

Custom Stone Handlers, Inc.
P.O. Box 1855
Columbia, TN 38402

January 9, 2023

Tennessee Department of Environment and Conservation
Division of Water Resources
Mining Section
3711 Middlebrook Pike
Knoxville, TN 37921-6538

RE: NPDES Permit Application for CSH Fiery Gizzard Stone Excavation Site, Smithtown, TN

Attached is a NPDES permit application (Forms 1 and 2D) and a site plan map for a proposed stone/rock excavation site in Smithtown, TN. The excavation site is located adjacent to the Fiery Gizzard Creek and will involve the removal of stone and size sorting - storm water discharge only. Also attached are three figures showing location and overview of the stone excavation site (topographic, site location and site operations map) and a line drawing showing storm water discharge flow rate. The excavation area is 29 acres in size and is located outside the stream buffers of nearby streams.

Several other required documents are enclosed: (1) a completed anti-degradation statement, (2) a completed CN-1090 form, (3) request for waiver, (4) public notice sign and (5) stormwater pollution prevention plan. We request information on fee amount for the permit application.

Mr. Tony Grow will represent CSH on all matters with respect to this permit application. Please do not hesitate to contact Mr. Grow at (931) 273-4681 if you have any questions.

Sincerely,

CUSTOM STONE HANDLERS, INC.


Ned Rich
President/Owner

Attachments

1. NPDES Permit Application Form 1
2. NPDES Permit Application Form 2D
3. Figures 1 thru 3
4. Anti-degradation Statement
5. Completed CN-1090
6. Request for Waiver
7. Public Notice Sign
8. SWPPP



STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER RESOURCES
Water-Based Systems
William R. Snodgrass - Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, TN 37243-1102

PERMIT CONTACT INFORMATION

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

PERMIT NUMBER: _____ DATE: 1-4-23
PERMITTED FACILITY: CSH - FIERY GIZZARD COUNTY: MARION

OFFICIAL PERMIT CONTACT:

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

Official Contact: NED RICH	Title or Position: PRESIDENT		
Mailing Address: P.O. BOX 1855	City: COLUMBIA	State: TN	Zip: 38402
Phone number(s): 866-915-7625	E-mail: ROCKMAN@CUSTOMSTONEHANDLERS.COM		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact: SAME AS ABOVE	Title or Position:		
Mailing Address:	City:	State: TN	Zip:
Phone number(s):	E-mail:		


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

Facility Location Contact: NED RICH	Title or Position: PRESIDENT		
Facility Location (physical street address): HIGHWAY 2	City: SMITHTOWN	State: TN	Zip: 37616
Phone number(s): 866-915-7625	E-mail: ROCKMAN@CUSTOMSTONEHANDLERS.COM		

Alternate Contact (if desired): TONY GROW	Title or Position: CONSULTANT		
Mailing Address: 1406 WILSON AVENUE	City: TULLAHOMA	State: TN	Zip: 37388
Phone number(s): 931-273-4681	E-mail: TONY@GROWENV.COM		

FACILITY REPORTING (Discharge Monitoring Report (DMR) or other reporting):

Cognizant Official authorized for permit reporting: NED RICH	Title or Position: PRESIDENT		
Mailing Address: P.O. BOX 1855	City: COLUMBIA	State: TN	Zip: 38402
Phone number(s): 866-915-7625	E-mail: ROCKMAN@CUSTOMSTONEHANDLERS.COM		
Fax number for reporting: N/A	Does the facility have interest in starting electronic DMR reporting? Yes No YES		

Form 1 NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater GENERAL INFORMATION
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SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(f) and (f)(1))

Activities Requiring an NPDES Permit	1.1	Applicants Not Required to Submit Form 1		
	1.1.1	Is the facility a new or existing publicly owned treatment works ? If yes, STOP. Do NOT complete Form 1. Complete Form 2A.	1.1.2	
		If yes, STOP. Do NOT complete Form 1. Complete Form 2A. <input checked="" type="checkbox"/> No	Is the facility a new or existing treatment works treating domestic sewage ? If yes, STOP. Do NOT complete Form 1. Complete Form 2S.	
			If yes, STOP. Do NOT complete Form 1. Complete Form 2S. <input checked="" type="checkbox"/> No	
	1.2	Applicants Required to Submit Form 1		
1.2.1	Is the facility a concentrated animal feeding operation or a concentrated aquatic animal production facility ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2B. <input checked="" type="checkbox"/> No	1.2.2	Is the facility an existing manufacturing, commercial, mining, or silvicultural facility that is currently discharging process wastewater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2C. <input checked="" type="checkbox"/> No	
1.2.3	Is the facility a new manufacturing, commercial, mining, or silvicultural facility that has not yet commenced to discharge ? <input checked="" type="checkbox"/> Yes → Complete Form 1 and Form 2D. <input type="checkbox"/> No	1.2.4	Is the facility a new or existing manufacturing, commercial, mining, or silvicultural facility that discharges only nonprocess wastewater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2E. <input checked="" type="checkbox"/> No	
1.2.5	Is the facility a new or existing facility whose discharge is composed entirely of stormwater associated with industrial activity or whose discharge is composed of both stormwater and non-stormwater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2F unless exempted by 40 CFR 122.26(b)(14)(x) or (b)(15). <input checked="" type="checkbox"/> No			

SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(f)(2))

Name, Mailing Address, and Location	2.1	Facility Name		
		CSH FIERY GIZZARD STONE EXCAVATION		
	2.2	EPA Identification Number		
	2.3	Facility Contact		
		Name (first and last) NED RICH	Title OWNER	Phone number (866) 915-7625
	Email address ROCKMAN@CUSTOMSTONEHANDLERS.COM			
2.4	Facility Mailing Address			
	Street or P.O. box P.O. BOX 1855			
	City or town COLUMBIA	State TN	ZIP code 38401	

EPA Identification Number		NPDES Permit Number		Facility Name CSH Fiery Gizzard Stone		Form Approved 03/05/19 OMB No. 2040-0004	
Name, Mailing Address, and Location Continued	2.5	Facility Location					
		Street, route number, or other specific identifier HIGHWAY 2					
		County name MARION		County code (if known)			
		City or town SMITHTOWN		State TN		ZIP code 37616	
SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))							
SIC and NAICS Codes	3.1	SIC Code(s)		Description (optional)			
		3281					
	3.2	NAICS Code(s)		Description (optional)			
SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(f)(4))							
Operator Information	4.1	Name of Operator					
	NED RICH						
	4.2	Is the name you listed in Item 4.1 also the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	4.3	Operator Status <input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input checked="" type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____					
Operator Information Continued	4.4	Phone Number of Operator					
	(866) 915-7625						
Operator Information Continued	4.5	Operator Address					
		Street or P.O. Box P.O. BOX 1855					
		City or town COLUMBIA		State TN		ZIP code 38401	
Email address of operator ROCKMAN@CUSTOMSTONEHANDLERS.COM							
SECTION 5. INDIAN LAND (40 CFR 122.21(f)(5))							
Indian Land	5.1	Is the facility located on Indian Land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

EPA Identification Number	NPDES Permit Number	Facility Name CSH Fiery Gizzard Stone
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Form Approved 03/05/19
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SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(f)(6))

Existing Environmental Permits	6.1	Existing Environmental Permits (check all that apply and print or type the corresponding permit number for each)		
		<input type="checkbox"/> NPDES (discharges to surface water)	<input type="checkbox"/> RCRA (hazardous wastes)	<input type="checkbox"/> UIC (underground injection of fluids)
		<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)
		<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input type="checkbox"/> Other (specify)

SECTION 7. MAP (40 CFR 122.21(f)(7))

Map	7.1	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.)
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CAFO—Not Applicable (See requirements in Form 2B.)

SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8))

Nature of Business	8.1	Describe the nature of your business. SITE EXCAVATES AND STOCKPILES ROCK FOR SHIPMENT. NO WASHING OF ROCK IS CONDUCTED AT THE SITE. ROCK IS TRANSPORTED TO ANOTHER SITE FOR PROCESSING/WASHING/PACKAGING/SHIPMENT.

SECTION 9. COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(f)(9))

Cooling Water Intake Structures	9.1	Does your facility use cooling water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 10.1.
	9.2	Identify the source of cooling water. (Note that facilities that use a cooling water intake structure as described at 40 CFR 125, Subparts I and J may have additional application requirements at 40 CFR 122.21(r). Consult with your NPDES permitting authority to determine what specific information needs to be submitted and when.)


SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(f)(10))


Variance Requests	10.1	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)
		<input type="checkbox"/> Fundamentally different factors (CWA Section 301(n)) <input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2)) <input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g)) <input type="checkbox"/> Thermal discharges (CWA Section 316(a)) <input checked="" type="checkbox"/> Not applicable

EPA Identification Number	NPDES Permit Number	Facility Name CSH Fiery Gizzard Stone
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Form Approved 03/05/19
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SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	11.1	In Column 1 below, mark the sections of Form 1 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.	
		Column 1	Column 2
		<input checked="" type="checkbox"/> Section 1: Activities Requiring an NPDES Permit	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 2: Name, Mailing Address, and Location	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 3: SIC Codes	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 4: Operator Information	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 5: Indian Land	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 6: Existing Environmental Permits	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 7: Map	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments
		<input checked="" type="checkbox"/> Section 8: Nature of Business	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 9: Cooling Water Intake Structures	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 10: Variance Requests	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 11: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
	11.2 Certification Statement		
	<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) NED RICH	Official title OWNER	
	Signature 	Date signed 1/12/23	

Form 2D NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURAL OPERATIONS THAT HAVE NOT YET COMMENCED DISCHARGE OF PROCESS WASTEWATER
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SECTION 1. EXPECTED OUTFALL LOCATION (40 CFR 122.21(k)(1))

Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.			
		Outfall Number	Receiving Water Name	Latitude	Longitude
		001	GILLIAM CREEK	35° 06' 40.50" N	85° 44' 22.52" W
				° ' "	° ' "
				° ' "	° ' "

SECTION 2. EXPECTED DISCHARGE DATE (40 CFR 122.21(k)(2))

Expected Discharge Date	2.1	Month	Day	Year
		MARCH	1	2023

SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(k)(3)(i))

Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets as necessary.			
		Outfall Number 001			
		Operations Contributing to Flow			
		Operation	Average Flow		
		STORMWATER & PROCESS FLOW	0.2 mgd		
			mgd		
			mgd		
			mgd		
			mgd		
		Treatment Units			
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Exhibit 2D-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge	
		SEDIMENTATION BASIN	1-U	KEEP SEDIMENT ONSITE	

3.1
Cont.

Average Flows and Treatment Continued

****Outfall Number**** _____

Operations Contributing to Flow

Operation	Average Flow
	mgd
	mgd
	mgd
	mgd
	mgd

Treatment Units

Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Exhibit 2D-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge

****Outfall Number**** _____

Operations Contributing to Flow

Operation	Average Flow
	mgd
	mgd
	mgd
	mgd
	mgd

Treatment Units

Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Exhibit 2D-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge

SECTION 4. LINE DRAWING (40 CFR 122.21(k)(3)(ii))

Line Drawing	4.1	Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2D-2 at end of instructions for example.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 5. INTERMITTENT OR SEASONAL FLOWS (40 CFR 122.21(k)(3)(iii))

Intermittent or Seasonal Flows	5.1	Except for stormwater runoff, leaks, or spills, are any expected discharges described in Sections 1 and 3 intermittent or seasonal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.					
	5.2	Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.					
	Outfall Number	Operations (list)	Frequency		Rate and Volume		Duration
			Average Days/Week	Average Months/Year	Maximum Daily Discharge	Maximum Total Volume	
	001	STONE	3 days/week	7 months/year	0.2 mgd	120,000 gallons	4 days
			days/week	months/year	mgd	gallons	days
			days/week	months/year	mgd	gallons	days
	Outfall Number	Operations (list)	Frequency		Rate and Volume		Duration
			Average Days/Week	Average Months/Year	Maximum Daily Discharge	Maximum Total Volume	
			days/week	months/year	mgd	gallons	days
		days/week	months/year	mgd	gallons	days	
		days/week	months/year	mgd	gallons	days	
Outfall Number	Operations (list)	Frequency		Rate and Volume		Duration	
		Average Days/Week	Average Months/Year	Maximum Daily Discharge	Maximum Total Volume		
		days/week	months/year	mgd	gallons	days	
		days/week	months/year	mgd	gallons	days	
		days/week	months/year	mgd	gallons	days	

SECTION 6. PRODUCTION (40 CFR 122.21(k)(4))

Production	6.1	Do any effluent limitation guidelines (ELGs) promulgated by EPA under CWA Section 304 apply to your facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 7.		
	6.2	Provide the following information on applicable ELGs.		
		ELG Category	ELG Subcategory	Regulatory Citation
		MINERAL MINING/PROCESSING P	DIMENSION STONE	40 CFR 436 SUBPART A

Production Continued	6.3	Are the limitations in the applicable ELGs expressed in terms of production (or other measure of operation)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 7.			
	6.4	Provide an expected measure of average daily production expressed in terms and units of applicable ELGs.			
	Expected Actual Average Daily Production for First Three Years				
	Outfall Number	Year	Operation, Product, or Material	Quantity per Day <small>(note basis if applicable)</small>	Unit of Measure
		Year 1			
		Year 2			
		Year 3			
		Year 1			
		Year 2			
		Year 3			
	Year 1				
	Year 2				
	Year 3				

SECTION 7. EFFLUENT CHARACTERISTICS (40 CFR 122.21(k)(5))

