



Tennessee Department of Environment and Conservation
 Division of Water Resources
 401 Church Street, 6th Floor I & C Annex
 Nashville, TN 37243-1534
 (615) 532-0625

CONTROL AUTHORITY PRETREATMENT SEMI-ANNUAL/ANNUAL REPORT

Control Authority Identification:

Control Authority Name : Oweida Water + Waste Water

Report Date : 10-13-20

Reporting Period Covered by this report From 4-1-20 To 9-30-20

Reporting Period Covered by previous report From 10-1-19 To 3-31-20

Name of Wastewater Treatment Plant(s)	NPDES Permit No.
1. <u>Oweida Wastewater Plant</u>	<u>TN 0064424</u>
2.	
3.	
4.	
5.	

Person to contact concerning this report: Mr Greg Burchfield Title or Position: Operator

Mailing Address: 19922 Alberta St. City: Oweida State: TN Zip: 37241

Phone number(s): (423) 569-4638 or (423) 569-6311 E-mail (optional): OWWP@Highland.net

Fax number (optional): (423) 569-2471 Website (optional):

Report Certification: (must be signed in accordance with the requirements of Tennessee Rule 1200-4-14-.12(13))

"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(s) who manage the system or are directly responsible for gathering the information, the submitted 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. A false statement is subject to the penalties of perjury."

Name: (print or type) JACK E. LAY Title: (print or type) MAYOR

Signature: JACK E. LAY Date: 10-14-20

Report Date: 10-13-20

Pretreatment – Narrative Summary

Report Date: 10-13-20

Form 1a Results of Sampling at Control Authority

Sample Date(s):

Column 1 Parameter	Column 2 Influent (mg/l)	Column 3 Protection criteria (mg/l)	Column 4 Effluent (mg/l)	Column 5 Pass Through Limit (mg/l)	Column 6 Removal Rate (%)
Copper (Cu)	.00886	.06439	.00341	.02106	61%
Chromium III	<.0100	1.788713	<.0100		
Chromium VI	<.0100	.06875	<.0100	.01100	
Chromium Total	(MNR)	(MNR)	(MNR)	(MNR)	
Nickel (Ni)	.00742	.15631	.00494	.04855	33%
Cadmium (Cd)	<.00100	.00487	<.00100	.00083	
Lead (Pb)	<.00200	.02409	<.00200	.01058	
Mercury (Hg)	.0000013	.00025	.00000091	.00005	30%
Silver (Ag)	<.00100	.01047	<.00100	.00214	
Zinc (Zn)	<.0500	.5000	<.0500	.2000	
Cyanide (Cn)	<.00500	.00981	<.00500	.00520	
Phenols, Total	<.0400	.45455	<.0400	.05000	
Toluene	.00568	.3750	<.00100	.01500	>82%
Benzene	<.00100	.01275	<.00100	.00300	
1,1,1-trichloroethane	<.00100	.2500	<.00100	.03000	
Ethylbenzene	<.00100	.0400	<.00100	.00400	
Carbon tetrachloride	<.00100	.1500	<.00100	.01500	
Chloroform	<.00500	.22368	<.00500	.08500	
Tetrachloroethylene	<.00100	.13629	<.00100	.02500	
Trichloroethylene	<.00100	.1000	<.00100	.01000	
1,2 trans dichloroethylene	<.00100	.0075	<.00100	.00150	
Methylene chloride	<.00500	.09615	<.00500	.05000	
Naphthalene	<.00100	.0125	<.00100	.00100	
Total phthalates	<.0120	.12647	<.0120	.06450	
Silver Ave Daily Max	<.00100	Daily Maxes	<.00551		

Include any parameters sampled in the reporting period including the routine semiannual sampling as well as the effluent sampling specified in Section III of the National Pollution Discharge Elimination System (NPDES) permit, including applicable toxic organics (i.e., toluene, benzene, 1,1,1-trichloroethane and chloroform).

You must sample for all parameters in your NPDES Permit at the required frequency (See Part 3 of your NPDES permit for required pretreatment monitoring).

Report Date: 10-13-20

Form 1b

Biosolids

What does the Control Authority do with the sludge/biosolids? Landfill

If biosolids are land-applied, please fill out the following Table.

