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STATE OF TENNESSEE
TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
JOHNSON CITY ENVIRONMENTAL FIELD OFFICE
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February 4, 2016

Ms. Laura White
Superintendent
Greeneville Water Commission
P.O. Box 368
Greeneville, TN 37744-0368

RE: **Compliance Evaluation Inspection (CEI)**
Pretreatment Compliance Inspection (PCI) Follow Up
Denzil Bowman (Greeneville) WWTP
NPDES Permit TN0021229
State Operating Permit TNB021229
Greene County

Dear Ms. White:

During the period of December 15-18, 2015, Tennessee Department of Environment and Conservation, Division of Water Resources personnel performed a routine Compliance Evaluation Inspection (CEI) at the above-referenced facility. During the inspection, compliance with individual NPDES permit TN0021229 and State Operating Permit TNB021229 was evaluated. The Division thanks your staff for their assistance during the inspection. In addition to the items below, also see the enclosed ICIS NPDES Facilities Inspection Report for further information.

I. Permit

The WWTP included two influent screw lift pumps, two influent mechanically-cleaned bar screens, two influent Parshall flumes, an aerated grit-removal chamber, two oxidation ditches, two circular secondary clarifiers, and one effluent Parshall flume. Disinfection was performed using chlorine gas in either one-ton or 150-pound cylinders. Influent and effluent composite sampling was performed using Sigma samplers located in the WWTP laboratory building. Sludge disposal was accomplished using two aerobic digesters, one sludge thickener, and two centrifuges for dewatering. Dewatered biosolids were land applied to a number of different

farms in the vicinity of the WWTP. The collection system included a variety of gravity-flow and force main sections and 25 pump stations. Field observations appeared to confirm collection and treatment facilities were generally as described in NPDES permit TN0021229.

A project to rebuild the existing chlorine disinfection system at the plant was underway at the time of this inspection. This project included the transition away from multiple one-ton chlorine gas cylinders to a single one-ton cylinder and up to six 150-pound cylinders, replacement of system piping and appurtenances, and replacement of the existing chlorinators with smaller units in order to provide finer control of feed rates. The reconfiguration of cylinders was performed to drop facility capacity below the threshold for Risk Management Program requirements. While much of the project involved replacement of existing equipment with like materials, some of the work, most notably the resizing of chlorinators, constituted a change from the previous system.

1. In order to document the project and update Division records, Greeneville must submit the following information detailing the work planned and/or performed: a revised process flow diagram; an annotated, scale footprint showing equipment and tankage location and sizing information; and a short engineering report that provides information detailing reasons for the change, the rationale for sizing the equipment, and how reliability and redundancy are being sustained. This information must be submitted to the Division's Chief Engineer, Mr. George Garden, in Nashville and a copy must be submitted to the Johnson City Environmental Field Office.

II. Records/Reports

Selected records and reports, including logbooks, bench sheets, laboratory reports, chains-of-custody, Monthly Operation Reports (MORs), and Discharge Monitoring Reports (DMRs) from calendar years 2013 through 2015 were evaluated during the inspection. NPDES permit TN0021229 part 1.0. contains monitoring, reporting, and documentation requirements. In addition, records documenting laboratory analyses, including proper quality assurance and quality control (QA/QC), must be maintained to satisfy permit parts 1.2.4. and 2.1.4. Deficiencies pertaining to applicable requirements are summarized below or in other pertinent areas of this report.

1. Use of correction fluid was noted on the 5-day biochemical oxygen demand (BOD₅) laboratory benchsheet for November 17, 2015. This is not acceptable recordkeeping practice. Errors must be crossed out with a single line, initialed, and the correct information entered.
2. Daily average flow for April 22, 2015, was not transcribed correctly from the laboratory benchsheet to the MOR. Additionally, the April 9, 2015, daily maximum effluent total residual chlorine was not transcribed correctly for reporting. The Division recommends multiple personnel check for calculation, transcription, and other errors before reports are

submitted. In accordance with NPDES permit part 2.1.8., revised reports must be submitted as necessary.