Effluent Characteristics	See the instructions to determine the parameters and pollutants you are required to monitor and, in turn, the tables you must complete. Note that not all applicants need to complete each table.			
	Table A. Conventional and Non-Conventional Parameters			
	7.1	Are you requesting a waiver from your NPDES permitting authority for one or more of the Table A parameters for any of your outfalls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.3.		
	7.2	If yes, indicate the applicable outfalls below. Attach waiver request and other required information to the application. Outfall number <u>001</u> Outfall number _____ Outfall number _____		
	7.3	Have you have provided estimates or actual data for all Table A parameters for each of your outfalls for which a waiver has not been requested and attached the results to this application package? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; a waiver has been requested from my NPDES permitting authority for all parameters at all outfalls.		
	Table B. Certain Conventional and Non-Conventional Pollutants			
	7.4	Have you checked "Believed Present" for all pollutants listed in Table B that are limited directly or indirectly by an applicable ELG? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	7.5	Have you checked "Believed Present" or "Believed Absent" for all remaining pollutants listed in Table B? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	7.6	Have you provided estimated data for those Table B pollutants for which you have indicated are "Believed Present" in your discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Effluent Characteristics Continued	Table C. Toxic Metals, Total Cyanide, and Total Phenols	
	7.7	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	7.8	Have you completed Table C by providing estimated data for pollutants you indicated are "Believed Present," including the source of the information, for each applicable outfall? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Table D. Organic Toxic Pollutants (GC/MS Fractions)	
	7.9	Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → Note that you qualify at the top of Table D, then SKIP to Item 7.12. <input checked="" type="checkbox"/> No
	7.10	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table D for all outfalls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	7.11	Have you completed Table D by providing estimated data for pollutants you indicated are "Believed Present," including the source of the information, for each applicable outfall? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	2,3,7,8-Tetrachlorodibenzo-p-Dioxin (TCDD)	
	7.12	Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the Instructions, or do you know or have reason to believe that TCDD is or may be present in effluent from any of your outfalls? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Table E. Certain Hazardous Substances and Asbestos	
	7.13	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table E for all outfalls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	7.14	Have you completed Table E by reporting the reason the pollutants are expected to be present and available quantitative data for pollutants you indicated are "Believed Present" for each applicable outfall? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Intake Credits, Tables A through E	
	7.15	Are you applying for net credits for the presence of any of the pollutants on Tables A through E for any of your outfalls? <input type="checkbox"/> Yes → Consult with your NPDES permitting authority. <input checked="" type="checkbox"/> No
	SECTION 8. ENGINEERING REPORT (40 CFR 122.21(k)(6))	
Engineering Report	8.1	Do you have any technical evaluations of your wastewater treatment, including engineering reports or pilot plant studies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 8.3.
	8.2	Have you provided the technical evaluation and all related documents to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No
	8.3	Are you aware of any existing plant(s) that resemble production processes, wastewater constituents, or wastewater treatment at your facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 9.


Engineering Report Continued	8.4	Provide the name and location of the similar plants.	
		Name of Similar Plants	Location of Similar Plants
		CSH SODDY DAISY EXCAVATION SITE	SODDY DAISY, TN

SECTION 9. OTHER INFORMATION (40 CFR 122.21(k)(7))

Other Information	9.1	Have you attached any optional information that you would like considered as part of the application review process (i.e., material beyond that which you have already noted in the application as being attached)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 10.	
	9.2	List the additional items and briefly note why you have included them.	
		1.	
		2.	
		3.	
		4.	
	5.		

SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	10.1	In Column 1 below, mark the sections of Form 2D 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 complete all sections or tables, or provide attachments.	
		Column 1	Column 2
		<input checked="" type="checkbox"/> Section 1: Expected Outfall Location	<input checked="" type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
		<input checked="" type="checkbox"/> Section 2: Expected Discharge Date	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 3: Average Flows and Treatment	<input checked="" type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 4: Line Drawing	<input checked="" type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments
		<input checked="" type="checkbox"/> Section 5: Intermittent or Seasonal Flows	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 6: Production	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 7: Effluent Characteristics	<input checked="" type="checkbox"/> w/ Table A waiver request or approval <input checked="" type="checkbox"/> Table A <input checked="" type="checkbox"/> Table B <input checked="" type="checkbox"/> Table C <input checked="" type="checkbox"/> Table D <input checked="" type="checkbox"/> Table E <input type="checkbox"/> w/ other attachments
		<input checked="" type="checkbox"/> Section 8: Engineering Report	<input type="checkbox"/> w/ technical evaluations and related attachments
		<input checked="" type="checkbox"/> Section 9: Other Information	<input type="checkbox"/> w/ optional information
		<input checked="" type="checkbox"/> Section 10: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments

EPA Identification Number		NPDES Permit Number TN0070710	Facility Name CSH Fiery Gizzard Excavation	Form Approved 03/05/19 OMB No. 2040-0004
Checklist and Certification Statement Continued	10.2	Certification Statement <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) NED RICH	Official title OWNER	
		Signature 	Date signed 03/23/2023	

**Request for Waiver
Testing and/or Monitoring of Effluent
EPA Application Form 2C**

[Requirements found in 40 CFR 122.21 (g) or (k)]

Company CUSTOM STONE HANDLERS INC
 Minename CSH FIERY GIZZARD STONE EXCAVATION
 NPDES TN00

Only one sample needs to be collected from outfalls where effluent quality is substantially identical. However, where effluent quality varies, additional samples must be collected.

Check the boxes that apply and fill in the information, where applicable.
 Submit three copies. One copy must have the original signature of the permittee.

Outfall effluent quality varies. Samples were collected and tested for outfalls:

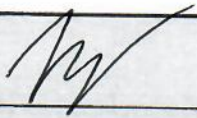
Outfalls _____ have substantially identical effluent quality.

Outfalls _____ have substantially identical effluent quality.

Outfalls _____ have substantially identical effluent quality.

This is my request to the Director to allow the testing of one outfall. Outfalls for my facility have substantially identical effluent quality.

This is my request to the Director for a waiver from the testing and reporting of the parameters: Biochemical Oxygen Demand (BOD), Chemical Oxygen Demand (COD), Total Organic Carbon (TOC), Ammonia (as N), and Temperature. Testing and reporting of these parameters do not provide information essential to NPDES permit issuance.

Signature				1	12	23
				Mo.	Day	Year
Title	OWNER			Date Signed		

EPA Identification Number	Facility Name CSH Fiery Gizzard Excavation	Outfall Number 001
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETER ESTIMATES (40 CFR 122.21(k)(5)(i)) ¹									
Pollutant	Waiver Requested (if applicable)	Units	Effluent Data				Intake Water		
			Maximum Daily Discharge (required)	Average Daily Discharge (if available)	Source of Information (use codes in instructions)	Believed Present? (check only one response per parameter)			
<input checked="" type="checkbox"/> Check here if you have applied to your NPDES authority for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall.									
1.	Biochemical oxygen demand (BOD ₅)	<input checked="" type="checkbox"/>	Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass						
2.	Chemical oxygen demand (COD)	<input checked="" type="checkbox"/>	Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass						
3.	Total organic carbon (TOC)	<input checked="" type="checkbox"/>	Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass						
4.	Total suspended solids (TSS)	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass						
5.	Ammonia (as N)	<input checked="" type="checkbox"/>	Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass						
6.	Flow	<input type="checkbox"/>	Rate					<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Temperature (winter)	<input checked="" type="checkbox"/>	°C	°C				<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Temperature (summer)	<input checked="" type="checkbox"/>	°C	°C					
8.	pH (minimum)	<input type="checkbox"/>	Standard units	s.u.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
	pH (maximum)	<input type="checkbox"/>	Standard units	s.u.					

¹ 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).

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TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(k)(5)(ii)) ¹									
Pollutant	Presence or Absence (check one)		Estimated Data for Pollutants Expected to be Present or Limited by an ELG (Provide both concentration and mass estimates for each pollutant.)						
	Believed Present	Believed Absent	Effluent				Intake Water		
			Units	Maximum Daily Discharge (required)	Average Daily Discharge (if available)	Source of Information (use codes in instructions)	Believed Present? (check only one response per item)		
<input checked="" type="checkbox"/>	Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table B for the noted outfall <i>unless</i> you have quantitative data available.								
1. Bromide (24959-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Mass						
2. Chlorine, total residual	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Mass						
3. Color	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Mass						
4. Fecal coliform	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Mass						
5. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Mass						
6. Nitrate-nitrite	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Mass						
7. Nitrogen, total organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Mass						
8. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Mass						
9. Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Mass						
10. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Mass						
11. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Mass						

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TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(k)(5)(ii)) ¹									
Pollutant		Presence or Absence (check one)		Estimated Data for Pollutants Expected to be Present or Limited by an ELG (Provide both concentration and mass estimates for each pollutant.)					
		Believed Present	Believed Absent	Effluent				Intake Water	
				Units	Maximum Daily Discharge (required)	Average Daily Discharge (if available)	Source of Information (use codes in instructions)	Believed Present? (check only one response per item)	
12.	Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
13.	Surfactants	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
14.	Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
15.	Barium, total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
16.	Boron, total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
17.	Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
18.	Iron, total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
19.	Magnesium, total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
20.	Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
21.	Manganese, total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
22.	Tin, total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					

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TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(k)(5)(ii)) ¹										
Pollutant		Presence or Absence (check one)		Estimated Data for Pollutants Expected to be Present or Limited by an ELG (Provide both concentration and mass estimates for each pollutant.)						
		Believed Present	Believed Absent	Effluent				Source of Information (use codes in instructions)	Intake Water	
				Units	Maximum Daily Discharge (required)	Average Daily Discharge (if available)			Believed Present? (check only one response per item)	
23.	Titanium, total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				Mass						
24.	Radioactivity									
24.1	Alpha, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				Mass						
24.2	Beta, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				Mass						
24.3	Radium, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				Mass						
24.4	Radium 226, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				Mass						

¹ 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).

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TABLE C. TOXIC METALS, TOTAL CYANIDE, AND TOTAL PHENOLS (40 CFR 122.21(k)(5)(iii)(A)) ¹										
Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to be Present in Discharge (Provide both concentration and mass estimates for each pollutant.)							
	Believed Present	Believed Absent	Effluent				Intake Water			
			Units	Maximum Daily Discharge (required)	Average Daily Discharge (if available)	Source of Information (Use codes in Instructions.)	Believed Present? (Check only one response per pollutant.)			
<input checked="" type="checkbox"/>	Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table C for the noted outfall <i>unless</i> you have quantitative data available.									
1. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
2. Arsenic, Total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
3. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
4. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
5. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
6. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
7. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
8. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
9. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
10. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
11. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
12. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
13. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
14. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
15. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							

¹ 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).

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OMB No. 2040-0004**TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹**

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)					
	Believed Present	Believed Absent	Units	Effluent			Intake Water	
				Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	Believed Present? (check only one response per pollutant)	
<input checked="" type="checkbox"/>	Check here if all pollutants listed in Table D are expected to be absent from your facility's discharge.							
<input type="checkbox"/>	Check here if the facility believes it is exempt from Table D reporting requirements because it is a qualified small business. See the instructions for exemption criteria and for a list of materials you must attach to the application.							
Note: If you check either of the above boxes, you do not need to complete Table D for the noted outfall <i>unless</i> you have quantitative data available.								
1. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)								
1.1	Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.2	Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.3	Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.4	Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.5	Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.6	Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.7	Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.8	Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.9	2-chloroethylvinyl ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.10	Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.11	Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				

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Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent		Source of Information (use codes in instructions)	Intake Water
				Maximum Daily Discharge	Average Daily Discharge		Believed Present? (check only one response per pollutant)
1.12 1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.13 1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.14 1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.15 1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.16 1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.17 Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.18 Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.19 Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.20 Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.21 1,1,2,2-tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.22 Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.23 Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.24 1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				

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Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent		Source of Information (use codes in instructions)	Intake Water
				Maximum Daily Discharge	Average Daily Discharge		Believed Present? (check only one response per pollutant)
1.25 1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.26 1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.27 Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.28 Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)							
2.1 2-chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2.2 2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2.3 2,4-dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2.4 4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2.5 2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2.6 2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2.7 4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2.8 p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2.9 Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				

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Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)					
	Believed Present	Believed Absent	Units	Effluent		Source of Information (use codes in instructions)	Intake Water	
				Maximum Daily Discharge	Average Daily Discharge		Believed Present? (check only one response per pollutant)	
2.10 Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
2.11 2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds)								
3.1 Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.2 Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.3 Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.4 Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.5 Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.6 Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.7 3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.8 Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.9 Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.10 Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.11 Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					

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Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent		Source of Information (use codes in instructions)	Intake Water
				Maximum Daily Discharge	Average Daily Discharge		Believed Present? (check only one response per pollutant)
3.12 Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.13 Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.14 4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.15 Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.16 2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.17 4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.18 Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.19 Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.20 1,2-dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.21 1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.22 1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.23 3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.24 Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.25 Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				

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OMB No. 2040-0004**TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹**

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent		Source of Information (use codes in instructions)	Intake Water
				Maximum Daily Discharge	Average Daily Discharge		Believed Present? (check only one response per pollutant)
3.26 Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.27 2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.28 2,6-dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.29 Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.30 1,2-diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.31 Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.32 Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.33 Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.34 Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.35 Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.36 Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.37. Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.38 Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.39 Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				

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Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent		Source of Information (use codes in instructions)	Intake Water
				Maximum Daily Discharge	Average Daily Discharge		Believed Present? (check only one response per pollutant)
3.40 Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.41 N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.42 N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.43 N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.44 Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.45 Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.46 1,2,4-trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)							
4.1 Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.2 α -BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.3 β -BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.4 γ -BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.5 δ -BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.6 Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				

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OMB No. 2040-0004**TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹**

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent		Source of Information (use codes in instructions)	Intake Water
				Maximum Daily Discharge	Average Daily Discharge		Believed Present? (check only one response per pollutant)
4.7 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.8 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.9 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.10 Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.11 α -endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.12 β -endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.13 Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.14 Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.15 Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				

EPA Identification Number

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CSH Fiery Gizzard ExcavationOutfall Number
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OMB No. 2040-0004**TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹**

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent		Source of Information (use codes in instructions)	Intake Water
				Maximum Daily Discharge	Average Daily Discharge		Believed Present? (check only one response per pollutant)
4.16 Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.17 Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.18 PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.19 PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.20 PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.21 PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.22 PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.23 PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.24 PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.25 Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				

¹ 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).

