

06/22/2018

Mr. Wade Murphy
Tennessee Department of Environment and Conservation
Division of Water Resources – Permit Section
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, TN 37243

Re: **Renewal Application & Antidegradation Statement** for the City of Clifton STP #1 NPDES Permit #TN0061387 **and** City of Clifton STP #2 NPDES Permit #TN0067423.

Mr. Murphy,

Enclosed is EPA form 1, form 2A and the permit contact information for the City of Clifton STP #1 NPDES Permit #TN0061387 **and** City of Clifton STP #2 NPDES Permit #TN0067423 for your review. If any other information is needed please contact us.

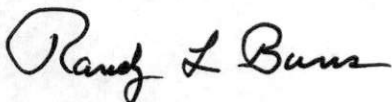
Antidegradation

The current practice of direct discharge of treated effluent to the existing receiving stream for City of Clifton STP #1 NPDES Permit #TN0061387 **and** City of Clifton STP #2 NPDES Permit #TN0067423 is the most economical and feasible disposal method at this time for the City of Clifton. Due to the lack of industry for re-use of effluent, and distance & cost of the project to pump domestic sewer to other POTW's in the area is not economically feasible at this time.

If you have any questions or require additional information please call us.

Thank you for your consideration in this matter,

Randy Burns – Mayor of Clifton



TN DEPT. OF ENV. & CONSERVATION

JUN 28 2018

DIVISION OF WATER RESOURCES



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

PERMIT CONTACT INFORMATION

Please complete all sections. If one person serves multiple functions, please repeat this information in each section.

PERMIT NUMBER: TN0061387 **DATE:** 06/22/2018
PERMITTED FACILITY: Clifton Lagoon #1 **COUNTY:** Wayne

OFFICIAL PERMIT CONTACT:

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

Official Contact: Randy Burns	Title or Position: Mayor		
Mailing Address: P.O Box 192	City: Clifton	State: TN	Zip: 38425
Phone number(s): 931-676-3370	E-mail: citymanager@cityofclifton.com		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact: Doug Kibbey	Title or Position: City Manager		
Mailing Address: P.O Box 192	City: Clifton	State: TN	Zip: 38425
Phone number(s): 931-676-3370	E-mail: citymanager@cityofclifton.com		

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

Facility Location Contact: Austin Clark	Title or Position: Publicworks Director		
Facility Location (physical street address): Hwy 128	City: Clifton	State: TN	Zip: 38425
Phone number(s): 931-676-3594	E-mail: austinc@cityofclifton.com		

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: Coty Smith	Title or Position: Wastewater Plant Operator		
Mailing Address: P.O Box 192	City: Clifton	State: TN	Zip: 38425
Phone number(s): 931-676-3594	E-mail: citymanager@cityofclifton.com		
Fax number for reporting: 931-676-5390	Does the facility have interest in starting electronic DMR reporting? Yes No		

FORM 1 GENERAL	 U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">S</td> <td style="width:85%;"></td> <td style="width:5%; text-align: center;">T/A</td> <td style="width:5%; text-align: center;">C</td> </tr> <tr> <td style="text-align: center;">F</td> <td style="text-align: center;">TN0061387</td> <td></td> <td style="text-align: center;">D</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">13</td> <td style="text-align: center;">14</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">15</td> </tr> </table>	S		T/A	C	F	TN0061387		D	1	2	13	14				15																	
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LABEL ITEMS	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.																																	
I. EPA I.D. NUMBER																																			
III. FACILITY NAME																																			
V. FACILITY MAILING ADDRESS																																			
VI. FACILITY LOCATION																																			
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	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)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	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)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>																																
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)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	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)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>																																
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	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)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>																																
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)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	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)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>																																
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)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	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)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>																																
III. NAME OF FACILITY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">C</td> <td style="width:5%; text-align: center;">1</td> <td style="width:15%; text-align: center;">SKIP</td> <td style="width:75%;">Clifton Lagoon #1</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">15 - 20</td> <td style="text-align: center;">30</td> </tr> </table>				C	1	SKIP	Clifton Lagoon #1			15 - 20	30																								
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VII. SIC CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
C	7	(specify)	
15	16	17	18
C. THIRD		D. FOURTH	
C	7	(specify)	
15	16	17	18

VIII. OPERATOR INFORMATION			
A. NAME			B. Is the name listed in Item VIII-A also the owner?
C	8 City of Clifton		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
15	16	17	18