3. A number of instances of missing information were noted in laboratory records reviewed during the inspection. Missing items included some settleable solids analysis end times, E. coli laboratory reagent blank results, and pH continuing calibration verification check results. As above, the Division recommends multiple personnel regularly check laboratory records for missing information and make corrections where possible.

III. Facility Site Review, Self-Compliance Program, Operations & Maintenance, and Sanitary Sewer Overflows

The condition of the treatment plant itself generally appeared good, and most equipment was operational. One aeration brush was out for repair in oxidation ditch number one, and one telescopic valve on the clarifier number two sludge return was temporarily positioned using a chain hoist pending replacement of the threaded shaft. In the collection system, one pump was out of service pending repairs at the Holley Creek pump station at the time of inspection on December 17, 2015. Greeneville representatives indicated that repairs were completed and the pump reinstalled before the compliance inspection ended on December 18, 2015, but this was not verified with another visit to the station. Deficiencies noted with these program areas are detailed below.

1. Monthly Discharge Monitoring Reports (DMRs) submitted to the Division documented 29 collection system overflows in 2014, 10 attributed to wet weather and 19 during dry weather conditions, and 38 collection system overflows in 2015, 16 attributed to wet weather and 22 during dry weather conditions. Many of these overflows appeared to be caused by preventable conditions such as root and/or grease blockages or infiltration and inflow. In a letter dated June 1, 2015, the Greeneville Water Commission responded to a Notice of Violation issued by the Division for collection system overflows. The response outlined a number of activities aimed toward minimizing the potential for overflows. Greeneville must diligently pursue measures necessary to ensure proper operation and maintenance of the collection system and related appurtenances in accordance with NPDES permit requirements such as those in permit parts 2.1.4.a. and 2.3.3.c. The Division requests an update on the current status of the action items detailed in the Greeneville response.
2. Pump station wet wells and station control system level floats at State Street, Larkspur, Walmart, Russell Acres, Tusculum Place #1 and #2, New Hope Road, Old Shiloh Road, and Shiloh Landing pump stations exhibited substantial grease buildup. Presence of heavy grease deposits may negatively impact station operation, can cause corrosion issues, and can impact collection system hydraulic capacity. As noted above, grease was

cited as the cause for a number of collection system overflows. Proper operation and maintenance of facilities is required by NPDES permit part 2.1.4.a.

3. Division personnel noted broken, missing, or detached check valve springs on discharge lines at the Warrensburg Road, Old Shiloh Road, and Hardin #2 pump stations. Check valves must be maintained to ensure proper operation. Proper operation and maintenance of facilities is required by NPDES permit part 2.1.4.a.
4. It was unclear at the time of inspection whether the alarm system at the Vocational School pump station was operational. This alarm must be checked and repaired if necessary. Proper operation and maintenance of facilities is required by NPDES permit part 2.1.4.a.
5. Review of pump station records revealed numerous gaps between physical checks of the stations and instances where some station equipment was not checked during visits by Greeneville personnel. This appeared related to increased reliance on SCADA system information and issues with confined space entry. In accordance with NPDES permit part 3.7. requirements, routine checks of pump stations must be performed as necessary to ensure proper station operation. These inspections must be clearly documented and easily identify those personnel involved. Past instances of station malfunctions without a corresponding trouble indication from the SCADA system have been noted. At a minimum, the Division recommends all stations be checked once or twice per week. Proper operation and maintenance of facilities is required by NPDES permit part 2.1.4.a.

IV. Effluent/Receiving Waters

Effluent at the Parshall discharge flume was observed at the time of this inspection. Clear observations of settled or suspended solids, oil sheen, or color were not possible because of high turbulence at the flume. Observation of the discharge at the point of entry to the Nolichucky River was also not possible because the diffuser was submerged. No foam, sheen, or color contrast was visible in the river around the outfall location. An outfall sign was in place.