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OMB No. 2040-0004

TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
<input checked="" type="checkbox"/> Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table E for the noted outfall <i>unless</i> you have quantitative data available.				
1. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>		
2. Acetaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		
3. Allyl alcohol	<input type="checkbox"/>	<input type="checkbox"/>		
4. Allyl chloride	<input type="checkbox"/>	<input type="checkbox"/>		
5. Amyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
6. Aniline	<input type="checkbox"/>	<input type="checkbox"/>		
7. Benzotrile	<input type="checkbox"/>	<input type="checkbox"/>		
8. Benzyl chloride	<input type="checkbox"/>	<input type="checkbox"/>		
9. Butyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
10. Butylamine	<input type="checkbox"/>	<input type="checkbox"/>		
11. Captan	<input type="checkbox"/>	<input type="checkbox"/>		
12. Carbaryl	<input type="checkbox"/>	<input type="checkbox"/>		
13. Carbofuran	<input type="checkbox"/>	<input type="checkbox"/>		
14. Carbon disulfide	<input type="checkbox"/>	<input type="checkbox"/>		
15. Chlorpyrifos	<input type="checkbox"/>	<input type="checkbox"/>		
16. Coumaphos	<input type="checkbox"/>	<input type="checkbox"/>		
17. Cresol	<input type="checkbox"/>	<input type="checkbox"/>		
18. Crotonaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		

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OMB No. 2040-0004**TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹**

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
19. Cyclohexane	<input type="checkbox"/>	<input type="checkbox"/>		
20. 2,4-D (2,4-dichlorophenoxyacetic acid)	<input type="checkbox"/>	<input type="checkbox"/>		
21. Diazinon	<input type="checkbox"/>	<input type="checkbox"/>		
22. Dicamba	<input type="checkbox"/>	<input type="checkbox"/>		
23. Dichlobenil	<input type="checkbox"/>	<input type="checkbox"/>		
24. Dichlone	<input type="checkbox"/>	<input type="checkbox"/>		
25. 2,2-dichloropropionic acid	<input type="checkbox"/>	<input type="checkbox"/>		
26. Dichlorvos	<input type="checkbox"/>	<input type="checkbox"/>		
27. Diethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
28. Dimethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
29. Dinitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>		
30. Diquat	<input type="checkbox"/>	<input type="checkbox"/>		
31. Disulfoton	<input type="checkbox"/>	<input type="checkbox"/>		
32. Diuron	<input type="checkbox"/>	<input type="checkbox"/>		
33. Epichlorohydrin	<input type="checkbox"/>	<input type="checkbox"/>		
34. Ethion	<input type="checkbox"/>	<input type="checkbox"/>		
35. Ethylene diamine	<input type="checkbox"/>	<input type="checkbox"/>		
36. Ethylene dibromide	<input type="checkbox"/>	<input type="checkbox"/>		
37. Formaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		

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Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
38. Furfural	<input type="checkbox"/>	<input type="checkbox"/>		
39. Guthion	<input type="checkbox"/>	<input type="checkbox"/>		
40. Isoprene	<input type="checkbox"/>	<input type="checkbox"/>		
41. Isopropanolamine	<input type="checkbox"/>	<input type="checkbox"/>		
42. Kelthane	<input type="checkbox"/>	<input type="checkbox"/>		
43. Kepone	<input type="checkbox"/>	<input type="checkbox"/>		
44. Malathion	<input type="checkbox"/>	<input type="checkbox"/>		
45. Mercaptodimethur	<input type="checkbox"/>	<input type="checkbox"/>		
46. Methoxychlor	<input type="checkbox"/>	<input type="checkbox"/>		
47. Methyl mercaptan	<input type="checkbox"/>	<input type="checkbox"/>		
48. Methyl methacrylate	<input type="checkbox"/>	<input type="checkbox"/>		
49. Methyl parathion	<input type="checkbox"/>	<input type="checkbox"/>		
50. Mevinphos	<input type="checkbox"/>	<input type="checkbox"/>		
51. Mexacarbate	<input type="checkbox"/>	<input type="checkbox"/>		
52. Monoethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
53. Monomethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
54. Naled	<input type="checkbox"/>	<input type="checkbox"/>		
55. Naphthenic acid	<input type="checkbox"/>	<input type="checkbox"/>		
56. Nitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>		

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OMB No. 2040-0004**TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹**

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
57. Parathion	<input type="checkbox"/>	<input type="checkbox"/>		
58. Phenolsulfonate	<input type="checkbox"/>	<input type="checkbox"/>		
59. Phosgene	<input type="checkbox"/>	<input type="checkbox"/>		
60. Propargite	<input type="checkbox"/>	<input type="checkbox"/>		
61. Propylene oxide	<input type="checkbox"/>	<input type="checkbox"/>		
62. Pyrethrins	<input type="checkbox"/>	<input type="checkbox"/>		
63. Quinoline	<input type="checkbox"/>	<input type="checkbox"/>		
64. Resorcinol	<input type="checkbox"/>	<input type="checkbox"/>		
65. Strontium	<input type="checkbox"/>	<input type="checkbox"/>		
66. Strychnine	<input type="checkbox"/>	<input type="checkbox"/>		
67. Styrene	<input type="checkbox"/>	<input type="checkbox"/>		
68. 2,4,5-T (2,4,5-trichlorophenoxyacetic acid)	<input type="checkbox"/>	<input type="checkbox"/>		
69. TDE (tetrachlorodiphenyl ethane)	<input type="checkbox"/>	<input type="checkbox"/>		
70. 2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid]	<input type="checkbox"/>	<input type="checkbox"/>		
71. Trichlorofon	<input type="checkbox"/>	<input type="checkbox"/>		
72. Triethanolamine	<input type="checkbox"/>	<input type="checkbox"/>		
73. Triethylamine	<input type="checkbox"/>	<input type="checkbox"/>		
74. Trimethylamine	<input type="checkbox"/>	<input type="checkbox"/>		
75. Uranium	<input type="checkbox"/>	<input type="checkbox"/>		

EPA Identification Number	Facility Name CSH Fiery Gizzard Excavation	Outfall Number 001
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TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹					
	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
76.	Vanadium	<input type="checkbox"/>	<input type="checkbox"/>		
77.	Vinyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
78.	Xylene	<input type="checkbox"/>	<input type="checkbox"/>		
79.	Xylenol	<input type="checkbox"/>	<input type="checkbox"/>		
80.	Zirconium	<input type="checkbox"/>	<input type="checkbox"/>		

¹ 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).

Antidegradation Statement Guidance

To Be Used When Administering Tennessee's Antidegradation Statement as Associated with Obtaining a National Pollutant Discharge Elimination System (NPDES) Permit

The Antidegradation Statement Guidance document is to be used in accordance with the *Tennessee's Antidegradation Statement Rule 0400-40-03-.06* as it pertains to completing the application requirements for a NPDES permit. This document may be used as equivalent information for the EPA Worksheets (A, G, O, R, V, W, X, Y, Z, and AB for the private sector and O, P, Q, S, T, U, and AA for the public sector).

Specifically the document is divided into five parts. Parts 1 - 2 are general information regarding the facility and receiving water. Part 3 characterizes the level of degradation and the alternatives analysis (including social, economic, and environmental considerations of each alternative). Parts 4 - 5 detail the social and economic justification required to demonstrate that the degradation associated with the proposed discharge to an Exceptional Tennessee water (ETW) is justified. All permit applicants must complete, at a minimum, Parts 1-3 of this document. If you propose to discharge to an ETW, you must complete the document in its entirety.

Part 1. Contact Information	
1. Company name:	CUSTOM STONE HANDLERS INC
2. NPDES No.: TN00	
3. Facility or mine name:	CSH FIERY GIZZARD STONE
4. County:	MARION

Part 2. Mine and Stream Information

1. Please select the type of mine.

Noncoal

- | | |
|--|---|
| <input type="checkbox"/> Limestone | <input type="checkbox"/> Marble |
| <input type="checkbox"/> Sand and gravel | <input checked="" type="checkbox"/> Dimension stone |
| <input type="checkbox"/> Ball Clay | <input type="checkbox"/> Quartzite |
| <input type="checkbox"/> Industrial sand | <input type="checkbox"/> Other |
| <input type="checkbox"/> Zinc | |

Coal

- Reclamation
- Active mining
- Post mining

- Prep plants / associated areas
- Tipple / load out

2. Please select the type of permit activity requested.

- Renewal of permit based on currently approved plans
- Renewal and modification of permit
- Modification of permit
- New permit

3. Please list each outfall number, the name of receiving stream(s) and the corresponding stream designation (either Outstanding National Resource Water (ONRW), Exceptional Tennessee Water (ETW), or Non Exceptional Tennessee Water (Non ETW)). Use separate paper if necessary.

Outfall(s)	Receiving Stream(s)	Stream Designation		
		ONRW	ETW	NON ETW
	SW-1, GILLIAM CREEK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3. Characterize the Level of Degradation in the Proposed Activity and Analysis of Alternatives.

Please select one of the following levels and support your conclusion in the space that follows. Finally, complete the Alternatives Analysis.

Part 3-A- Level of Degradation

- The proposed activity is to renew an existing permit.
No changes to the acreage size, the number or location of outfall(s), or the volume of the existing discharge are proposed at this time. Renewal of the permit does not cause degradation above what is already permitted. (If this applies, skip to Part 3-B.)
- The proposed activity will cause no measurable degradation.
Activities causing no measurable degradation are defined as those activities that do not cause a measurable increase in levels of a given parameter in the receiving water.
- The proposed activity will cause de minimis degradation.
Activities causing de minimis degradation are defined as those activities that cause degradation of a small magnitude as described in *Rule 0400-40-03-.04 (4)(a)*. De minimis activities are described as single discharges that use less than five percent of the available assimilative capacity of the substance being discharged.

*Note, this option is not applicable if the 7Q10 of the receiving water is zero or if the receiving water has unavailable parameters for the pollutant to be discharged.

- The proposed activity will cause **more** than de minimis degradation.
Applications for activities causing degradation above the level of de minimis must analyze all reasonable alternatives and describe the level of degradation caused by each of the feasible alternatives. Analysis of each of these alternatives should also discuss the social and economic consequences of each alternative. Applicants must also demonstrate that the proposed degradation will not violate the water quality criteria for existing uses in the receiving waters and is necessary to accommodate important economic and social development in the area.

Attach additional pages as needed

DOES NOT RESULT IN ANY MEASURABLE DEGRADATION DUE TO THE POROSITY OF THE SURFACE AND SUBSURFACE SOILS AT THE SITE WHICH DOES NOT ALLOW DISCHARGE OFF-SITE TO NEARBY SURFACE WATERS.

Part 3-B - Alternatives Analysis

The following are examples of alternatives relative to natural resource extraction that are to be considered by applicants under Tennessee's *Antidegradation Statement 0400-40-03-.06*. Please check which treatment option(s) are currently used or will be used at the facility.

- Connect to existing treatment system
- Use over-sized ponds to increase treatment ability and holding capacity beyond the 10yr/24hr design storm.
Design capacity of the pollution control system
Current capacity of the system (%)
- Divert drainage from non-disturbed areas away from treatment structures, separating storm water from mine wastewater – i.e. diversion berm, ditches, other BMPs.
- Use pit as primary treatment and/or storage to increase ability to hold water on site during storm events.
- Use ponds in series, forebays, and/or baffles to increase treatment and retention time.
- Use chemical treatment for pH adjustment or treatment of solids.
- Reuse/recycle treated process water to reduce discharge frequency. What percentage is already or will be recycled?

- Create no-discharge system.
- Use concurrent reclamation with mining activity.
- Land application of treated wastewater.

If treatment option used is not listed, please describe in space below.

NO TREATMENT REQUIRED SINCE STORMWATER DISCHARGES DIRECTLY TO GROUNDWATER DUE TO SURFACE AND SUBSURFACE SOIL CONDITIONS (HIGH PERMEABILITY DUE TO ROCK SIZE).

- 2) Based on the alternatives indicated above, describe the level of degradation caused by each, as well as the social and economic consequences of each alternative. Examples of social and economic consequences may include but are not limited to, improved infrastructure such as road projects, housing development, as well as increasing local tax revenue and employment opportunities.

NO DEGRADATION CAUSED BY ZERO DISCHARGE.

3) Can the level of treatment achievable at the facility ensure that water quality criteria will not be violated? Please explain.

YES, STORMWATER CANNOT DISCHARGE FROM THE SITE DUE TO HIGHLY PERMEABLE SOIL AND SUBSURFACE CONDITIONS.

4) Is there another discharge location that would have less impact on the watershed?

NOT APPLICABLE

5) Evaluate the mining technique used at the site. Would another technique result in a reduction in quantity or improvement in quality of the discharge from the site?

NO.

6) Were other locations for the facility evaluated? Describe the reasons why other locations were selected or rejected.

YES. THIS LOCATION RESULTED IN LEAST IMPACT TO THE NEARBY STREAM.

- 7) If this is an existing site, how long has the company mined at this location? If the option to mine has been reserved through payments to the owner or lessor of the rights, how long has that option been reserved? What is the projected life of the mine?

Part 4. Economic Justification

If you are applying for a new or expanded permit that discharges to Exceptional Tennessee Waters (ETW), complete Parts 4 and 5.

The following section shows economic/financial information for the facility. This information is necessary to determine if the applicant can afford to implement appropriate pollution control measures to protect water quality in the receiving water. Attach additional pages as needed.

1. Annual cost of operation and maintenance of pollution control project (including but not limited to monitoring, inspection, permitting fees, waste disposal charges, repair, administration, and replacement).	\$ 25,000
2. Annual earnings without pollution control project costs	\$ 2,500,000
3. Annual earnings with pollution control project costs	\$ 2,475,000

Part 5. Social Justification

The following section shows social justification of the proposed degradation within the community where the facility is located. Attach additional pages as needed.