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)			D. PHONE (area code & no.)
F = FEDERAL	M = PUBLIC (other than federal or state)	M (specify)	C
S = STATE	O = OTHER (specify)		A
P = PRIVATE			(931) 676-3370
15	16	17	18

E. STREET OR P.O. BOX	
P.O. Box 192	
25	26

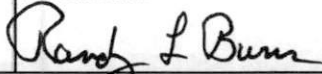
F. CITY OR TOWN		G. STATE	H. ZIP CODE	IX. INDIAN LAND
C	B City of Clifton	TN	38425	Is the facility located on Indian lands?
15	16	17	18	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

X. EXISTING ENVIRONMENTAL PERMITS			
A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
C	9 N	TN0061387	
15	16	17	18
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
C	9 U		(specify)
15	16	17	18
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
C	9 R		(specify)
15	16	17	18

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)
 Clifton's lagoon #1 treats domestic sewerage from the City of Clifton to meet the NPDES permit parameters and then discharges the disinfected effluent into the Tennessee River at mile 157.2.

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
Randy Burns Mayor		6-22-18

COMMENTS FOR OFFICIAL USE ONLY	
C	
15	16

FACILITY NAME AND PERMIT NUMBER:

Clifton Lagoon #1 TN0061387

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 Clifton Lagoon #1

Mailing Address P.O. Box 192

Contact person Austin Clark

Title Publicworks Director

Telephone number (931) 676-3370

Facility Address Hwy 128
(not P.O. Box)

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

Applicant name City of Clifton

Mailing Address P.O. Box 192 - Clifton, TN 38425

Contact person Randy Burns

Title Mayor

Telephone number (931) 676-3370

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 TN0061387 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
<u>City of Clifton</u>	<u>952</u>	<u>Separate</u>	<u>Municipal</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>952</u>			

FACILITY NAME AND PERMIT NUMBER:

Clifton Lagoon #1 TN0061387

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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 0.14 mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>	
b. Annual average daily flow rate	<u>0.12</u>	<u>0.10</u>	<u>0.11</u>	mgd
c. Maximum daily flow rate	<u>1.37</u>	<u>1.86</u>	<u>1.35</u>	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

FACILITY NAME AND PERMIT NUMBER:

Clifton Lagoon #1 TN0061387

Form Approved 1/14/99
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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:

Clifton Lagoon #1 TN0061387

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 City of Clifton 38425
(City or town, if applicable) (Zip Code)
Wayne TN
(County) (State)
N35 23.411' W87 58.862'
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 5.00 ft.
- d. Depth below surface (if applicable) 12.50 ft.
- e. Average daily flow rate 0.11 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 Tennessee River at mile 157.2
- b. Name of watershed (if known) Tennessee Western Valley - Beech
United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): Tennessee River at mile 157.2
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 06040001
- d. Critical low flow of receiving stream (if applicable):
acute 6,000.00 cfs chronic _____ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Clifton Lagoon #1 TN0061387

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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: _____

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

Design BOD ₅ removal <u>or</u> Design CBOD ₅ removal	65.00	%
Design SS removal	65.00	%
Design P removal	0.00	%
Design N removal	0.00	%
Other 0	0.00	%

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

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)	6.60	s.u.			
pH (Maximum)	10.53	s.u.			
Flow Rate	1.86	MGD	0.11	MGD	1,095.00
Temperature (Winter)		C		C	
Temperature (Summer)		C		C	

* 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	15.00	mg/l	6.83	mg/l	48.00	SM 5210 B	2.0 mg/l
	CBOD-5							
FECAI COLIFORM FCOLI		165.20	MPN	10.98	MPN	48.00	Colilert	1 MPN/100 mls
TOTAL SUSPENDED SOLIDS (TSS)		19.00	mg/l	4.76	mg/l	48.00	SM 2540 D	2.0 mg/l

END OF PART A.

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

FACILITY NAME AND PERMIT NUMBER:

Clifton Lagoon #1 TN0061387

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

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 \geq 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.

5,000.00 gpd

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

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.