V. Flow Measurement

NPDES permit TN0021229 part 1.1. requires continuous influent and effluent flow measurement. As noted above, flows were measured using Parshall flumes with ultrasonic level sensors. Flow meter calibrations were being checked twice per year by Instrumentation Services, Inc. (ISI) of Charlotte, NC. Influent and effluent flows generally seem to track closely, but there are some instances where effluent flows appear to be less than influent flows during high flow events. Greeneville should evaluate the flow meter installations, level measurement methods, and flow calculations to ensure accurate reporting. In particular, possible submerged

flow conditions at the flumes during high flows should be evaluated and addressed as necessary. As required by permit part 1.2.1., flow measurements must be within $\pm 10\%$ of actual discharge rates throughout the expected discharge volumes.

VI. Laboratory

Part 1.2.3. of NPDES permit TN0021229 requires pollutant analyses be performed in accordance with methods specified in Title 40 CFR Part 136, and permit part 2.1.4. requires adequate laboratory controls and appropriate quality assurance procedures. Revisions to Part 136, effective June 18, 2012, explicitly detail required laboratory quality assurance and quality control components. The Division has prepared guidance documents regarding appropriate QA/QC for a number of common analyses. Copies of applicable guidance documents were supplied to Greeneville WWTP representatives during the inspection and revised guidance documents for some parameters were emailed to Greeneville representatives on January 28, 2016. The current guidance documents are available online at <http://www.tn.gov/environment/article/wr-ftc-waste-water-information>.

The majority of the sample collection and laboratory analyses necessary for NPDES compliance reporting at this facility were being performed onsite, but some more specialized analyses were performed by a commercial contract laboratory, ESC Lab Sciences. Available facilities and equipment generally appeared adequate to satisfy permit requirements. However, a number of deficiencies were noted during the inspection as detailed below or in other applicable sections of this report.

1. Records reviewed during the inspection revealed that influent and effluent composite samples were typically collected approximately 30 minutes after corresponding daily flows were recorded. However, some instances of time lapses of approximately one to two hours were noted. Because NPDES permit compliance reporting of effluent load depends on both the flows and composite sample analysis results, the flow recordings and sample times must correspond as closely as possible in order to ensure accurate reporting.
2. Review of available records and discussion with WWTP laboratory personnel revealed that settleable solids and total suspended solids (TSS) analyses were not always begun within 15 minutes of composite sample collection. In accordance with the sample preservation requirements of Title 40 CFR Part 136.3 Table II, these samples must be kept refrigerated unless analysis is begun immediately (*i.e.*, within 15 minutes) after collection.
3. Settleable solids analyses performed onsite were evaluated and a number of additional deficiencies noted. No written standard operating procedure (SOP) for the analyses was available, and no analyst demonstrations of capability (DOCs) had been documented. In addition, duplicate analysis results were not being averaged in accordance with Division

guidance. All of these items are required components of proper laboratory quality assurance and quality control for such analyses as required by Title 40 CFR Part 136.7 and Division guidance.

4. Total suspended solids (TSS) analyses performed onsite were evaluated and number of additional deficiencies noted. No written standard operating procedure (SOP) for the analyses was available, and no analyst demonstrations of capability (DOCs) had been documented. Duplicate analyses were not performed as frequently as specified in the approved method used for these analyses, Standard Method 2540 D-1997, and duplicate results were not averaged for reporting purposes in accordance with current Division guidance. SM 2540 D-1997 specifies analysis of duplicates on a 10% basis, which is twice as frequently as for many other parameters. In addition, a few samples, notably in October 2014, did not appear to be sufficiently dried to satisfy the requirements of section 3.c. of the analytical method. Further, Greeneville representatives indicated that the pre-rinsed filter pads used for the analyses were treated differently for the laboratory reagent blank (LRB) and laboratory fortified blank (LFB) samples. These pads received an extra rinse with 100 mL of distilled water and were dried overnight before use. In order to accurately assess the analysis procedures, QA/QC samples must be treated identically to routine samples (*e.g.*, influent, effluent, process control). Also, note that the drying oven must be maintained between 103-105°C in accordance with method requirements. Laboratory paperwork indicated the oven temperature was 102°C on April 3, 2015.
5. Evaluation of procedures and documentation for pH analyses performed onsite revealed a number of deficiencies. No written standard operating procedure (SOP) for the analyses was available, and no analyst demonstrations of capability (DOCs) had been performed and documented. In addition, initial calibration verifications (ICV) and duplicate analyses were not being performed. Continuing calibration verifications (CCV) for pH were only periodically being performed using a 10.0 buffer. All of these items are required components of proper laboratory quality assurance and quality control for such analyses as required by Title 40 CFR Part 136.7 and Division guidance. In accordance with current guidance, Division representatives recommended instead using a 7.0 buffer for CCV checks. Further, the pH probe was being stored in a pH 7.0 buffer solution at the time of inspection. It was unclear whether this was in accordance with manufacturer specifications for the probe in use.
6. Evaluation of procedures and documentation for dissolved oxygen (DO) analyses performed onsite also revealed deficiencies. No written standard operating procedure (SOP) for the analyses was available, and no analyst demonstrations of capability (DOCs) had been performed and documented. In addition, no continuing calibration verifications (CCV) or duplicate analyses were being performed. Further, no initial calibration verification (ICV) check of meter calibration versus standard reference tables was being performed for the dissolved oxygen meter used for BOD₅ analyses. All of