1. Define the affected community in this case; what areas are included?	SMITHTOWN, TN
2. What is the current unemployment rate in affected community (if available)?	45%
3. What is the current national unemployment rate?	12%

4. How many jobs will the facility provide in the affected community?	15
5. What is the average salary of these jobs?	\$38,000
6. What is the median household income in affected community?	\$ 31,000
7. What is the total number of households in affected community?	\$ 347
8. What are the current total tax revenues in the affected community?	\$843,000
9. What amount of tax revenues will be paid by the private entity to the affected community?	\$ 320,000

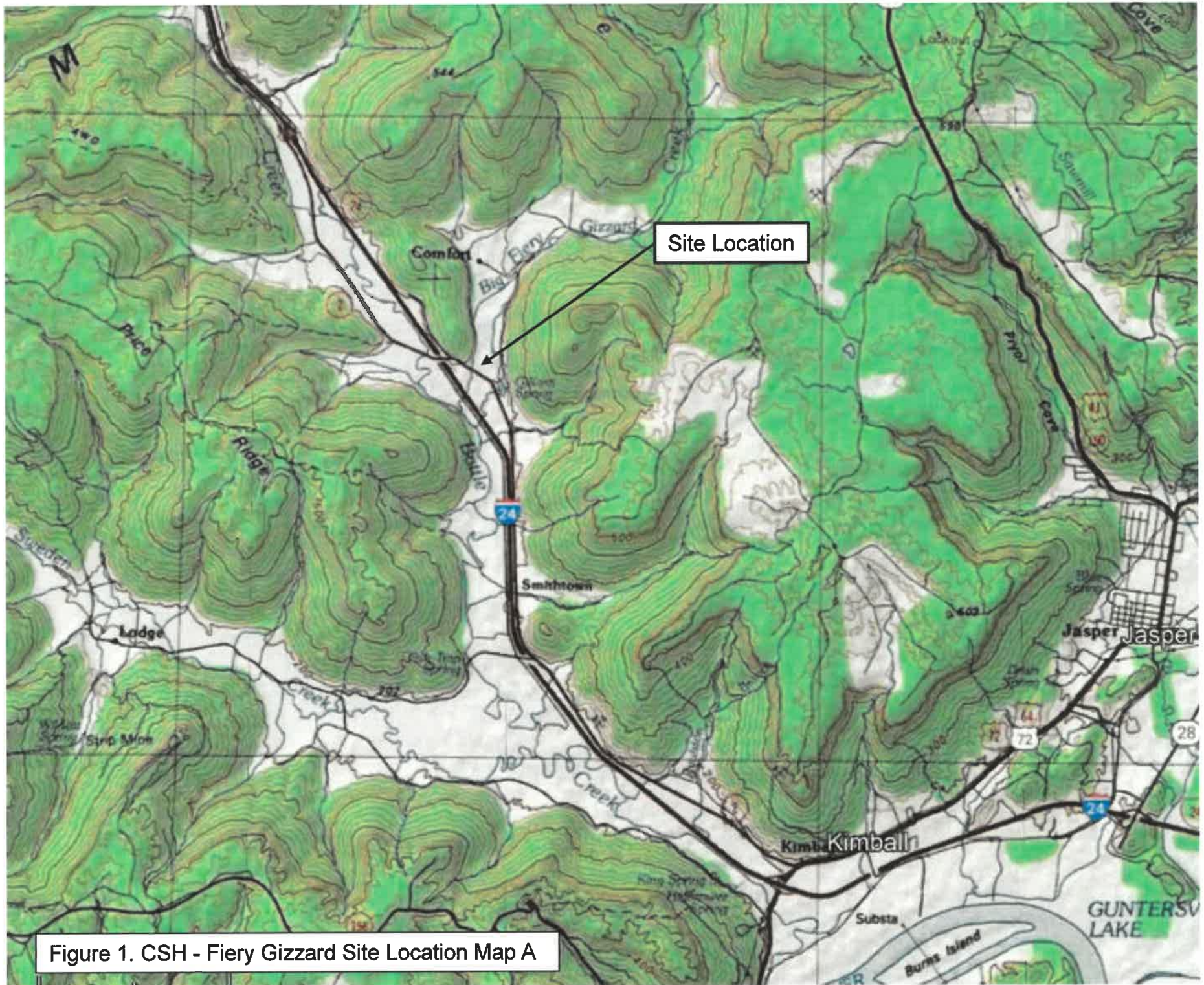


Figure 1. CSH - Fiery Gizzard Site Location Map A

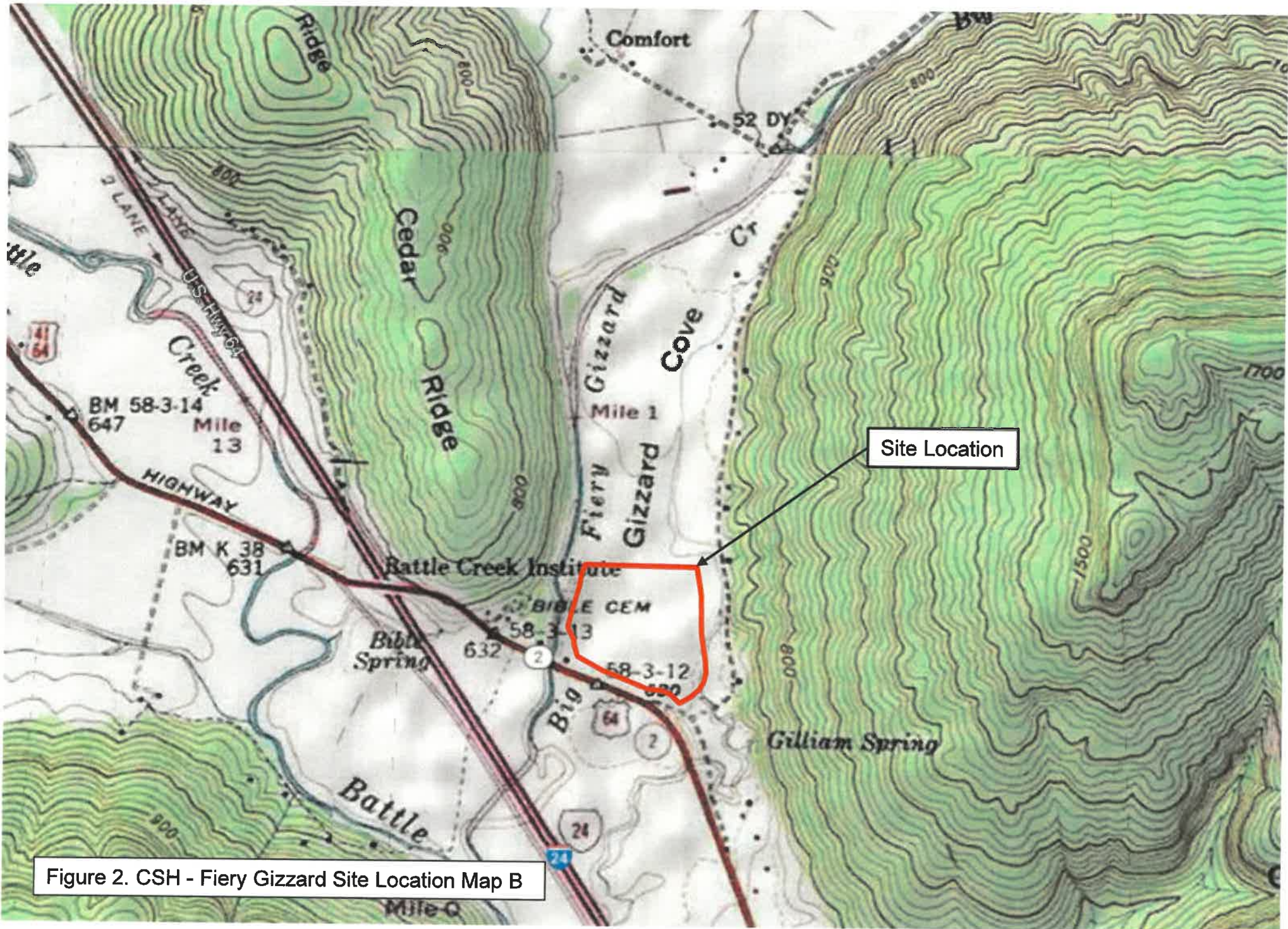


Figure 2. CSH - Fiery Gizzard Site Location Map B

**NPDES Permit Application
For
Discharge of Treated Mine Wastewater**

Date Posted: 1-16-23

**CUSTOM STONE HANDLERS
CSH FIERY GIZZARD STONE EXCAVATION SITE – SMITHTOWN, TN
NPDES Permit Number #####
Name of Receiving Stream: GILLIAM CREEK**

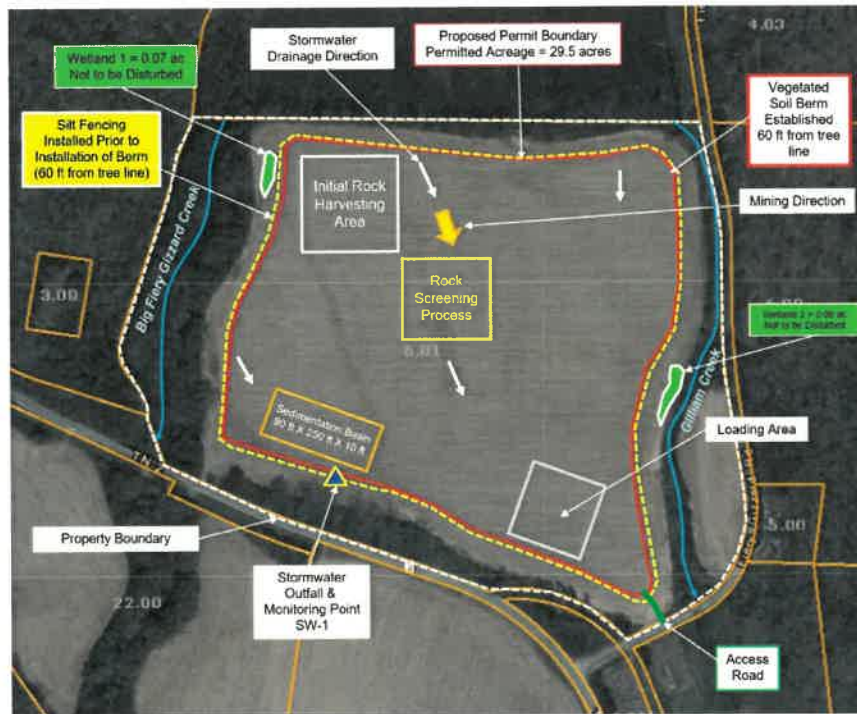
TO WHOM IT MAY CONCERN: The applicant described above has submitted an application for a National Pollutant Discharge Elimination System (NPDES) permit pursuant to The Tennessee Water Quality Control Act of 1977. §T.C.A. 69-3-108.

Persons wishing to find out more about the permit application may contact the Division at the address or phone number below:

**Tennessee Department of Environment and Conservation
Division of Water Resources – Mining Section
3711 Middlebrook Pike
Knoxville, Tennessee 37921-6538
Phone Number: (865) 594-6035**

STORMWATER POLLUTION PREVENTION PLAN

TNR059877 CSH Stone Harvesting Site
Fiery Gizzard
Smithtown, Tennessee



Prepared for

Custom Stone Handlers, Incorporated

Prepared by

**Anthony A. Grow, PG
1406 Wilson Avenue
Tullahoma, Tennessee 37388**

January 4, 2023

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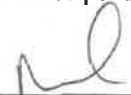
**Stormwater Pollution Prevention Plan
 CSH Stone Harvesting Site, Smlthtown, Tennessee**

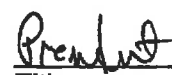
**Pollution Prevention Team &
 Contact Information/Responsible Parties**

Members of the CSH Stone Removal Site Pollution Prevention Team consist of on-site operational and environmental consulting staff. Individual roles and responsibilities of each staff are described below:

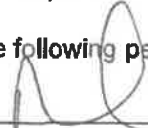
Staff	PP Role
Site Supervisor	-Responsible for oversight in implementing all elements of the PP Plan -Responsible for conducting PP Plan training -Conducts inventory and ensure spill equipment is readily on hand
Environmental Professional	-Responsible for developing and revising the PP Plan -Conducts stormwater sampling -Coordinates with state on BMP selection
Owner	-Responsible for purchasing and expenditure of materials and services to implement all elements of the PP Plan -Conducts routine stormwater BMP inspections
Heavy Equipment Operator	-Responsible for ensuring all excavation materials do not erode or discharge into nearby waters of the state

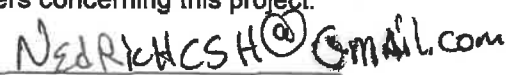
The following site supervisor will be the responsible party in maintaining compliance with requirements of this SWPPP during top soil removal activities and site reclamation. The site supervisor below agrees to abide by the following conditions throughout the duration of the project, effective the date of signature. The site supervisor will not file a Notice of Termination (NOT) until all disturbed areas of the site under its day-to-day control have been effectively stabilized with permanent vegetational erosion controls. The site supervisor will maintain a clean site. The site supervisor is responsible for advising employees and subcontractors working on this project of the requirements in the permit and SWPPP. Particular emphasis should be placed on ensuring that employees and subcontractors do not damage BMPs and do not introduce pollutants into storm water discharge areas.


 Site Supervisor _____

931 224 0642  _____ 5/12/22
 Signature Title Date

The following person will be the point of contact for all matters concerning this project:


 Name _____

931 224 0642 
 Phone No. Email

1. General Information

This Stormwater Pollution Prevention Plan (SWPPP) is developed in accordance with the Tennessee Department of Environment and Conservation's (TDEC) Tennessee Erosion and Sediment Control Handbook and Tennessee Storm Water Multi-Sector Sector J requirements and is prepared using sound engineering practices. The SWPPP specifically addresses establishment and maintenance of erosion and sediment control best management practices (BMPs) to eliminate erosion of sediment from a 29.5-acre stone excavation site located in the city of Smithtown, Tennessee (see Figures 1 & 4 in Appendix). The site drains to Gilliam Creek.

Current versions of this SWPPP will be available for the use of all operators and site personnel involved with the erosion and sediment controls, and will be available to TDEC personnel visiting the site.

It is the intention and goal of the SWPPP that any discharge from the property described in this document have no objectionable color contrast to the water body that receives it. Installing and maintaining erosion and sediment controls will be carried out in such a manner as will prevent any discharge that would cause a condition in which visible solids, bottom deposits, or turbidity impairs the usefulness of the waters on the property or downstream of the property for fish and aquatic life, livestock watering and wildlife, recreation, irrigation, navigation, or industrial or domestic water supply.

This plan may be amended for reasons described below, or for other reasons. When the plans are revised, the contractor will implement the changes to erosion protection and sediment controls within 48 hours after the need for modification is identified.

2. Existing Site Conditions

The site identified for removal of stone is located in a flat agricultural field located near Smithtown in Marion County (see Figures 1, 2 and 3 in Appendix). The site drains to the southeast to Gilliam Creek (see Figure 4 in Appendix) via a 60-foot forested buffer zone.