Parameter	Biosolids Concentration (mg/kg)	503 Table 1 limits Ceiling Concentration (mg/kg)	503 Table 3 limits Monthly Ave. (mg/kg)
Arsenic		75	41
Cadmium		85	39
Copper		4300	1500
Lead		840	300
Mercury		57	17
Molybdenum		75	N/A
Nickel		420	420
Selenium		100	100
Zinc		7500	2800

Were there any samples of biosolids that exceeded the ceiling concentrations from 40 CFR Part 503 (Table 1)?

What date(s)?

Report Date: 10-13-20

Form 2

Report of Upsets, Protection Criteria Violations, Biosolids Violations and Pass-Through Limit Violations

Type of Incident	Date	Explanation of Incidents	Corrective Action Taken

* Give a detailed explanation of the causes of the incident and the corrective action taken to date. The corrective action should also include any plans the Control Authority has to identify or correct the problem. If there is not enough room on this form, include the information in the Narrative Summary.

Report Date: 10-13-20

Form 4

Industrial User Monitoring Report

Column 1 Industrial User Name and Mailing Address	Column 2 Control Authority Inspection Date(s)	Column 3 Control Authority Sampling Frequency	Column 4 Control Authority Sampling Date(s)	Column 5 SIU Self- Monitoring Dates(s)
HBD	9-1-20	2/Y	4-27-20	" "
Scott Solid Waste	9-1-20	2/Y	4-7-20	" "
				Oxide Waste Water does all monitoring

Form 5a Industrial User Compliance Report

Semi-annual reporters only must complete this form
(For semi-annual reporting period April 1, 2020 - September 30, 2020)

Column 1	Column 2 January - March		Column 3 April - June		Column 4 July - September		Column 5 January - June		Column 6 April - September	
	Parameters Violated (conc/limit)	Total Number of Samples	Parameters Total Violated (conc/limit)	Total Number of Samples	Parameters Total Violated (conc/limit)	Total Number of Samples	Chronic Viol. (Yes or No)	TRC Viol. (Yes or No)	Chronic Viol. (Yes or No)	TRC Viol. (Yes or No)
Industrial User										
ABD	0	0	0	1	0	0	0	0	0	0
Soft Solid Waste	0	3	0	1	0	0	0	0	0	0

Use one line for each parameter for each SIU with violations, showing whether a Technical Review Criteria (TRC) or Chronic Violation resulted: Yes for violations resulting in TRC or Chronic - both are Significant Non-Compliance (SNC) or No for violations not resulting in TRC/Chronic Violations. Please note that monthly average and daily maximum for a specific parameter are considered to be separate limitations. Therefore, SNC would be calculated separately for each limitation. "Conc" stands for concentration.

Form 5b Industrial User Compliance Report

Semi-annual reporters only must complete this form
(For semi-annual reporting period October 1, _____ – March 31, _____)

Column 1	Column 2		Column 3		Column 4		Column 5		Column 6	
	July – September		October – December		Jan – March		July – December		October – March	
Industrial User	Parameters Violated (conc/limit)	Total Number of Samples	Parameters Total Violated (conc/limit)	Total Number of Samples	Parameters Total Violated (conc/limit)	Total Number of Samples	Chronic Viol. (Yes or No)	TRC Viol. (Yes or No)	Chronic Viol. (Yes or No)	TRC Viol. (Yes or No)

Use one line for each parameter for each SIU with violations, showing whether a Technical Review Criteria (TRC) or Chronic Violation resulted: Yes for violations resulting in TRC or Chronic – both are Significant Non-Compliance (SNC) or No for violations not resulting in TRC/Chronic Violations. Please note that monthly average and daily maximum for a specific parameter are considered to be separate limitations. Therefore, SNC would be calculated separately for each limitation. "Conc" stands for concentration.

Form 5c Industrial User Compliance Report

Annual reporters only must complete this form
(For semi-annual reporting period January 1, _____ – December 31, _____)

Column 1	Column 2		Column 3		Column 4		Column 5		Column 6	
	October – December		January – March		April – June		July – September		October – December	
Industrial User	Parameters Violated (conc/limit)	Total Number of Samples	Parameters Total Violated (conc/limit)	Total Number of Samples	Parameters Total Violated (conc/limit)	Total Number of Samples	Parameters Total Violated (conc/limit)	Total Number of Samples	Parameters Total Violated (conc/limit)	Total Number of Samples

Use one line for each parameter for each SIU with violations, showing whether a Technical Review Criteria (TRC) or Chronic Violation resulted: Yes for violations resulting in TRC or Chronic – both are Significant Non-Compliance (SNC) or No for violations not resulting in TRC/Chronic Violations. Please note that monthly average and daily maximum for a specific parameter are considered to be separate limitations. Therefore, SNC would be calculated separately for each limitation. "Conc" stands for concentration.

