

Industrial Waste Survey
City of Celina STP
TN0063886

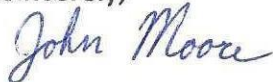
The City of Celina received its final NPDES permit on April 3, 2020 and went into effect on May 1, 2020. As required by the permit, the City of Celina is required to complete an Industrial Waste Survey within 120 days of the permit effective date. Due to failure to fully review permit requirements from prior operational staff, the IWS was not performed within the required time frame. Upon reviewing the permit, it was noticed that this requirement had not been met. As a result, the Cookeville Environmental Field Office for TDEC was notified and informed that the City of Celina with the assistance of the Tennessee Association of Utility District Wastewater Technician was in the process of reviewing material to complete the IWS.

The City of Celina used the following to determine any commercial/ industrial users that would be of concern to the wastewater treatment process:

- Customer Billing Records
- Telephone Directories

Upon review of appropriate records, the City of Celina found no dischargers that would be of concern or meet requirements for industrial pretreatment. All source dischargers dispose of sanitary waste or waste that is controlled by appropriate FOG standards (ie. Grease Traps). The summary within contains all appropriate survey information, template letters to commercial dischargers, and listing of top 10 commercial customers. If more information is required or any questions need to be answered, please contact me at 931-243-3813 or via email at J.moore81@outlook.com.

Sincerely,



John Moore, City of Celina

Date:

Company Address

RE: Industrial Waste Survey

Dear (Company),

The City of Celina is required by the EPA 40 CFR 403.8 (f) (2) to identify and locate any industrial and commercial facility that may impact the treatment process of the Publicly Owned Treatment Works (POTW) as part of renewing its NPDES Permit Wastewater Treatment Facility.

In support of this requirement, the Wastewater Treatment Facility uses an Industrial Waste Survey (IWS) Form to evaluate the potential for facilities within our service area to impact the POTW.

Information collected by the IWS is used to determine if any commercial or industrial at the facility could cause interference through:

- Inference with daily treatment operations,
- Limit the usefulness of biosolids treated at the facility,
- Endanger the health and safety of wastewater collections system personnel, or
- Pass through the POTW's treatment process ultimately harming human health and/or the environment.

In an effort to adhere with the EPA Code of Federal Regulations and prevent the possible infringements to facility processes listed above, an IWS Survey Form has been attached to this letter for you to fill out. Section 19-04-104 (2) of the City of Celina Sewer Use Ordinance authorizes the POTW to require each industrial and commercial facility to complete the attached form and return it to the POTW Control Authority. Within ten (10) days of receipt of this letter, please complete the IWS form and mail to the address listed above.

It is the cities goal to provide dependable sewer services to residents at a reasonable price. Your cooperation with this survey is greatly appreciated. Should you have any questions, please feel free to reach me at 931-243-3813 or email at wastewater@twlakes.net.

Sincerely,

Gary Plumlee
Superintendent, WWTP
City of Celina

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

Zip: _____ Telephone () _____

A.2 Address of production or manufacturing facility.

Zip: _____ Telephone () _____

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

A.4 Alternate person to contact concerning information provided herein:

Name _____ Title _____ Telephone () _____

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that 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/or imprisonment.

Date

Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production or service activities your firm conducts.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	_____	estimated	measured
b.	<input type="checkbox"/> Cooling water, non contact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input type="checkbox"/> Sanitary	_____	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input type="checkbox"/> Waste haulers	_____	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

Provide name and address of waste hauler(s), if used,

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

Utility Billing Top 10 Customers By Revenue Amount

01/29/2021 10:08 AM

Service: SEWER

Amount	Account Num	Customer Name	Gallons
272,449	002-00038701	CELINA HEALTH & REHABILITATION	151,000
259,156	002-00038704	CMS MANAGEMENT <i>Southern Oaks</i>	80,600
203,732	002-00025001	HIGHLANDS RESIDENTIAL SERVICES	72,800
160,879	002-00027301	CHERRY TREE APTS.	70,000
127,660	002-00058822	AMG Livingston LLC DBA CC Family Wellne C/O Life Point Hospitals	54,760
122,310	002-00027401	CHERRY TREE APTS.	29,500
119,660	002-00027401	CLAY COUNTY JAIL	38,700
119,120	002-00038801	CELINA MARKET LLC	38,200
117,971	002-00027301	CHERRY TREE APTS	19,000
116,432	002-00037001	SHAHIR MOMIN <i>DQ</i>	32,280

Give Dentist a survey to capture fillings.