these items are required components of proper laboratory quality assurance and quality control for such analyses as required by Title 40 CFR Part 136.7 and Division guidance. Review of laboratory records revealed a number of instances in April 2015 when the field DO meter calibration was not within the allowable deviation from the reference table value as specified in Division guidance. When this occurs, meter calibration must be repeated until an acceptable ICV deviation is achieved.

7. Total Residual Chlorine (TRC) analyses performed onsite were missing a number of QA/QC elements required by Title 40 CFR Part 136.7 and the approved method used for the analyses, Standard Method 4500-Cl G-2000, and described in the Division QA/QC guidance documents for such analyses. No written standard operating procedure (SOP) for the analyses was available, and no analyst demonstrations of capability (DOCs) had been documented. This analysis procedure must incorporate a number of QA/QC steps including duplicate analyses, a laboratory fortified blank (LFB), and continuing calibration verification (CCV), the last two of which were not being performed. Further, current Division guidance calls for averaging of duplicates for reporting purposes, and the relative percent difference (RPD) between duplicate readings should be within $\pm 20\%$. In addition, initial calibration verification (ICV) must be performed at least monthly using primary standards, and a method detection limit (MDL) study must be completed. The primary standard ICV results must be graphed, and a line fit to the data must yield a correlation coefficient (r value) of 0.995 or better. Greeneville personnel had performed one ICV using potassium permanganate primary standards on the day before the inspection, but had not graphed the data or checked the correlation of a best-fit line.
8. Review of selected records revealed a number of instances where BOD₅ sample analysis results were not calculated and reported in accordance with the approved method used for these analyses, Standard Method 5210 B-2001 sections 7.a., 7.b., and 8.b. The Division has recently developed guidance materials to help clarify reporting in some common scenarios. This guidance is available online at the address shown above. Note that the 2 mg/L minimum depletion criterion applies to the combined depletion of sample and seed material, where applicable.
9. In addition to the result calculation issues noted above, evaluation of the 5-day biochemical oxygen demand (BOD₅) analyses performed onsite revealed additional deficiencies. No written standard operating procedure (SOP) for the analyses was available, and no analyst demonstrations of capability (DOCs) had been documented. Greeneville personnel had only recently begun checking laboratory fortified blanks (LFBs) composed of glucose-glutamic acid (GGA) as required, and some of the results were not within the required range of 198 ± 30.5 mg/L. Records examined during this inspection also revealed periodic issues with method blanks (MBs) gaining oxygen, which should not be possible, or exceeding the method-specified maximum 0.2 mg/L depletion criterion.