Form 5d Industrial User Compliance Report

Annual reporters only must complete this form
(For semi-annual reporting period January 1, _____ – December 31, _____)

Column 1	Column 2 October – March		Column 3 January – June		Column 4 April – September		Column 5 July – December	
	Chronic Viol. (Yes or No)	TRC Viol. (Yes or No)	Chronic Viol. (Yes or No)	TRC Viol. (Yes or No)	Chronic Viol. (Yes or No)	TRC Viol. (Yes or No)	Chronic Viol. (Yes or No)	TRC Viol. (Yes or No)
Industrial User								

Use one line for each parameter for each SIU with violations, showing whether a Technical Review Criteria (TRC) or Chronic Violation resulted: Yes for violations resulting in TRC or Chronic – both are Significant Non-Compliance (SNC) or No for violations not resulting in TRC/Chronic Violations. Please note that monthly average and daily maximum for a specific parameter are considered to be separate limitations. Therefore, SNC would be calculated separately for each limitation. "Conc" stands for concentration.

Report Date:

Form 7 Pretreatment Performance Summary

I. General Information		
Control Authority Name: <u>Mr Jack Kay</u>		
Address: <u>19922 Alberta St.</u>		City: <u>Owensboro</u>
Contact Person: <u>Mr Greg Burchfield</u>		Contact Phone Number: <u>(423) 649-4628</u>
Reporting Period: <u>9-1-20</u> to <u>9-30-20</u>		NPDES Number:
Number of Categorical SIUs: <u>1</u>	Number of Non-Categorical SIUs: <u>1</u>	Total Number of SIUs: <u>2</u>

II. Significant Industrial Compliance	SIUs	
	Categorical	Non-Categorical
1) No. of SIUs in Significant Non-compliance (SNC)	<u>0</u>	<u>0</u>
2) Reasons for Significant Non-compliance (SNC)	<u>0</u>	<u>0</u>
a) In SNC for Violations of pretreatment standards	<u>0</u>	<u>0</u>
b) In SNC for Reporting Violations	<u>0</u>	<u>0</u>
c) In SNC for Compliance Schedule Violations	<u>0</u>	<u>0</u>
d) In SNC for Other (explain in Narrative Summary)	<u>0</u>	<u>0</u>

III. Monitoring	SIUs	
	Categorical	Non-Categorical
1) Facilities Monitored by CA (samples analyzed for all SIU permit parameters):		
a) No. of SIUs Sampled by the Control Authority (CA)	<u>1</u>	<u>1</u>
b) No. of SIUs Inspected by the CA	<u>1</u>	<u>1</u>
2) Total Monitoring Events:		
a) No. of Samples by the CA	<u>1</u>	<u>1</u>
b) No. of Inspections by the CA	<u>1</u>	<u>1</u>
3) How many SIUs do not have a current control mechanism (permit)	<u>0</u>	<u>0</u>

IV. Enforcement	SIUs	
	Categorical	Non-Categorical
1) SIUs Subject to Any Enforcement Actions (include verbal warnings)	<u>0</u>	<u>0</u>
2) SIUs Listed in the Newspaper for SNC in this period	<u>0</u>	<u>0</u>
3) Notices of Violations Issued *	<u>0</u>	<u>0</u>
4) Administrative Orders Issued *	<u>0</u>	<u>0</u>
5) No. of SIUs on Compliance Schedules (anytime in period)	<u>0</u>	<u>0</u>
6) Suits Filed:		
a) Civil Suits *	<u>0</u>	<u>0</u>
b) Criminal Suits *	<u>0</u>	<u>0</u>
7) Other Actions Taken (sewer bans, etc. but not verbals) *	<u>0</u>	<u>0</u>
8) Penalties Collected: (not surcharges)	<u>0</u>	<u>0</u>
a) No. of SIUs from whom penalties were collected	<u>0</u>	<u>0</u>
b) Total Dollars (\$) collected in the period	<u>0</u>	<u>0</u>

* Enter the number of ACTIONS, not the number of SIUs

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