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

Yes No

FACILITY NAME AND PERMIT NUMBER:

Clifton Lagoon #1 TN0061387

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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	Actual Completion
	MM / DD / YYYY	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 0.1 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)	3.03	mg/l	1.61	mg/l	3.00	EPA 350.1	0.10 mg/l
CHLORINE (TOTAL RESIDUAL, TRC)	2.20	mg/l	0.78	mg/l	260.00	SM 4500 CL G	.05 mg/l
DISSOLVED OXYGEN	11.20	mg/l	7.06	mg/l	260.00	SM 4500 OG	1.0 mg/l
TOTAL KJELDAHL NITROGEN (TKN)	9.00	mg/l	4.96	mg/l	3.00	EPA 351.2	0.25 mg/l
NITRATE PLUS NITRITE NITROGEN	6.35	mg/l	3.60	mg/l	3.00	EPA 353.2	0.05 mg/l
OIL and GREASE	6.25	mg/l	6.25	mg/l	3.00	EPA 1664A	6.25 mg/l
PHOSPHORUS (Total)	0.99	mg/l	0.51	mg/l	3.00	EPA 365.4	0.10 mg/l
TOTAL DISSOLVED SOLIDS (TDS)	180.00	mg/l	173.00	mg/l	3.00	SM 2540C-2011	10 mg/l
OTHER							

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:

Clifton Lagoon #1 TN0061387

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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 Randy Burns - Mayor

Signature Randy L. Burns

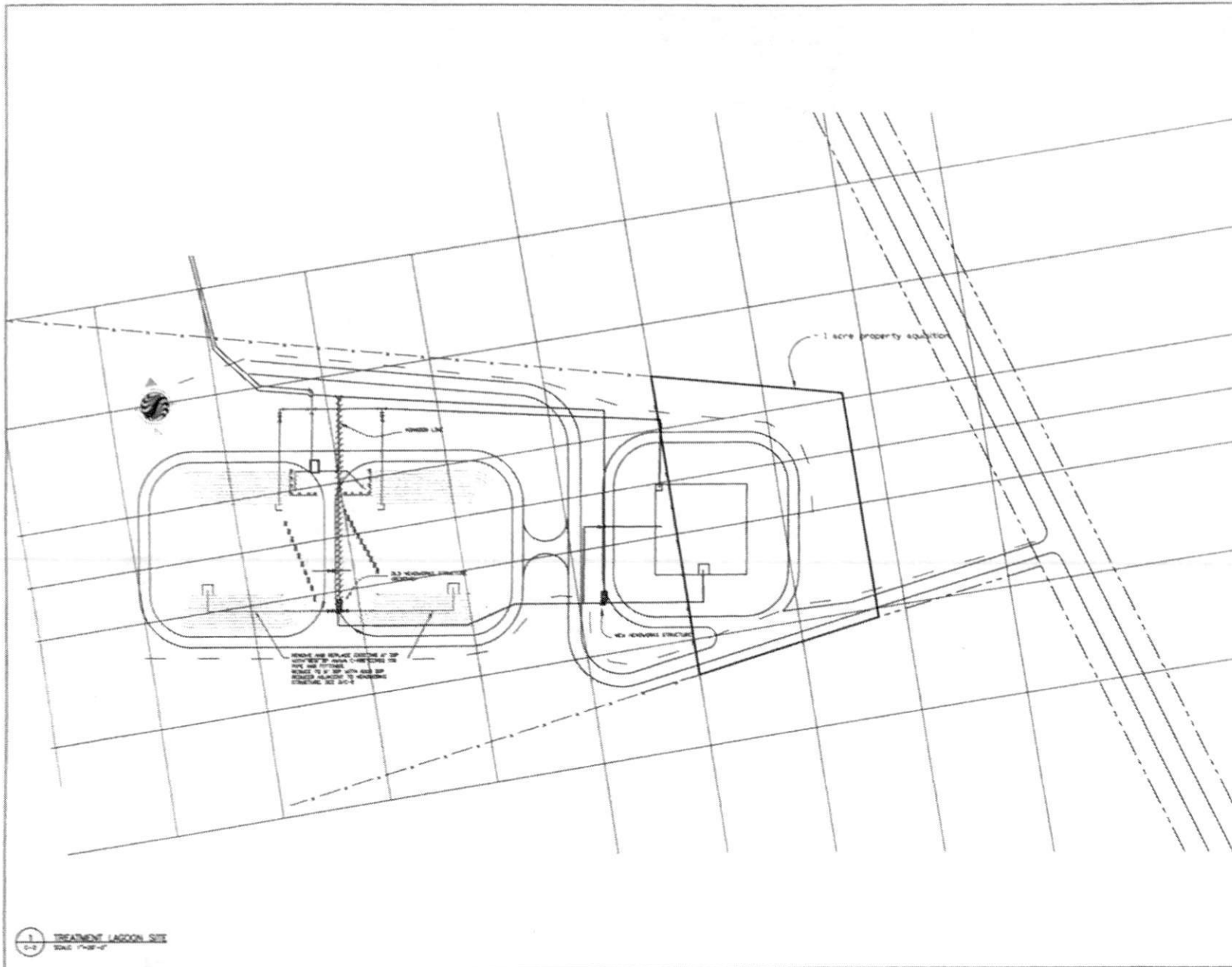
Telephone number (931) 676-3370

Date signed 6-22-18

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:

Plant #1



1 TREATMENT LAGOON SITE
SCALE: 1"=50'-0"

Stantec
 311 Oaklawn Boulevard, Suite 100
 Nashville, TN 37214
 Tel: 615.885.1144
 Fax: 615.885.1100
 www.stantec.com

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Comments

Name

Date

Revision

By

Check

Date

Scale

Sheet

Project

Client

Drawn

Checked

Approved

City of Clifton

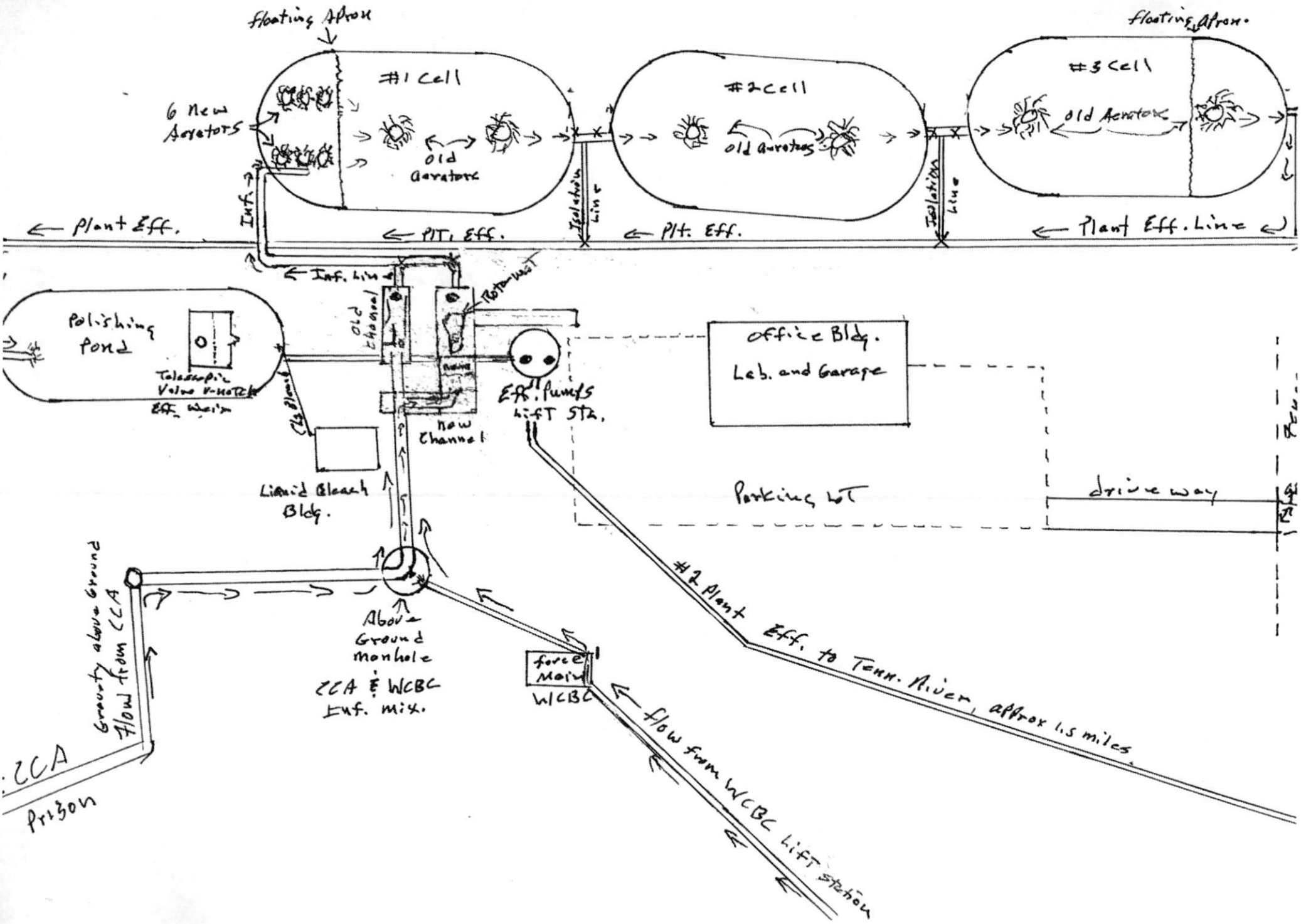
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 XXXX
 Clifton, Tennessee