10. Current EPA Region 4 and Division guidance for E. coli analysis QA/QC includes several items. Many items were performed as necessary, and some, including tray sealing checks and laboratory reagent blanks, were performed more often than necessary. However, there were some deficiencies as summarized below.
 - a. The temperature of the E. coli incubator was being checked twice per day at the bottom shelf. Current guidance specifies that the temperature of each incubator shelf be checked at least twice per day (morning and afternoon, separated by at least 4 hours).
 - b. The facility was using pre-sterilized, pre-preserved sample bottles from IDEXX. The volume of these bottles must be checked at least once per lot to ensure that they hold the necessary 100 mL at the fill line.
 - c. The UV bulb used to check sample fluorescence was being cleaned using 91% isopropyl alcohol. Current guidance instead specifies use of ethanol.
 - d. Positive and negative control organisms must be checked at least once per lot of media or once per quarter, whichever is more frequent.
 - e. Effluent E. coli samples were collected in pre-sterilized, pre-preserved IDEXX bottles. The effluent samples must be periodically checked to ensure effective dechlorination.
11. Greeneville personnel inquired about how to properly determine positive E. coli results for the IDEXX Quanti-Tray/2000 method. A comparator tray is available from IDEXX showing the appropriate level of color change and fluorescence indicating positive results. Greeneville must obtain such a reference in order to ensure correct and consistent reporting regardless of who checks the trays after incubation. Division staff also recommended use of a shadow box to aid accurate fluorescence determinations.

VII. Sludge Handling/Disposal

In addition to NPDES permit TN0021229 part 3.3. provisions, the facility also has coverage under the Tennessee General State Operation Permit for the Land Application of Non-Exceptional Quality Biosolids as permit number TNB021229. Mr. Bob O'Dette with the Division's Land-Based Systems Unit performed a brief audit of system compliance with biosolids permit requirements on May 1, 2015. Therefore, only a limited evaluation of this program area was performed during this inspection. Monitoring for parameters such as contaminant concentrations and solids content was performed four times in 2015. Class B pathogen reduction was demonstrated using Alternative 1, the geometric mean of seven fecal coliform samples. Vector attraction reduction was demonstrated using Specific Oxygen Uptake

Rate (SOUR) testing of digested sludge. The SOUR test procedures employed by Greeneville personnel were discussed and appeared to be adequate. Determinations of centrifuged cake solids were performed using an unapproved test method, but compliance reporting did not appear to be based on these results. Deficiencies were noted with the sludge disposal as detailed below.

1. Vector attraction reduction was not demonstrated for the second quarter of 2015 as required by State Operating Permit TNB021229 part 3.1.4.e) and NPDES permit TN0021229 part 3.3. requirements. Five monitoring events were conducted during the calendar year, but none were in the second quarter.

Greeneville representatives submitted a revised Notice of Intent (NOI) for State Operating Permit TNB021229 in November 2015 requesting additional coverage for a land application site owned by Hugh Nicholas Neas. A number of deficiencies were noted with the NOI and supporting documents, and Division representatives have detailed necessary revisions before the application can be processed. A further revised application was received at the Johnson City Environmental Field Office on January 25, 2016. According to Greeneville representatives, a copy of the revised NOI was also submitted to the Division's Nashville central office.

VIII. Pollution Prevention and Storm Water

The main facility chemical storage areas were located indoors, thus eliminating storm water exposure. Aboveground fuel storage tanks had been enclosed to prevent exposure. An open-topped dumpster for debris removed by the influent screens was located adjacent to a drain discharging back into the WWTP. Overall, facility equipment and materials appeared to be maintained in a clean, orderly manner.

IX. Pretreatment

Division representatives provided Greeneville with another copy of the November 26, 2014, Pretreatment Audit Inspection (PAI) report because Mr. Tim Gragg indicated that no copy could be located in his December 10, 2015, response to the Division's November 12, 2015, Pretreatment Compliance Inspection (PCI) Notice of Violation. In response to Mr. Gragg's inquiry regarding multijurisdictional agreements, such agreements are often necessary to ensure appropriate legal authority is in place to operate and maintain the sewer collection system and to enforce pretreatment program requirements whenever systems extend beyond the primary legal boundaries of the pretreatment Control Authority (CA). These situations may be encountered when systems extend into surrounding county areas or when they fall within the boundaries of another town or other legal entity. Both situations are present in Greeneville's collection system. With regard to the Greeneville pretreatment program, the following items need to be addressed.

