAGOON / TN0062014

NOTE: Bruceton's Industrial Pretreatment Program was inactivated effective January 18, 2018 due to lack of SIUs.

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years. 4 TESTS CONDUCTED PER ANNUAL REQUIREMENT

✓ chronic ____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number:_____ Test number:_____ Test number:_____

a. Test information.	TEST DATA ON FILE WITH TDEC DIVISION OF WATER RESOURCES		
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

	Test number:_____	Test number:_____	Test number:_____
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes ✓ No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY) TEST DATA ON FILE WITH TDEC DIVISION OF WATER RESOURCES

Summary of results: (see instructions)
NO VIOLATIONS

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES *(PART NOT APPLICABLE)*

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

___Yes ✓ No NOTE: Bruceton's Industrial Pretreatment Program was inactivated effective January 18, 2018 due to lack of SIUs.

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 0.00

b. Number of CIUs. 0.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: _____

Mailing Address: _____

_____

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

_____

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): _____

Raw material(s): _____

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ____Yes ____No

b. Categorical pretreatment standards ____Yes ____No

If subject to categorical pretreatment standards, which category and subcategory?

_____

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes____No If yes, describe each episode.

_____

_____

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ___No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ____No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

_____

_____

_____

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

_____

_____

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

_____

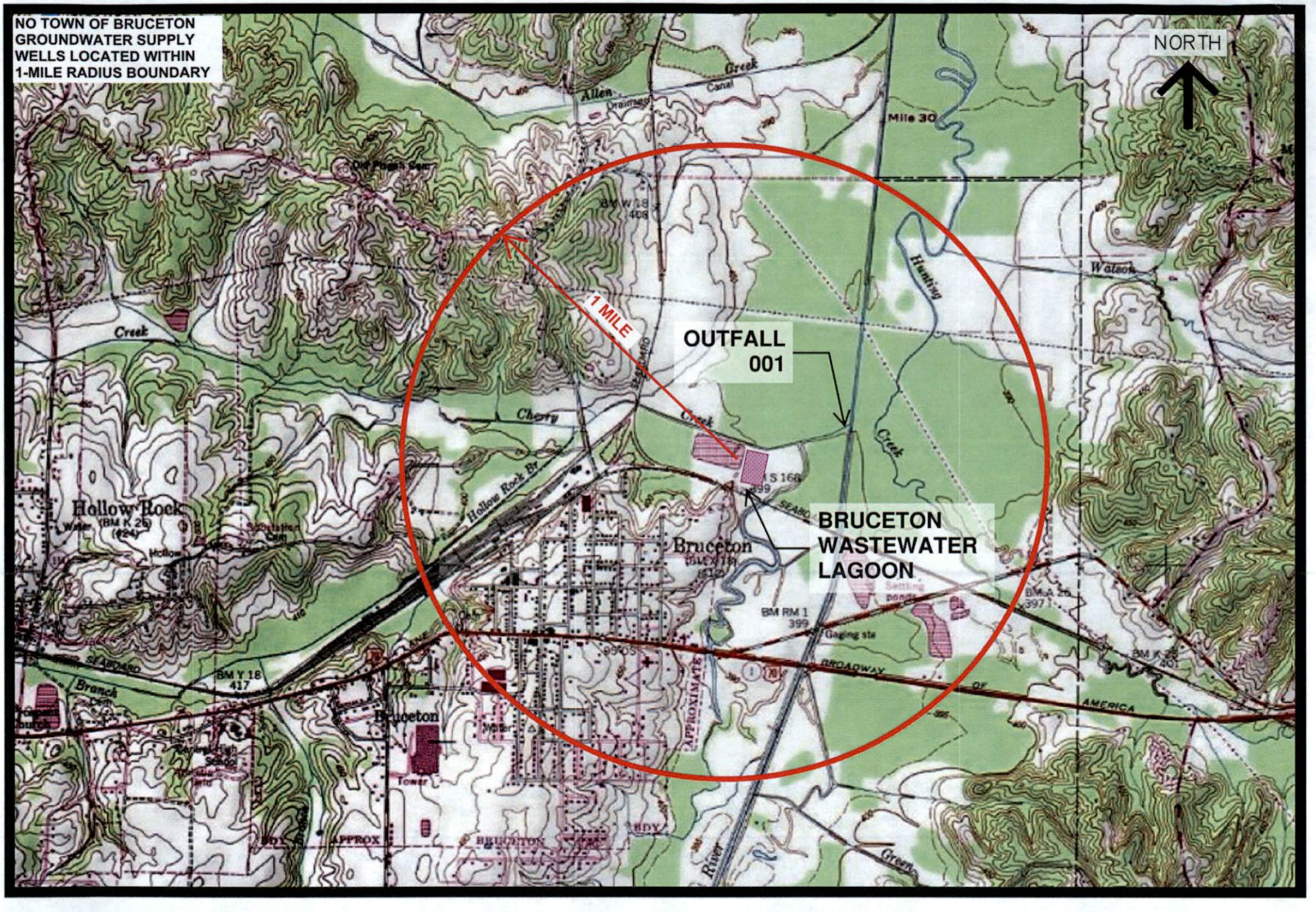
_____

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

_____

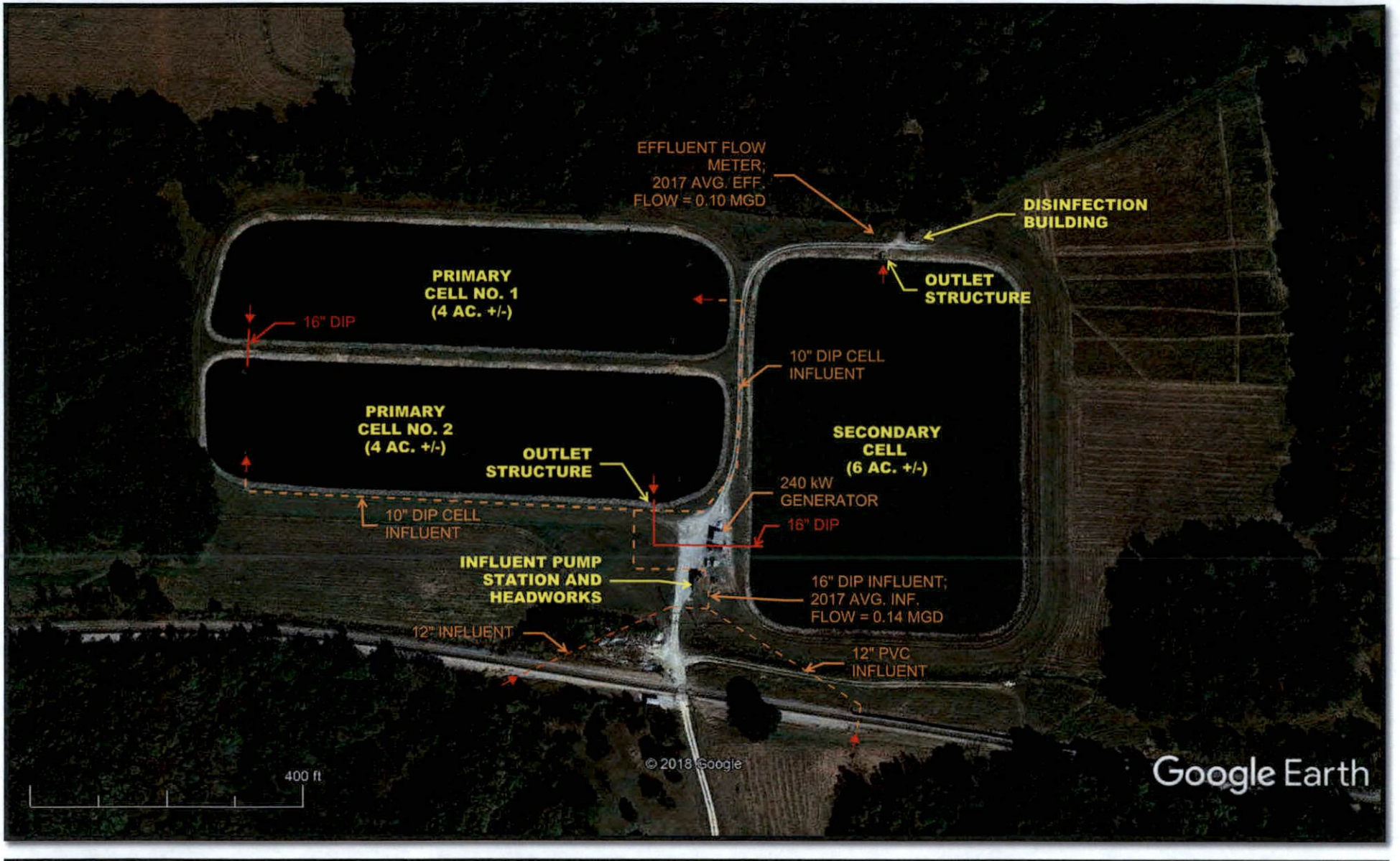
END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE



Tegrah Engineering, P.C.

BRUCETON WASTEWATER LAGOON
NPDES PERMIT RENEWAL APPLICATION 2018
TOWN OF BRUCETON, TENNESSEE

EXHIBIT 2
TOPOGRAPHICAL MAP



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BRUCETON WASTEWATER LAGOON
NPDES PERMIT RENEWAL APPLICATION 2018
TOWN OF BRUCETON, TENNESSEE

EXHIBIT 1
PROCESS FLOW SCHEMATIC