3. Project Description

The purpose of the action is the removal of 5-15 feet of round stone for use in landscaping. The resulting area or borrow pit will be converted into a gentle sloping depressed area that will be re-sloped and re-seeded. Silt fencing will be the primary means of erosion control during the life of the stone removal operations. Use of a 60-foot wooded buffer zone at the site with installed silt fencing will prevent sediment transfer to high quality waters of Big Fiery Gizzard Creek and Gilliam Creek.

4. Description of Potential Pollutant Sources

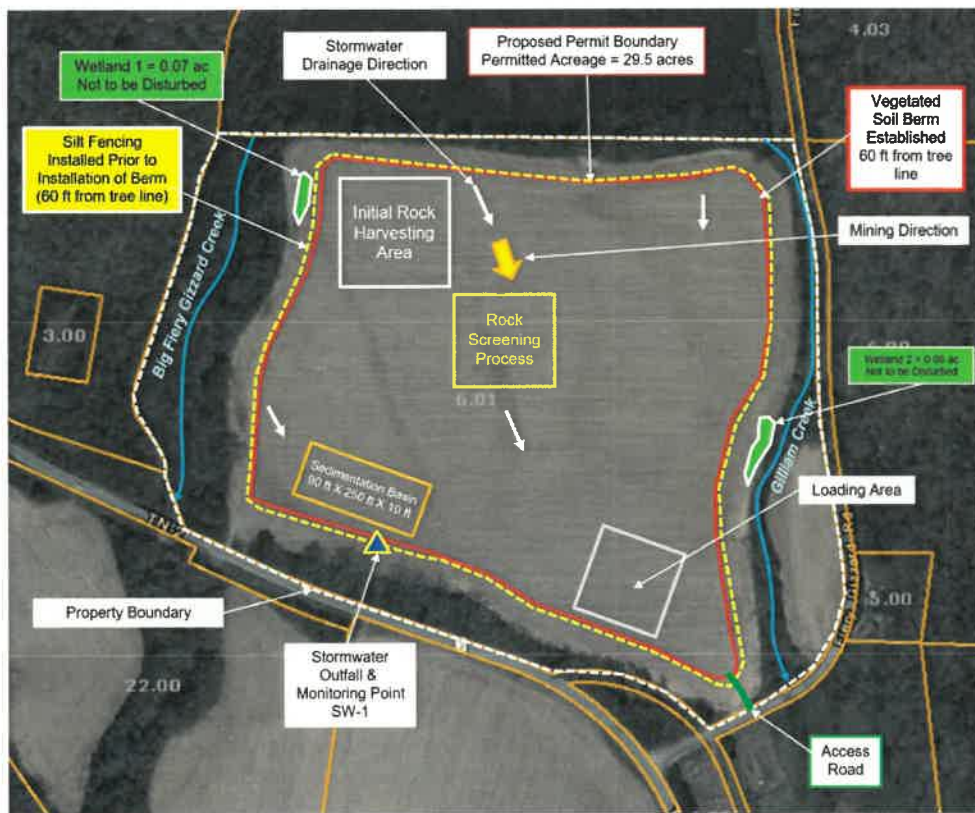
This section of the SWPPP describes the potential sources of pollutants including measures and controls to prevent or minimize accidental release into the environment or

**Stormwater Pollution Prevention Plan
CSH Stone Harvesting Site, Smithtown, Tennessee**

Big Fiery Gizzard or Gilliam creeks. Physical features of the site are also described that may contribute to storm water runoff.

4.1 Drainage

Stormwater drainage from the excavation site will originate from the northwestern portion of the site as shown on the map below. Excavation equipment will be refueled within the excavation site using mobile refueling trucks. The stormwater outfall for the site is located along a topographic low between the site and Gilliam Creek. Stormwater discharges will not contain any industrial discharges. The only pollutant of concern is suspended sediment.



4.1.1 Inventory of Exposed Materials

Excavated stone and soil will be the only materials that will be exposed at the site during storm events. Stormwater drainage from exposed stone and soil will be routed back into the excavation site to prevent sediment transfer into Gilliam Creek. The site supervisor will ensure that stone and soil materials are kept within the unloading/loading zone at all times.

4.1.2 Significant Spills and Leaks

Spill response equipment will be stored on site to contain significant spills and leaks that may occur.

4.1.3 Sampling Data

No sampling data exists for the proposed excavation site. Stormwater sampling will be conducted at the proposed stormwater outfall as shown in the aerial map in Section 4.1 above.

4.1.4 Risk Identification

The primary risk associated with the proposed stone excavation site is exposed soil and stone due to the disturbance or excavated site, the stone unloading/loading area and the access road. Implementation of silt fencing and use of the excavation zone as a sediment trap will eliminate the contamination of stormwater with suspended sediment. In addition, a wooded buffer zone will be preserved to lessen likelihood of contaminated stormwater from reaching Gilliam Creek.

4.1.5 Summary of Potential Pollutant Sources

The pollutant parameters of concern are total suspended sediment resulting from the excavation unloading/loading area and the access road. There are no other pollutant sources expected.

4.2 Measures and Controls

CSH will utilize a combination of best management practices, good housekeeping, preventive maintenance, spill response, inspections, employee training and recordkeeping to prevent storm water contamination as much as possible.

4.2.1 Best Management Practices

Silt fencing (SF) is specifically identified within the site as depicted in Figure 4 (see Appendix). Silt fencing BMP will follow design specifications as described in the Tennessee Erosion and Sediment Control Handbook (TNESCH). **All stormwater BMPs are designed to meet requirements for a 5 year 24 hour storm.** BMPs were selected with a goal to reduce flow velocity, minimize maintenance costs and maintain site compliance with state regulatory requirements.

4.2.2 Good Housekeeping

Site supervisor will ensure that the excavation site and unloading/loading area are kept clear of improperly stored soil and stone materials. Excavation equipment will be staged in the unloading/loading area where stormwater will drain into the excavation pit. There will be NO storage of petroleum products at or near the excavation site.

4.2.3 Preventive Maintenance

Best management practices (silt fencing) will be inspected and maintained/replaced as needed during the life of the excavation project. Access road will be graveled routinely to prevent sediment erosion.

4.2.4 Spill Prevention and Response Procedures

CSH will maintain a spill response kit on-site to respond to petroleum releases from re-filling activities and or equipment mechanical failures. The spill response kit will be inspected monthly to ensure it contains the proper materials.

4.2.5 Inspections

The site supervisor will conduct monthly visual inspections of best management practices to ensure proper function and protection of stormwater contamination. Access roads and the unloading/loading area will be inspected to ensure stormwater is routed properly through applied BMPs.

4.2.6 Employee Training

The site supervisor will conduct monthly training for on-site personnel to cover: spill response procedures, BMPs maintenance, good housekeeping, stone excavation procedures, proper equipment storage procedures, equipment re-fueling procedures and stormwater pollution prevention. New employees will be trained prior to start of work assignment.

4.2.7 Recordkeeping and Internal Reporting Procedures

The site supervisor will maintain: a log of visual BMP inspections, stormwater monitoring results/reports, spills reports and maintenance activity reports. A reporting procedure will be implemented that specifies requirements for developing and retaining records on the status and effectiveness of plan implementation.

4.2.8 Non-storm Water Discharges

Stormwater discharge from the proposed excavation site has been evaluated for the presence of non-stormwater discharges on 25 April 2022 by a professional geologist, Anthony A. Grow. Mr Grow observed the stormwater outfall location and noted no discharge of non-stormwater or industrial wastewaters.

4.2.9 Failure to Certify

Does not apply.

4.2.10 Sediment and Erosion Control

The proposed excavation site is relatively flat in topography. The only risk of sediment erosion is from the unloading/loading area and access road. Silt fencing BMP will be implemented surrounding these sediment sources prior to start of stone excavation activities. A 60-foot wooded buffer zone will be preserved between the excavation site and Big Fiery Gizzard and Gilliam creeks to minimize erosion. Excavation areas will be returned back to their original pre-

excavated form as much as possible. Vegetation will be re-established as soon as excavation activities are completed.

4.2.11 Management of Runoff

Stormwater runoff from the unloading/loading area will be routed to the excavation pit which will function as a sedimentation basin. Runoff from the access road will flow through the silt fencing BMP prior to discharge to the stormwater outfall.

4.3 Comprehensive Site Compliance Evaluation

A comprehensive site evaluation will be conducted once every six months by an environmental professional or professional geologist. Operational areas will be inspected for pollutants entering the drainage area. The site evaluation will (1) confirm the accuracy of described potential pollution sources contained in the SWPPP, (2) determine the effectiveness of the plan and (3) assess compliance with the terms and conditions of the permit. Measures and controls will be revised based on inspections no later than two weeks after a site evaluation. A report will be developed and retained on site for review by state officials. The report will document non-compliance incidents and certify that the facility is in compliance with pollution prevention plan requirements.

4.4 EPSC BMP Implementation Schedule

Implementing EPSC BMPs for the site will occur upon receipt of TDEC approval of the SWPPP. Re-vegetation will be completed within 60 days of project end date.

4.5 Stormwater Monitoring

During the term of this permit, CSH must monitor their stormwater discharges associated with industrial activity at least four times per calendar year (quarterly). Stormwater samples collected quarterly shall be analyzed per the following parameters:

**Table J-3. Benchmark Monitoring Requirement for SICs
1411, 1455, 1459, 1474-1479, 1481, 1488, 1499**

Pollutants of Concern	Benchmark
Total Suspended Solids (TSS)	150 mg/L

APPENDIX A

Figure 1. Site Location

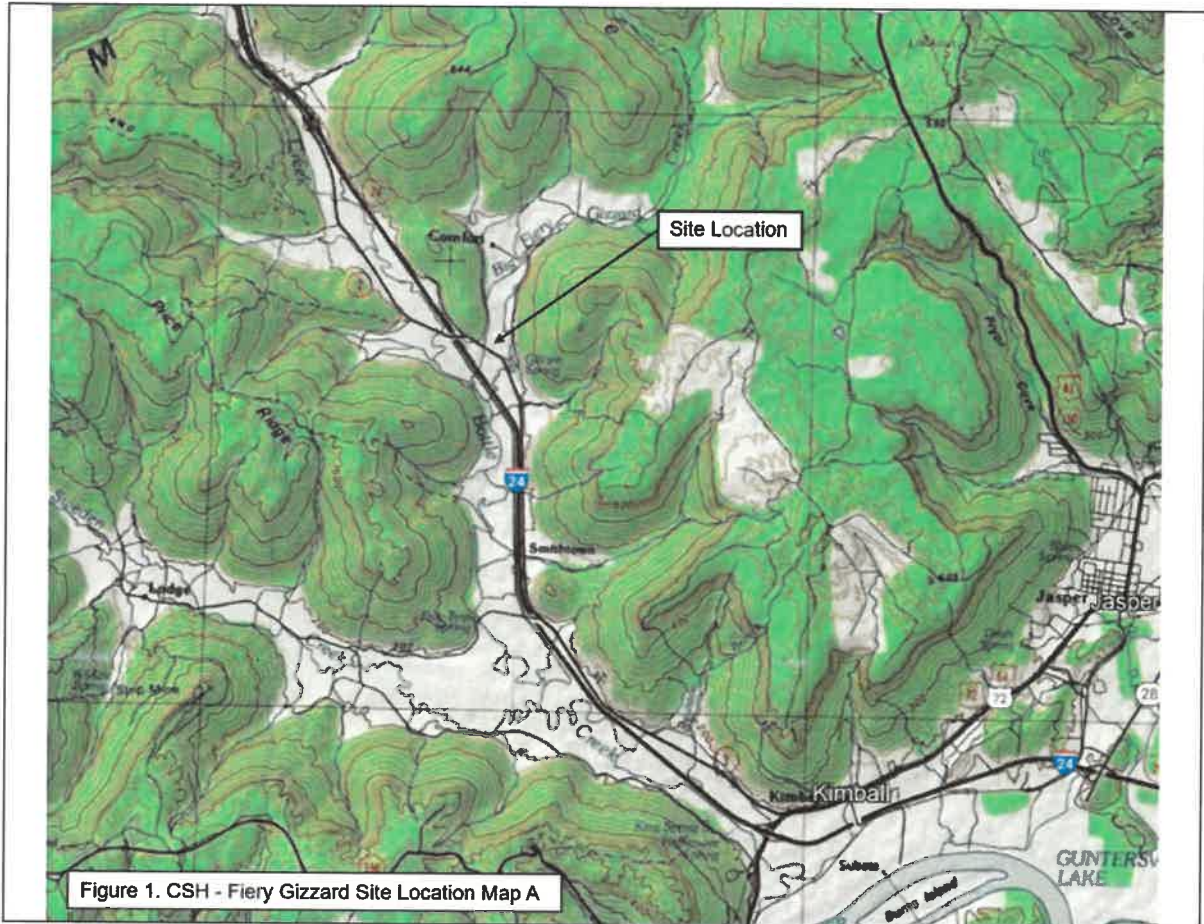


Figure 2. Topographic Map Showing Site Location

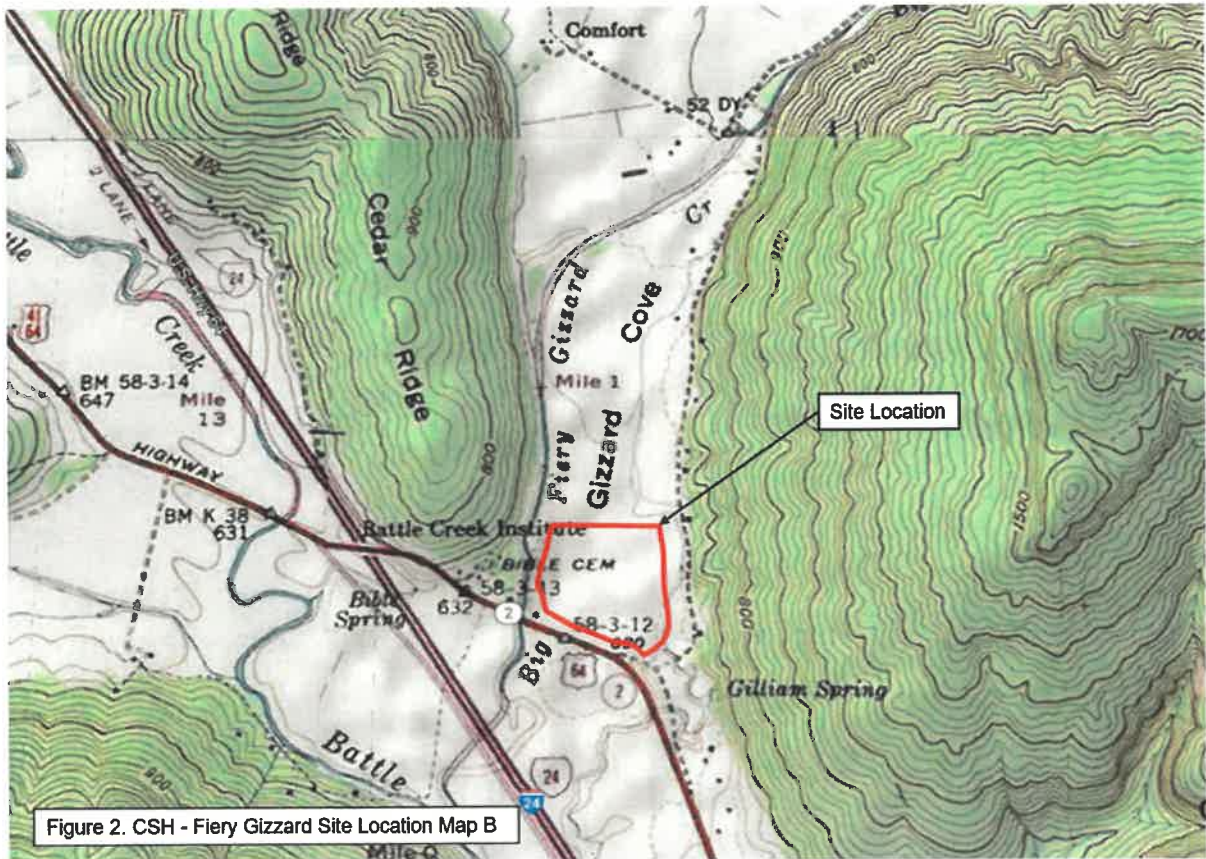
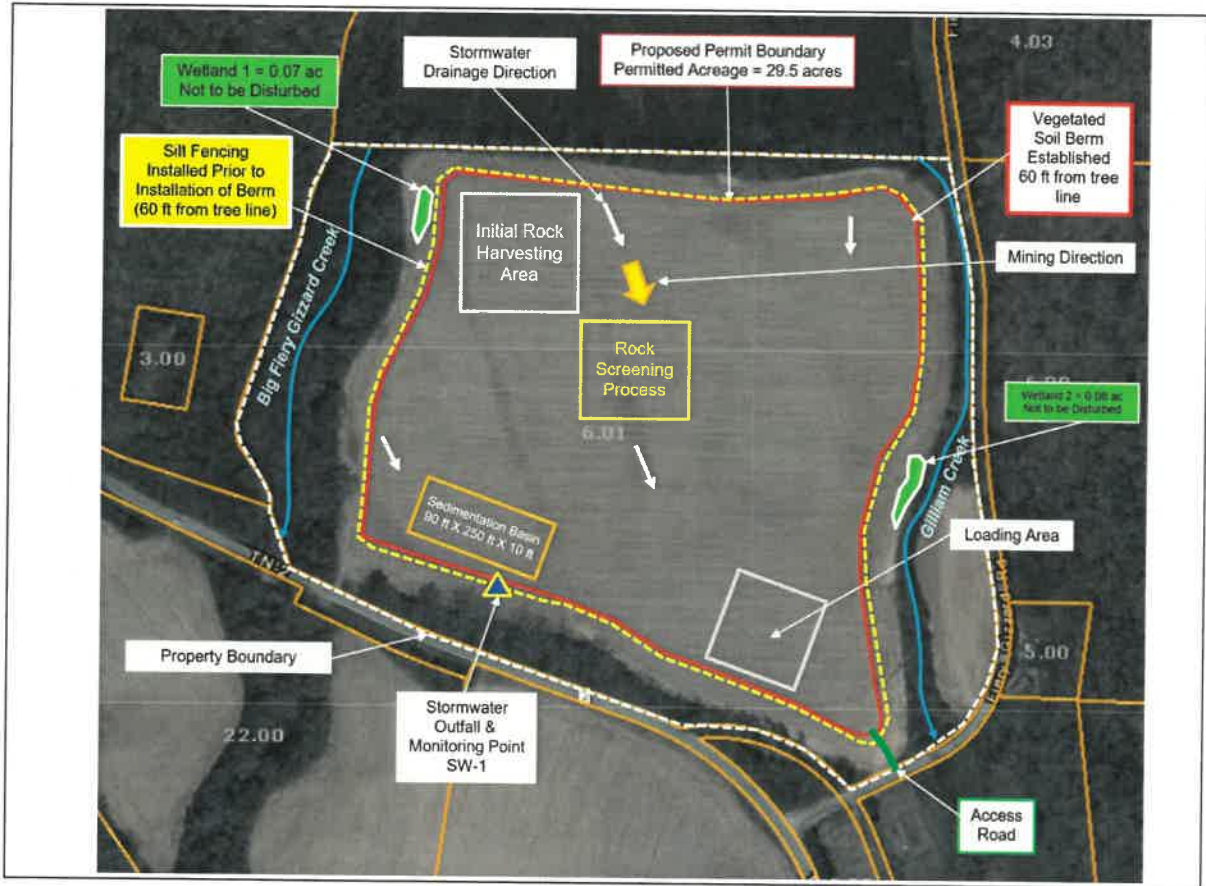


Figure 3. Aerial Map - Site Operations



APPENDIX B



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Filing Information

Name: **CSH, INC.**

General Information

SOS Control #	000412544	Formation Locale: TENNESSEE
Filing Type:	For-profit Corporation - Domestic	Date Formed: 08/13/2001
	08/13/2001 1:38 PM	Fiscal Year Close 12
Status:	Active	
Duration Term:	Perpetual	

Registered Agent Address
NED P RICH
1019 S MAIN ST
COLUMBIA, TN 38401-3731

Principal Address
1019 S MAIN ST
COLUMBIA, TN 38401-3731

The following document(s) was/were filed in this office on the date(s) indicated below:

Date Filed	Filing Description	Image #
03/01/2022	2021 Annual Report	B1169-8236
04/20/2021	Assumed Name	B1021-5845
	New Assumed Name Changed From: No Value To: Custom Stone Handlers	
01/28/2021	2020 Annual Report	B0974-3584
01/16/2020	2019 Annual Report	B0803-3158
01/17/2019	2018 Annual Report	B0642-0200
01/30/2018	2017 Annual Report	B0488-9043
	Principal Address 1 Changed From: 214 W 5TH ST To: 1019 S MAIN ST	
	Principal Postal Code Changed From: 38401-3268 To: 38401-3731	
	Registered Agent Physical Address 1 Changed From: 214 W 5TH ST To: 1019 S MAIN ST	
	Registered Agent Physical Address 2 Changed From: STE B To: No Value	
	Registered Agent Physical Postal Code Changed From: 38401-3269 To: 38401-3731	
02/17/2017	2016 Annual Report	B0346-9278
02/26/2016	2015 Annual Report	B0204-6366
03/03/2015	2014 Annual Report	B0056-9111
	Principal Address 1 Changed From: 1118 S GARDEN ST To: 214 W 5TH ST	
	Principal Postal Code Changed From: 38401-3724 To: 38401-3268	
03/21/2014	2013 Annual Report	7305-3173

Filing Information

Name: **CSH, INC.**

Registered Agent Physical Address 1 Changed From: 1118 S GARDEN ST To: 214 W 5TH ST

Registered Agent Physical Address 2 Changed From: No Value To: STE B

Registered Agent Physical Postal Code Changed From: 38401-3724 To: 38401-3269

04/02/2013 2012 Annual Report 7185-2475

06/19/2012 2011 Annual Report 7067-0021

Principal Postal Code Changed From: 38401 To: 38401-3724

06/02/2012 Notice of Determination A0123-0057

03/31/2011 2010 Annual Report 6869-0839

Principal County Changed From: Maury County To: Maury

06/28/2010 2009 Annual Report 6737-1567

06/03/2010 Notice of Determination A0023-0493

02/05/2009 2008 Annual Report 6440-0783

03/28/2008 2007 Annual Report 6269-1892

05/08/2007 2006 Annual Report 6054-0849

04/12/2006 2005 Annual Report 5768-0721

Principal Address Changed

Registered Agent Physical Address Changed

04/06/2006 Administrative Amendment 5760-0059

Mail Address Changed

07/13/2005 2004 Annual Report 5506-1263

Principal Address Changed

Registered Agent Physical Address Changed

Registered Agent Changed

06/14/2005 Notice of Determination ROLL 5484

03/24/2004 2003 Annual Report 5080-2231

05/13/2003 2002 Annual Report 4814-0695

11/06/2002 2001 Annual Report 4646-0875

11/06/2002 Application for Reinstatement 4646-0877

09/20/2002 Dissolution/Revocation - Administrative ROLL 4607

06/21/2002 Notice of Determination ROLL 4538

08/13/2001 Initial Filing 4269-0993

Active Assumed Names (if any)

	Date	Expires
Custom Stone Handlers	04/20/2021	04/20/2026



CSHINCC-01

DDUNNING

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
12/30/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Chappell, Smith & Associates 1006 Meryllinger Court PO Box 681209 Franklin, TN 37067	CONTACT NAME: Dawn Dunning	
	PHONE (A/C, No, Ext): (615) 435-8318	FAX (A/C, No): (615) 435-8338
E-MAIL ADDRESS: ddunning@chappellsmith.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: FCCI Insurance Co.		10178
INSURER B: National Trust Insurance Co.		20141
INSURER C: Accident Fund Insurance Co. of America		10166
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

CSH Inc. DBA Custom Stone Handlers
 P. O. Box 1855
 Columbia, TN 38402

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPP100036423 04	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA100009130-06	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB100020990-05	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WCV8010537	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Equipment Floater			CPP100036423 04	1/1/2022	1/1/2023	Leased/Rented \$ 750,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

PROOF OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

RELIANCE TITLE AGENCY, INC.

DATE: December 14, 2021

CSH, Inc.
Post Office Box 1855
Columbia, TN 38402

RE: 2021-1401 CSH, Inc.

Please find enclosed:

- ★ Warranty Deed(s)
- ★ Settlement Statement
- Title Insurance Commitment
- Title Insurance Policy
- Loan Proceeds
- Homeowner's Insurance Premium
- Commission Check
- Assignment of Rents
- Final Report of Title
- Deed of Trust

Relative to the recent real estate transaction closed by our Agency, for your records.

Should you have any questions or need further assistance please feel free to contact us.

We appreciate your allowing us to be of service to you!


Initials

28 Courthouse Square,
Suite 100
Jasper, TN 37347

PHONE 423-942-1430
FAX 423-942-1504
EMAIL vjones@cgcrta.com

BK/PG: 554/661-662
21006893

Prepared by and return to:
CAMERON & CAMERON, P.C.
28 Courthouse Square, Suite 100
Jasper, TN 37347; from information
supplied by the parties.

2 PGS:AL-WARRANTY DEED	
KIM BATCH: 85386	12/13/2021 - 09:24 AM
VALUE	400000.00
MORTGAGE TAX	0.00
TRANSFER TAX	1480.00
RECORDING FEE	10.00
ARCHIVE FEE	0.00
DP FEE	2.00
REGISTER'S FEE	1.00
TOTAL AMOUNT	1493.00

SEND TAX BILLS TO:	MAP/PARCEL NUMBER
CSH, Inc.	Map 086
Post Office Box 1855	Group
Columbia, TN 38402	Parcel 028.01

STATE OF TENNESSEE, MARION COUNTY
DEBBIE PITTMAN
REGISTER OF DEEDS

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of One (\$1.00) Dollar, cash in hand paid, and other good and valuable considerations, the receipt of which is hereby acknowledged, we, **MATTHEW D. GOLDTHWAITE** and wife, **CASSANDRA SI HUI TAN**, ("Grantors") do hereby bargain, sell, transfer and convey unto

CSH, INC.,

("Grantee"), its successors and assigns, the following described real estate, situated in the First Civil District of Marion County, Tennessee, and more particularly described as follows, to-wit:

Beginning on an iron corner on the east edge of Gizzard Cove Road, near the mouth of Birdwell Springs and the northeast corner of Denny going South 11 deg. 30 min. West crossing said road at 185 feet to the point of beginning of the herein described tract; thence continuing with the east line of Denny, South 11 deg. 30 min. West 178 feet to a stone at the foot of a walnut in a small branch and fence line; thence with said fence, South 84 deg. West 281 feet to a fence post on the bank of the creek; thence South 45 deg. West 548 feet to a fence post; thence South 63 deg. 30 min. West 447 feet to an iron corner at the foot of a walnut tree; thence South 63 deg. West 242 feet to a fence post; thence South 31 deg. West 300 feet; thence South 67 deg. West 440 feet to a fence post on the bank of the creek; thence South 31 deg. West 300 feet to a fence post; thence South 0 deg. West 100 feet to a fence post; thence South 21 deg. West 225 feet; thence South 1 deg. East 515 feet to a fence junction post on the bank of the creek; thence eastwardly with a fence to the west right-of-way of Gizzard Cove Road; thence with said right-of-way northwardly to the point at the edge of field south of a small branch; thence leaving said right-of-way westerly to the centerline of a powerline; thence with the centerline of said powerline, northwardly to the south side of a dirt farm road; thence with the south side of said dirt road northeasterly to the west right-of-way of Gizzard Cove Road; thence with said right-of-way to the point of beginning, containing 54.0 acres more or less.

PRIOR AND LAST DEED REFERENCE: Book 541, Page 1666, et seq., in the Register's Office of Marion County, Tennessee.

TO HAVE AND TO HOLD the same unto the Grantee, its successors and

assigns, forever in fee simple.

GRANTORS COVENANT that they are lawfully seized and possessed of said real estate; that they have a good, perfect and lawful right to sell and convey the same; that the title so conveyed is free, clear and unencumbered; except for the lien of the 2021 real property taxes, which shall be prorated as of the date of this instrument and paid; and that they will warrant and forever defend the title thereto against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, we have hereunto set our signatures, on this the 9th day of December, 2021.

