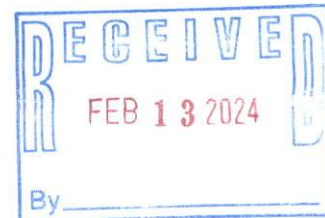


# City of Church Hill



February 7, 2024

Wade D Murphy  
Division of Water Resources  
Willim R Snodgrass TN Tower  
11<sup>th</sup> Floor  
312 Rosa L Parks Avenue  
Nashville, TN 37243



Wade,

Enclosed is the signed NPDES Permit Application (p.12) and 2 pages that have changes (p.2 & p.15) with the Mayor's signature of approval; from the City of Church Hill, TN.

If you have any questions please feel free to contact me.

Kimberly Dobbs

City Recorder

City of Church Hill

423-357-6161

[cityrecorder@churchhilltn.gov](mailto:cityrecorder@churchhilltn.gov)

## CityRecorder

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**From:** sandy <skrenner2001@yahoo.com>  
**Sent:** Monday, February 5, 2024 8:17 AM  
**To:** CityRecorder  
**Subject:** permit renewal  
**Attachments:** PERMIT APPLICATION 2024.pdf

Kimberly, can you print off actual document page 2 for the Mayors signature, page 12, and page 15. Also, you can print the full document for your records.

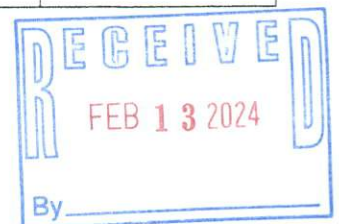
Please mail those pages to: WADE D. MURPHY, DISIVISION OF WATER RESOURCES, WILLIAM R SNODGRASS TN TOWER, 11TH FLOOR, 312 ROSA L. PARKS AVE, NASHVILLE TN 37243

Thank you and if you have questions, please let me know.

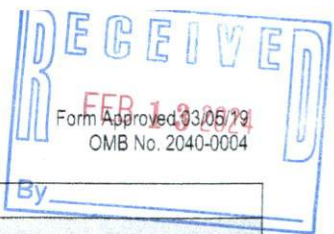
Sandy



Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.				
		<b>Municipality Served</b>	<b>Population Served</b>	<b>Collection System Type (indicate percentage)</b>	<b>Ownership Status</b>	
		CITY OF CHURCH HILL		100 % separate sanitary sewer % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain	
				% separate sanitary sewer % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain	
				% separate sanitary sewer % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain	
				% separate sanitary sewer % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain	
		<b>Total Population Served</b>	6,998			
		Total percentage of each type of sewer line (in miles)		<b>Separate Sanitary Sewer System</b>	<b>Combined Storm and Sanitary Sewer</b>	
			100 %	%		
Indian Country	1.8	Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	1.9	Does the facility discharge to a receiving water that flows through Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Design and Actual Flow Rates	1.10	Provide design <i>and</i> actual flow rates in the designated spaces.			<b>Design Flow Rate</b>	
					2.5 mgd	
		<b>Annual Average Flow Rates (Actual)</b>				
		<b>Two Years Ago</b>	<b>Last Year</b>	<b>This Year</b>		
		0.65 mgd	0.63 mgd	0.774 mgd		
		<b>Maximum Daily Flow Rates (Actual)</b>				
<b>Two Years Ago</b>	<b>Last Year</b>	<b>This Year</b>				
1.52 mgd	1.48 mgd	1.93 mgd				
Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the United States by type.				
		<b>Total Number of Effluent Discharge Points by Type</b>				
		<b>Treated Effluent</b>	<b>Untreated Effluent</b>	<b>Combined Sewer Overflows</b>	<b>Bypasses</b>	<b>Constructed Emergency Overflows</b>
		1	0	0	0	1



*On in Seal*



EPA Identification Number \_\_\_\_\_ NPDES Permit Number TN0021253 Facility Name Church Hill STP

CSO Receiving Waters	5.7	Provide the information in the table below for each of your CSO outfalls.			
		CSO Outfall Number _____	CSO Outfall Number _____	CSO Outfall Number _____	
		Receiving water name			
		Name of watershed/ stream system			
		U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
		Name of state management/river basin			
		U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
		Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

**SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**

Checklist and Certification Statement	6.1	In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.		
		<b>Column 1</b>	<b>Column 2</b>	
		<input checked="" type="checkbox"/> Section 1: Basic Application Information for All Applicants	<input checked="" type="checkbox"/> w/ variance request(s) <input type="checkbox"/> w/ additional attachments	
		<input checked="" type="checkbox"/> Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ process flow diagram <input type="checkbox"/> w/ additional attachments	
		<input checked="" type="checkbox"/> Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ Table B <input checked="" type="checkbox"/> w/ Table E <input checked="" type="checkbox"/> w/ Table C <input type="checkbox"/> w/ additional attachments	
		<input checked="" type="checkbox"/> Section 4: Industrial Discharges and Hazardous Wastes	<input checked="" type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ Table F <input type="checkbox"/> w/ additional attachments	
		<input type="checkbox"/> Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ additional attachments <input type="checkbox"/> w/ CSO system diagram	
		<input checked="" type="checkbox"/> Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	
		6.2	<b>Certification Statement</b>	
			<i>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 submitted 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.</i>	
		Name (print or type first and last name) <i>Dennis Deal</i>	Official title <i>Mayor</i>	
		Signature <i>Dennis Deal</i>	Date signed <i>2/7/2024</i>	

EPA Identification Number	NPDES Permit Number TN0021253	Facility Name Church Hill STP	Outfall Number
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**TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	6.0	mg/l	1.04	mg/l	7	SM 350.1	mg/l <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorine (total residual, TRC) <sup>2</sup>	n/a						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen	8.6	mg/l	7.01	mg/l	7	SM 4500DG	mg/l <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrate/nitrite	1.10	mg/l	0.594	mg/l	8	SM 353.2	mg/l <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Kjeldahl nitrogen	13.9	mg/l	4.79	mg/l	8	SM 351.2	mg/l <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Oil and grease	5.56	mg/l	5.51	mg/l	3	SM 1664A	mg/l <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phosphorus	7.16	mg/l	3.88	mg/l	8	SM 3652	mg/l <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total dissolved solids	369	mg/l	358	mg/l	3	SM 2540C-2011	mg/l <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

<sup>2</sup> Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.



*Doan Seal*