1. As of the date of this correspondence, Greeneville has not yet submitted a response to the Division's November 26, 2014, PAI report. In his 2015 PCI response, Mr. Gragg indicated this would be submitted after receipt of a copy of the 2014 PAI report, which was provided during this inspection.
2. The 2015 PCI response states that the Industrial User (IU) permit issued to Donaldson Company does not indicate surcharges on oil and grease above 100 mg/L. This is correct. The permit presents this as a limitation for this IU. However, it was apparent during the PCI that Greeneville intended oil and grease to be a surcharge-only parameter. This IU permit and others, as applicable, must be updated to clearly differentiate surcharge-only parameters from actual permit limitations as discussed in the 2015 PCI Notice of Violation.
3. No additional information has been submitted detailing how the contract laboratories performing CA and IU sample collection were collecting flow-proportional composite samples as required. Greeneville's 2015 PCI response indicated this would be checked.
4. Once Greeneville made the determination to require a slug discharge control plan for Greene Valley Developmental Center, submission of a plan became necessary regardless of pending facility closure. An appropriate plan must be submitted to Greeneville as required in IU permit 012, which was issued to the facility. The 2015 PCI response indicated this was not necessary because the facility will be closing in 2016.
5. The Greeneville 2015 PCI response did not provide clear timelines, as requested, for many items. Please provide a status update for all items discussed in the November 12, 2015, Pretreatment Compliance Inspection Notice of Violation.

X. Additional Comments and Recommendations

Additional comments noted during the inspection are detailed below.

1. Review of November 2015 records revealed that effluent Total Nitrogen and Total Phosphorus load values had been calculated using the incorrect daily flow. This error was corrected in a revised report submitted to the Division after this inspection.
2. The Division recommends that each pump station in the collection system include a sign providing contact information in the case of emergency or observation of abnormal conditions.
3. The Hardin #2 and Consumer Credit Union pump stations were missing screens over the air vent pipes. The Consumer Credit Union vent pipe also needed a turndown.

4. Greeneville WWTP laboratory personnel had been performing weekly influent and effluent ammonia analyses for several months. Discussion during the inspection revealed that these results were obtained using Hach test strips. Note that this is not an approved analysis method in Title 40 CFR Part 136 for this parameter. If these results are to be used for NPDES purposes, including permit renewal applications, an approved method, including all necessary QA/QC, must be employed.
5. Although the facility permit does not require temperature monitoring, such monitoring has long been performed approximately five days per week and documented. If this data is to be used for NPDES purposes, such as completion of permit renewal applications, the analyses must be performed in accordance with methods specified in Title 40 CFR Part 136. Additional Division guidance regarding appropriate QA/QC for temperature analyses is available online at the website noted in section VI. A standard operating procedure and other documentation should be developed and implemented.
6. In accordance with good laboratory practice, the dissolved oxygen probe used for BOD₅ analyses must be rinsed between each bottle reading. Also, the two BOD₅ dilution water blanks should be set up one each at the beginning and end of the series of BOD sample bottles in order to assess whether cross-contamination occurs during preparation of individual dilutions.
7. Whenever new secondary gel standards are received for total residual chlorine, the values must be checked against the manufacturer's published values for the instrument used and the initial values should be recorded to facilitate tracking of any changes in value.
8. LabtronX performed various laboratory equipment calibration checks twice per year. The most recent report from November 11, 2015, appeared to indicate that some LabtronX field equipment was calibration checked using equipment beyond its own recalibration date. Additional information provided by LabtronX on December 21, 2015, helped clear up this confusion.
9. The most recent LabtronX equipment check report listed three thermometers that could not be located or identified during this compliance inspection. Greeneville personnel were unsure what thermometers were checked. Additionally, one composite sampler thermometer was found to be outside the acceptable tolerance range. According to Ms. Karen Wilhoit, this was for the influent sampler, and the thermometer had been replaced by the time of this compliance inspection.
10. According to Mr. Frank Barrett, the influent composite sampler line was located at the downstream end of the grit-removal chamber. This sample point was located upstream of all routine in-plant return flows. However, Mr. Barrett also indicated that lines to drain the oxidation ditches or secondary clarifiers were in place to permit necessary maintenance to these units. These drain lines enter upstream of the influent sampler and

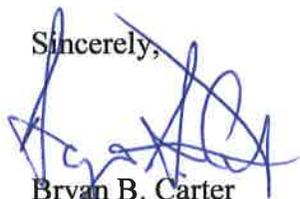
may skew the treatment plant removal calculations if used. Additional monitoring points will be necessary to ensure accurate compliance reporting in instances when these drain lines are in use.