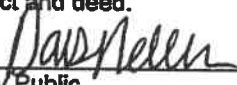


MATTHEW D. GOLDTHWAITE


CASSANDRA SI HUI TAN

STATE OF North Carolina
COUNTY OF Quitford

On this the 9th day of December, 2021, before me personally appeared Matthew D. Goldthwaite and wife, Cassandra Si Hui Tan, to me known to be or proved to me on the basis of satisfactory evidence to be the persons described in and who executed the foregoing instrument and who acknowledged that they executed the same as their free act and deed.



Notary Public
My commission expires: June 20, 2024

DAISY TELLEZ
Notary Public
Forsyth Co., North Carolina
My Commission Expires June 20, 2024

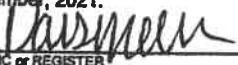
CONSIDERATION AFFIDAVIT

I, or we, hereby swear or affirm that the actual consideration for this transfer, or value of the property or interest in property transferred, whichever is greater is \$400,000.00, which amount is equal to or greater than the amount which the property or interest in property transferred would command at a fair and voluntary sale.



AFFIANT

Subscribed and sworn to before me this 9th
day of December, 2021.



NOTARY PUBLIC or REGISTER
My Commission expires: June 20, 2024

DAISY TELLEZ
Notary Public
Forsyth Co., North Carolina
My Commission Expires June 20, 2024

A. U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT SETTLEMENT STATEMENT	B. TYPE OF LOAN:				
	1. <input type="checkbox"/> FHA	2. <input type="checkbox"/> FmHA	3. <input type="checkbox"/> CONV. UNINS.	4. <input type="checkbox"/> VA	5. <input type="checkbox"/> CONV. INS.
	6. FILE NUMBER: 2021-1401			7. LOAN NUMBER:	
	8. MORTGAGE INS CASE NUMBER:				

C. NOTE: This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agent are shown. Items marked "POC" were paid outside the closing; they are shown here for informational purposes and are not included in the totals.


D. NAME AND ADDRESS OF BORROWER: CSH, Inc. Post Office Box 1855 Columbia, TN 38402	E. NAME AND ADDRESS OF SELLER: Matthew D. Goldthwaite and wife, Cassandra Si Hui Tan 4412 Edbury Court High Point, NC 27285	F. NAME AND ADDRESS OF LENDER: _____ _____ _____
--	--	--

G. PROPERTY LOCATION: 54 Fiery Glzard Road South Pittsburg, TN 37380 Marion County, Tennessee	H. SETTLEMENT AGENT: Reliance Title Agency, Inc. PLACE OF SETTLEMENT 28 Courthouse Square, Suite 100 Jasper, TN 37347	I. SETTLEMENT DATE: December 21, 2021
---	---	---

J. SUMMARY OF BORROWER'S TRANSACTION	
100. GROSS AMOUNT DUE FROM BORROWER:	
101. Contract Sales Price	400,000.00
102. Personal Property	
103. Settlement Charges to Borrower (Line 1400)	3,180.50
104.	
105.	
<i>Adjustments For Items Paid By Seller in advance</i>	
106. City/Town Taxes to	
107. County Taxes 12/22/21 to 01/01/22	34.44
108. Assessments to	
109.	
110.	
111.	
112.	
120. GROSS AMOUNT DUE FROM BORROWER	403,214.94
200. AMOUNTS PAID BY OR IN BEHALF OF BORROWER:	
201. Deposit or earnest money	5,000.00
202. Principal Amount of New Loan(s)	
203. Existing loan(s) taken subject to	
204.	
205.	
206.	
207.	
208.	
<i>Adjustments For Items Unpaid By Seller</i>	
210. City/Town Taxes to	
211. County Taxes to	
212. Assessments to	
213.	
214.	
215.	
216.	
217.	
218.	
219.	
220. TOTAL PAID BY/FOR BORROWER	5,000.00
300. CASH AT SETTLEMENT FROM/TO BORROWER:	
301. Gross Amount Due From Borrower (Line 120)	403,214.94
302. Less Amount Paid By/FoR Borrower (Line 220)	(5,000.00)
303. CASH (X FROM) (TO) BORROWER	398,214.94

K. SUMMARY OF SELLER'S TRANSACTION	
400. GROSS AMOUNT DUE TO SELLER:	
401. Contract Sales Price	400,000.00
402. Personal Property	
403.	
404.	
405.	
<i>Adjustments For Items Paid By Seller in advance</i>	
406. City/Town Taxes to	
407. County Taxes to	
408. Assessments to	
409.	
410.	
411.	
412.	
420. GROSS AMOUNT DUE TO SELLER	400,000.00
500. REDUCTIONS IN AMOUNT DUE TO SELLER:	
501. Excess Deposit (See Instructions)	
502. Settlement Charges to Seller (Line 1400)	32,350.00
503. Existing loan(s) taken subject to	
504. Payoff of first Mortgage to Citizens Tri-County Ba	174,577.42
505. Payoff of second Mortgage	
506.	
507. (Deposit disb. as proceeds)	
508.	
509.	
<i>Adjustments For Items Unpaid By Seller</i>	
510. City/Town Taxes to	
511. County Taxes 01/01/21 to 12/22/21	1,222.56
512. Assessments to	
513.	
514.	
515.	
516.	
517.	
518.	
519.	
520. TOTAL REDUCTION AMOUNT DUE SELLER	208,149.98
600. CASH AT SETTLEMENT TO/FROM SELLER:	
601. Gross Amount Due To Seller (Line 420)	400,000.00
602. Less Reductions Due Seller (Line 520)	(208,149.98)
603. CASH (X TO) (FROM) SELLER	191,850.02

The undersigned hereby acknowledge receipt of a completed copy of pages 1&2 of this statement & any attachments referred to herein.

Borrower
 CSH, Inc.
 BY: 

Seller
 Matthew D. Goldthwaite

 Cassandra Si Hui Tan

A. U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT SETTLEMENT STATEMENT	B. TYPE OF LOAN:				
	1. <input type="checkbox"/> FHA	2. <input type="checkbox"/> FmHA	3. <input type="checkbox"/> CONV. UNINS.	4. <input type="checkbox"/> VA	5. <input type="checkbox"/> CONV. INS.
	6. FILE NUMBER: 2021-1401			7. LOAN NUMBER:	
	8. MORTGAGE INS CASE NUMBER:				

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D. NAME AND ADDRESS OF BORROWER: CSH, Inc. Post Office Box 1855 Columbia, TN 38402	E. NAME AND ADDRESS OF SELLER: Matthew D. Goldthwaite and wife, Cassandra Si Hui Tan 4412 Edbury Court High Point, NC 27265	F. NAME AND ADDRESS OF LENDER:
--	--	---------------------------------------

G. PROPERTY LOCATION: 54 Fiery Gizzard Road South Pittsburg, TN 37380 Marion County, Tennessee	H. SETTLEMENT AGENT: Reliance Title Agency, Inc. PLACE OF SETTLEMENT 28 Courthouse Square, Suite 100 Jasper, TN 37347	I. SETTLEMENT DATE: December 21, 2021
--	---	---

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104.	
105.	
<i>Adjustments For Items Paid By Seller in advance</i>	
106. City/Town Taxes to	
107. County Taxes 12/22/21 to 01/01/22	34.44
108. Assessments to	
109.	
110.	
111.	
112.	
120. GROSS AMOUNT DUE FROM BORROWER	403,214.94
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202. Principal Amount of New Loan(s)	
203. Existing loan(s) taken subject to	
204.	
205.	
206.	
207.	
208.	
209.	
<i>Adjustments For Items Unpaid By Seller</i>	
210. City/Town Taxes to	
211. County Taxes to	
212. Assessments to	
213.	
214.	
215.	
216.	
217.	
218.	
219.	
220. TOTAL PAID BY/FOR BORROWER	5,000.00
300. CASH AT SETTLEMENT FROM/TO BORROWER:	
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302. Less Amount Paid By/For Borrower (Line 220)	(5,000.00)
303. CASH (X FROM) (TO) BORROWER	398,214.94

K. SUMMARY OF SELLER'S TRANSACTION	
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404.	
405.	
<i>Adjustments For Items Paid By Seller in advance</i>	
406. City/Town Taxes to	
407. County Taxes to	
408. Assessments to	
409.	
410.	
411.	
412.	
420. GROSS AMOUNT DUE TO SELLER	400,000.00
500. REDUCTIONS IN AMOUNT DUE TO SELLER:	
501. Excess Deposit (See Instructions)	
502. Settlement Charges to Seller (Line 1400)	32,350.00
503. Existing loan(s) taken subject to	
504. Payoff of first Mortgage to Citizens Tri-County Ba	174,577.42
505. Payoff of second Mortgage	
506.	
507. (Deposit disb. as proceeds)	
508.	
509.	
<i>Adjustments For Items Unpaid By Seller</i>	
510. City/Town Taxes to	
511. County Taxes 01/01/21 to 12/22/21	1,222.56
512. Assessments to	
513.	
514.	
515.	
516.	
517.	
518.	
519.	
520. TOTAL REDUCTION AMOUNT DUE SELLER	208,149.98
600. CASH AT SETTLEMENT TO/FROM SELLER:	
601. Gross Amount Due To Seller (Line 420)	400,000.00
602. Less Reductions Due Seller (Line 520)	(208,149.98)
603. CASH (X TO) (FROM) SELLER	191,850.02

The undersigned hereby acknowledge receipt of a completed copy of pages 1&2 of this statement & any attachments referred to herein.

Borrower **CSH, Inc.**
 BY: _____

Seller
 Matthew D. Goldthwaite
 Cassandra Si Hui Tan

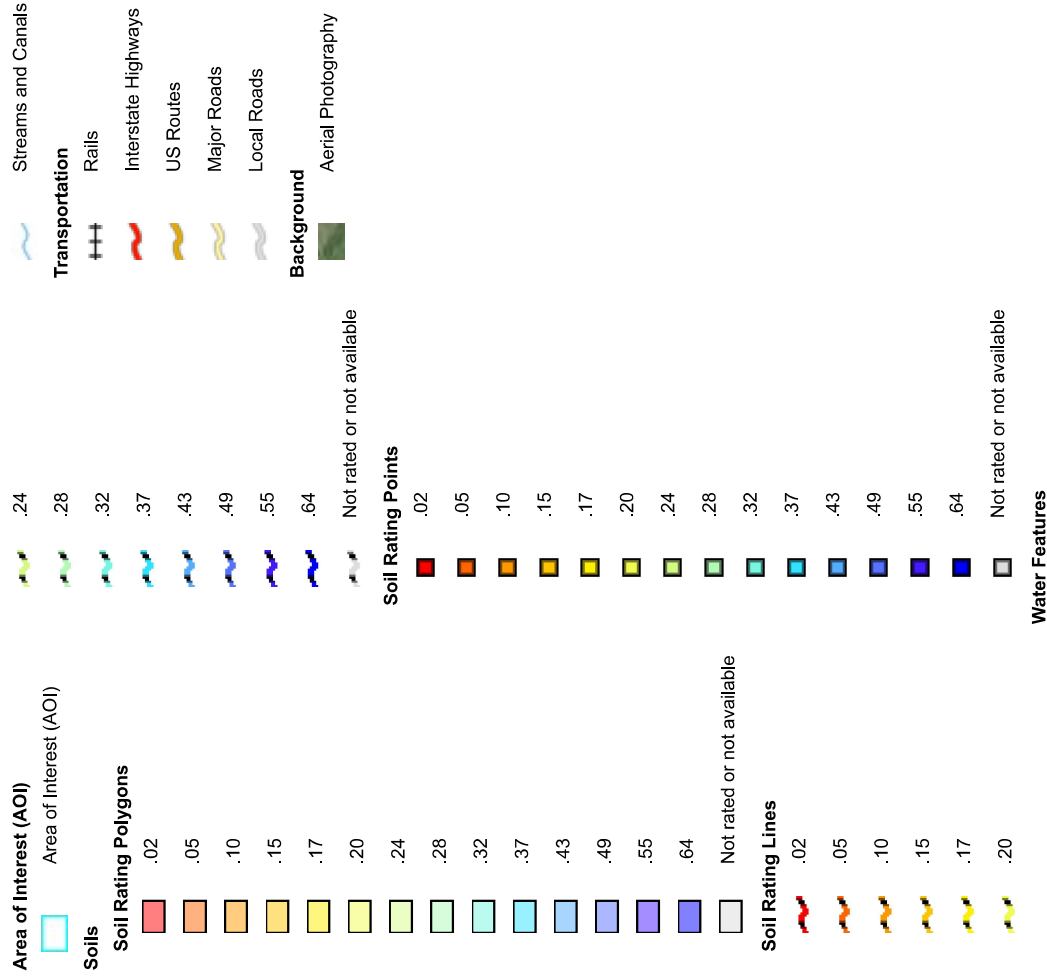
L. SETTLEMENT CHARGES					PAID FROM BORROWERS FUNDS AT SETTLEMENT	PAID FROM SELLER'S FUNDS AT SETTLEMENT
700. TOTAL COMMISSION Based on Price	\$	400,000.00	@ 8.0000 %	32,000.00		
<i>Division of Commission (line 700) as Follows:</i>						
701. \$ 32,000.00	to	Mossy Oak Properties Land Sales, LLC				
702. \$	to					
703. Commission Paid at Settlement						32,000.00
704.	to					
800. ITEMS PAYABLE IN CONNECTION WITH LOAN						
801. Loan Origination Fee	%	to				
802. Loan Discount	%	to				
803. Appraisal Fee		to				
804. Credit Report		to				
805. Lender's Inspection Fee		to				
806. Mortgage Ins. App. Fee		to				
807. Assumption Fee		to				
808.						
809.						
810.						
811.						
900. ITEMS REQUIRED BY LENDER TO BE PAID IN ADVANCE						
901. Interest From	to	@ \$	/day (days	%)	
902. Mortgage Insurance Premium for	months to					
903. Hazard Insurance Premium for	1.0 years to					
904.						
905.						
1000. RESERVES DEPOSITED WITH LENDER						
1001. Hazard Insurance	@ \$		per			
1002. Mortgage Insurance	@ \$		per			
1003. City/Town Taxes	@ \$		per			
1004. County Taxes	@ \$		per			
1005. Assessments	@ \$		per			
1006.	@ \$		per			
1007.	@ \$		per			
1008.	@ \$		per			
1100. TITLE CHARGES						
1101. Settlement or Closing Fee	to	Reliance Title Agency, Inc.				250.00
1102. Abstract or Title Search	to	Reliance Title Agency, Inc.				250.00
1103. Title Examination	to					
1104. Title Insurance Binder	to					
1105. Document Preparation	to	Reliance Title Agency, Inc.				100.00
1106. Notary Fees	to					
1107. Attorney's Fees	to					
<i>(includes above item numbers:)</i>						
1108. Title Insurance	to					1,137.50
<i>(includes above item numbers:)</i>						
1109. Lender's Coverage	\$					
1110. Owner's Coverage	\$	400,000.00			1,137.50	
1111. Closing Protection Letter	to					50.00
1112.						
1113.						
1200. GOVERNMENT RECORDING AND TRANSFER CHARGES						
1201. Recording Fees: Deed \$	13.00;	Mortgage \$		Releases \$		13.00
1202. City/County Tax/Stamps: Deed				Mortgage		
1203. State Tax/Stamps: Revenue Stamps		1,480.00;	Mortgage			1,480.00
1204.						
1205.						
1300. ADDITIONAL SETTLEMENT CHARGES						
1301. Survey	to					
1302. Pest Inspection	to					
1303.						
1304.						
1305.						
1400. TOTAL SETTLEMENT CHARGES (Enter on Lines 103, Section J and 502, Section K)						3,180.50
						32,350.00

By signing page 1 of this statement, the signatories acknowledge receipt of a completed copy of page 2 of this two page statement.