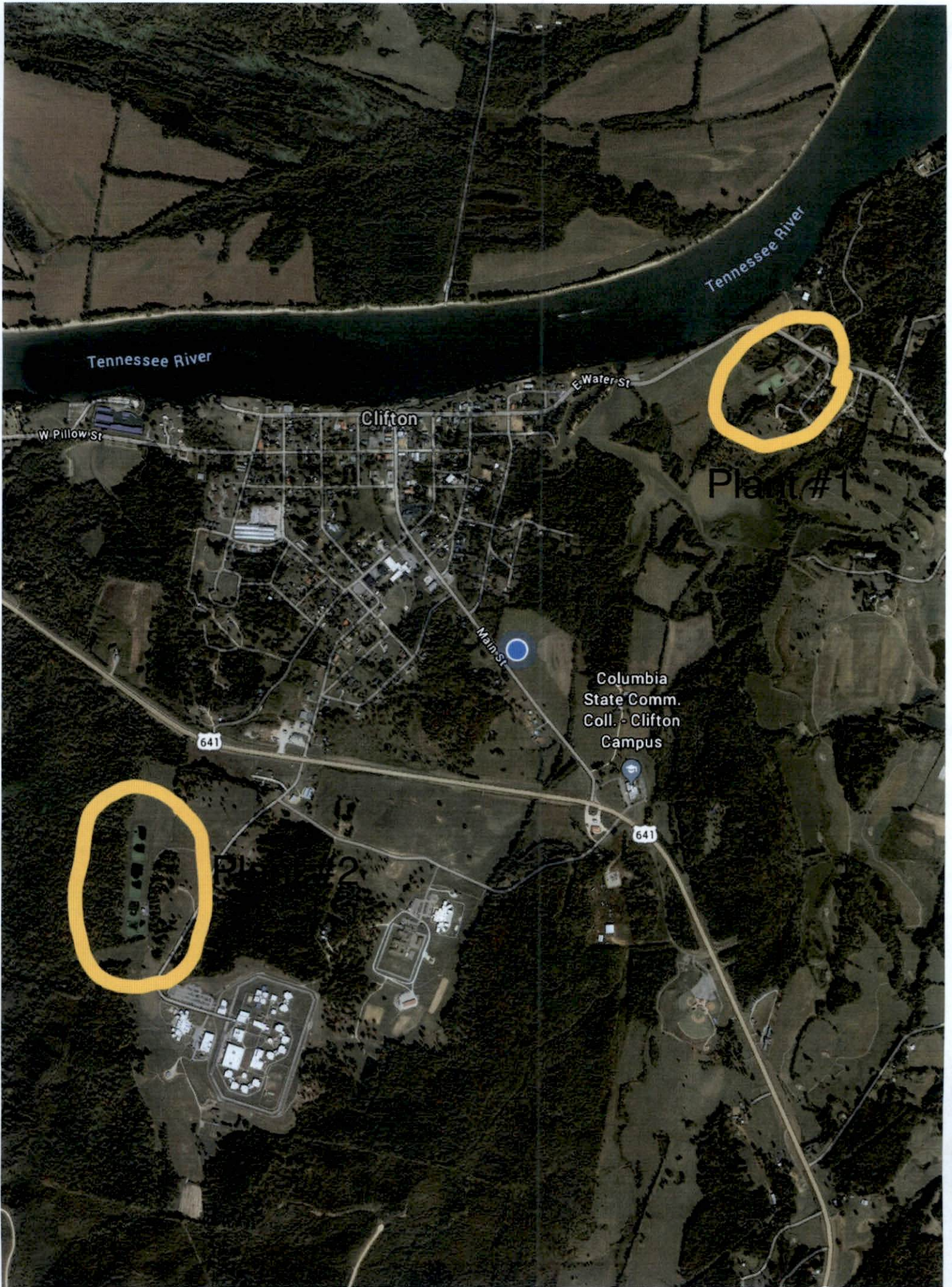
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Project No. 0000
 Drawing No. 0000
 Scale AS NOTED
 Sheet 0 of 0
 Revision 0

C-X

Clifton S.T.P. #2 NPDES TN0067423





Tennessee River

Tennessee River

W Pillow St

Clifton

E Water St

Plant #1

Main St

Columbia
State Comm.
Coll. - Clifton
Campus

641

641

Plant #2