11. The requirements of the recently passed final NPDES electronic reporting rule were discussed with Greeneville representatives. Monthly Discharge Monitoring Reports (DMRs) must be submitted electronically by one year from the final rule effective date. Ms. Kathy Fowlkes in the Columbia Environmental Field Office is coordinating electronic reporting in NetDMR for the Division. She may be contacted at Kathy.Fowlkes@tn.gov or 931-490-3937.

XI. Conclusion

Compliance with NPDES permit requirements helps ensure discharges that are protective of downstream fish and aquatic life and water quality. The Division requests that you develop and submit, by March 9, 2016, a detailed corrective action plan and proposed implementation schedule addressing the numbered points discussed in sections I. through IX. above. Thank you for your efforts to ensure permit compliance and to protect state water quality. If I may be of assistance in matters concerning this report, please contact me via telephone at (423) 854-5456 or via email at Bryan.Carter@tn.gov.

Sincerely,



Bryan B. Carter
Environmental Protection Specialist
Division of Water Resources
Johnson City Environmental Field Office

BBC/150116035

Enclosure

cc: Mr. Chris Rhodes, DWR, Johnson City EFO (via email)
Mr. Kevin Rice, DWR, Johnson City EFO (via email)
Mr. Bob O'Dette, DWR Biosolids Coordinator, Nashville (via email)
Ms. Yatasha Moore, DWR Pretreatment Coordinator, Nashville (via email)
DWR Compliance and Enforcement Unit, Nashville (via email)
File Copy, DWR, Johnson City EFO



TDEC - Division of Water Resources
Johnson City Field Office

ICIS NPDES Facilities Inspection Report

Facility Data

NPDES ID: Facility Site Name:
 Address:
 Permit Eff. Date: Permit Exp Date: SIC Code:

Compliance Monitoring Information

Compliance Monitoring Activity Name:
 * If Bio Monitoring is selected above, select the method used:
 Compliance Monitoring Activity:

Compliance Monitoring Dates/Times

Entry Date/Time (mm/dd/yyyy hh:mm): Exit Date/Time (mm/dd/yyyy hh:mm):

Facility Representatives

On-Site Representative(s) Title, Phone Number

Responsible Official(s), Title, Phone Number

Statute and Section Information

Federal Statute: State Statute:
 Programs:
 Compliance Monitoring Reason:
 Compliance Monitoring Agency Type: Agency Name:
 Did EPA assist/ Inspection? Time Physically conducting activity: Days: Hours:
 Inspection Type: Compliance Monitoring Action Outcome:
 Lead Agency: Compliance Monitoring Rating Code:
 If Joint Inspection, what was the purpose of the other party?

Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self - Compliance Program	<input checked="" type="checkbox"/> Pretreatment
<input checked="" type="checkbox"/> Records / Records	<input type="checkbox"/> Compliance Schedule	<input checked="" type="checkbox"/> Pollution Prevention
<input checked="" type="checkbox"/> Facility Site Review	<input checked="" type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water
<input checked="" type="checkbox"/> Effluent / Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow
<input checked="" type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> Sludge Handling / Disposal	<input checked="" type="checkbox"/> Sanitary Sewer Overflow

Compliance Monitoring Summary

Deficiencies noted in records/reports, operations & maintenance, sanitary sewer overflows, laboratory, sludge handling/disposal, and pretreatment. Biosolids land application also covered by State Operating Permit TNB021229.

EPA and State Representatives



Inspector's Signature

TDEC DWR / JCEFO / 423-854-5456

Agency / Office / Phone

2/4/2016

Date



Manager's Signature

TDEC DWR / JCEFO / 423-854-5462

Agency / Office / Phone

2/04/2016

Date

(Note: This form can only be printed to an XPS document, then saved for later use.)

Sandra F. Vance TDEC/DWR/JCEFO/423-854-5452 2/4/2016
J. Beth TDEC/DWR/JCEFO/423-854-5432 2/4/2016