Certified to be a true copy.

Reliance Title Agency, Inc.
Settlement Agent

MAP LEGEND



MAP INFORMATION

The soil surveys that comprise your AOI were mapped at 1:20,000.

Warning: Soil Map may not be valid at this scale.

Enlargement of maps beyond the scale of mapping can cause misunderstanding of the detail of mapping and accuracy of soil line placement. The maps do not show the small areas of contrasting soils that could have been shown at a more detailed scale.

Please rely on the bar scale on each map sheet for map measurements.

Source of Map: Natural Resources Conservation Service
Web Soil Survey URL:
Coordinate System: Web Mercator (EPSG:3857)

Maps from the Web Soil Survey are based on the Web Mercator projection, which preserves direction and shape but distorts distance and area. A projection that preserves area, such as the Albers equal-area conic projection, should be used if more accurate calculations of distance or area are required.

This product is generated from the USDA-NRCS certified data as of the version date(s) listed below.

Soil Survey Area: Marion County, Tennessee
Survey Area Data: Version 20, Sep 15, 2022

Soil map units are labeled (as space allows) for map scales 1:50,000 or larger.

Date(s) aerial images were photographed: Mar 20, 2021—Apr 27, 2021

The orthophoto or other base map on which the soil lines were compiled and digitized probably differs from the background imagery displayed on these maps. As a result, some minor shifting of map unit boundaries may be evident.

K Factor, Whole Soil

Map unit symbol	Map unit name	Rating	Acres in AOI	Percent of AOI
Ha	Hamblen loam	.32	1.5	5.2%
Ma	Melvin silty clay loam	.37	0.1	0.2%
Sl	Staser fine sandy loam	.20	0.5	1.8%
Sm	Staser loam	.28	26.9	92.8%
Totals for Area of Interest			29.0	100.0%

Description

Erosion factor K indicates the susceptibility of a soil to sheet and rill erosion by water. Factor K is one of six factors used in the Universal Soil Loss Equation (USLE) and the Revised Universal Soil Loss Equation (RUSLE) to predict the average annual rate of soil loss by sheet and rill erosion in tons per acre per year. The estimates are based primarily on percentage of silt, sand, and organic matter and on soil structure and saturated hydraulic conductivity (Ksat). Values of K range from 0.02 to 0.69. Other factors being equal, the higher the value, the more susceptible the soil is to sheet and rill erosion by water.

"Erosion factor Kw (whole soil)" indicates the erodibility of the whole soil. The estimates are modified by the presence of rock fragments.

Factor K does not apply to organic horizons and is not reported for those layers.

Rating Options

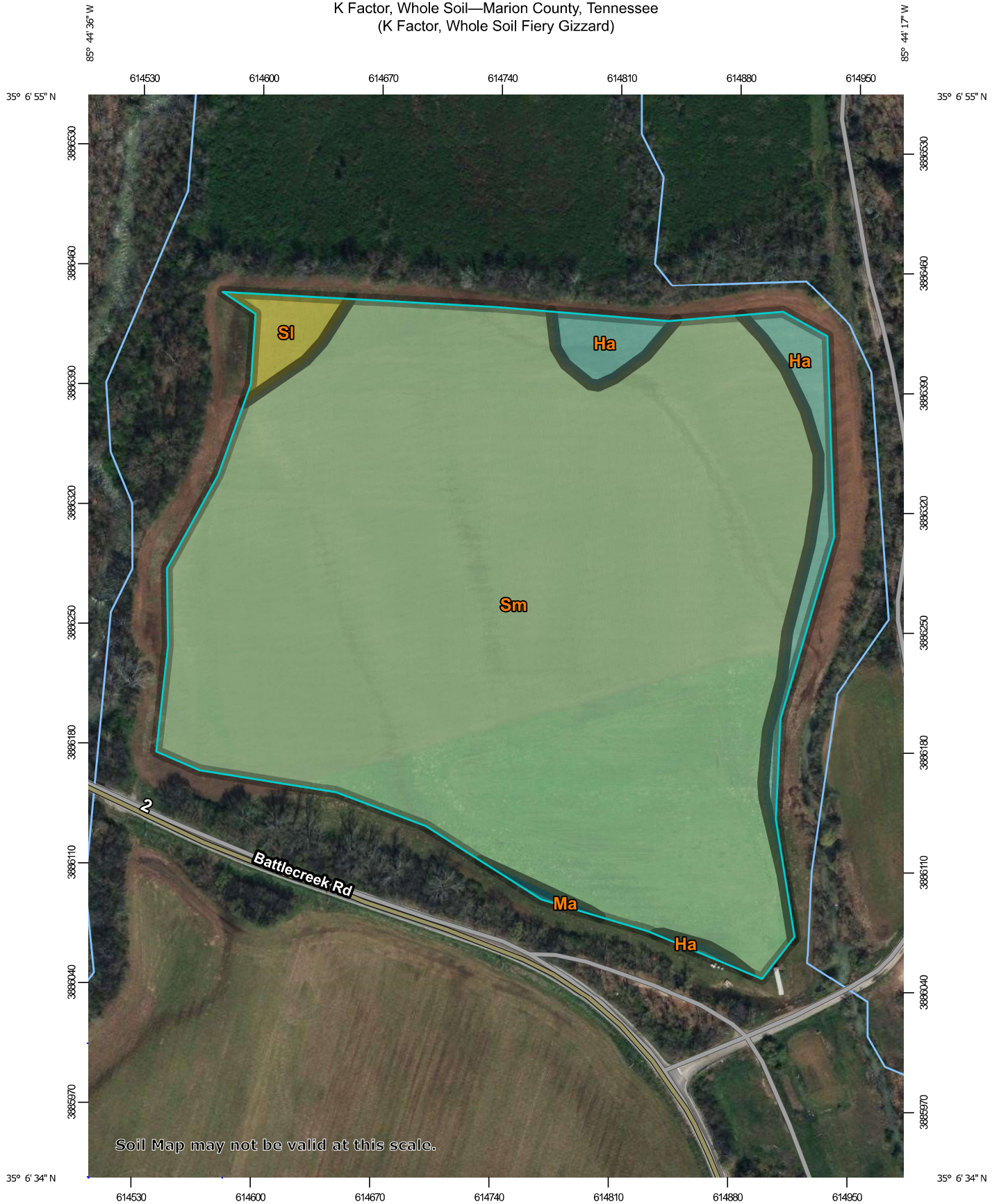
Aggregation Method: Dominant Condition

Component Percent Cutoff: None Specified

Tie-break Rule: Higher

Layer Options (Horizon Aggregation Method): Surface Layer (Not applicable)

K Factor, Whole Soil—Marion County, Tennessee
(K Factor, Whole Soil Fiery Gizzard)



Map Scale: 1:3,080 if printed on A portrait (8.5" x 11") sheet.



Map projection: Web Mercator Corner coordinates: WGS84 Edge tics: UTM Zone 16N WGS84

Pre-Mine Soil Loss

$$A = R * K * L * S * C * P$$

A = average annual soil loss (tons/acre/year)

R = rainfall and runoff erosivity index for the geographic location

K = soil erodibility factor

L = slope length factor

S = slope steepness factor

C = cover management factor

P = conservation practice factor

R = **329** <https://lew.epa.gov/> (Use 1 year time period.)

K = **0.281** <https://websoilsurvey.sc.egov.usda.gov/App/WebSoilSurvey.aspx>

Define area of interest on map using :



Click Soil Data Explorer (top of page)

Click Soil Properties and Qualities (next row)

Click Soil Erosion Factors (side menu)

Click K factor, whole soil

Click View Rating

	Rating	Acres
Sm	0.28	26.9
Ha	0.32	1.5
Sl	0.2	0.5
Ma	0.37	0.1

LS = **0.12** [Disturbed Soil](#) [Vegetated Land](#)

(Use total length of area and average slope.)

(Use pre-mine conditions.)

C = **0.36** Table on Sheet 2 (Use pre-mine conditions.)

P = **1** (Generally = 1; If conservation farming practices are used, then = .5)

(Use pre-mine conditions.)

A = **3.9937968** tons of soil lost per acre per year before mining

Post-Mine Soil Loss	
Permit Sediment Effluent Limit:	40 mg/L
Average Annual Rainfall:	54 inches
0.244738057	tons of soil lost per acre per year under NPDES limits

LS Determination

Flow Lines

	Slope %	Distance (ft)
Line 7	0.5	824
Line 8	0.5	824
Line 9	0.7	824
Line 10	0.5	824
Line 11	0.5	824
Line 12	0.6	824
Line 13	0.6	824
Line 14	0.5	824
Line 15	0.7	824
Line 16	0.6	824
Line 18	0.7	824
Line 19	0.5	824
AVG	0.575	824
USED	0.5	824

Table 7.2 Typical C-Factors for a Number of Land

Vegetation	Autumn Conventional	Till Spring Convent
Corn Belt		
Continuous corn or soybeans	0.40	0.36
Corn and soybean rotation	0.40	0.35
Corn-corn-oats-meadow	0.14	0.12
Corn-oats-meadow-meadow	0.06	0.05
Permanent pasture (good)		
Permanent pasture (poor)		
Wheat Belt		Convent
Winter wheat-fallow		0.20
Spring barley		0.06
Wheat-barley-fallow rotation		0.21
Other Crops		Convent
Winter wheat and pea rotation		0.11
Cotton		0.40
Peanuts-use soybeans		
Sorghum-use corn		
Non Agricultural		Good
Rangeland		0.0
Forest		0.0
Forest after fire		0.0
Unpaved road		0.3
Construction Site		0.5

^[a] These values are for example only; contact local agencies for local

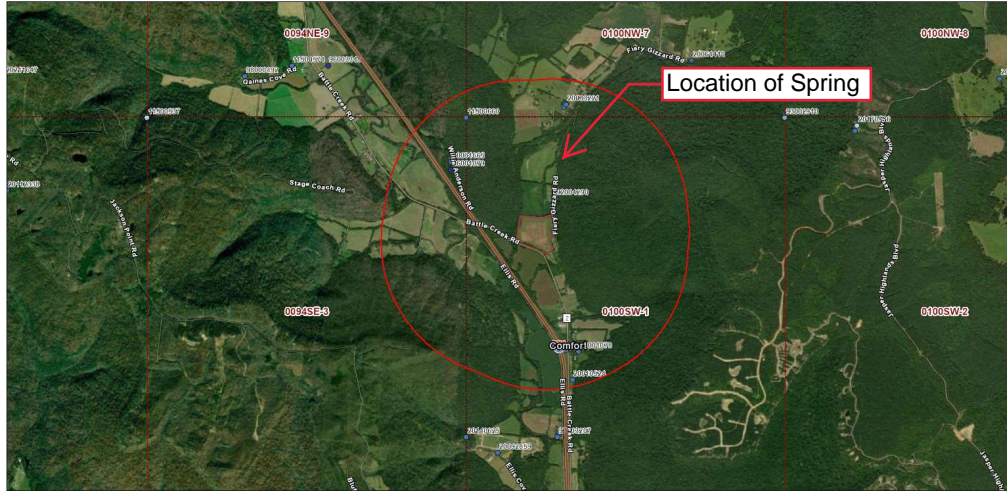
and Cover Conditions^[a]

Large Practice		
g	Spring	
ional	Conservation	No-Till
5	0.27	0.10
5	0.24	0.10
2	0.11	0.07
5	0.03	0.03
		0.01
		0.04
ional	Conservation	No-Till
0	0.17	0.04
6	0.02	
1	0.13	0.02
ional	Conservation	
1	0.02	
0	0.30	
ood	Poor	
1	0.15	
01	0.002	
01	0.15	
35	0.45	
50	1.00	
cal C-factors.		

Area of Interest (AOI) Information

Area : 2,682.21 acres

Mar 29 2023 12:12:21 Central Daylight Time



WLTS Well Locations [PUBLIC]

- 0 - 100
- 100 - 200
- 200 - 300
- 300 - 400
- 7.5' Quadrangle Boundaries
- Quadrangle 9th Boundaries



ESRI, HERE, Garmin, Swiftnode, GeoTechnologies, Inc., MIET, NASA, USGS, EPA, NPS, US Census Bureau, USDA, Maxwell

Summary

Name	Count	Area(acres)	Length(mi)
WLTS Well Locations [PUBLIC]	14	N/A	N/A

WLTS Well Locations [PUBLIC]

#	WELL_NUMBR	DRILLER_TAG_NUMBR	INSPECTION_TAG_NUMBR	CMLPTN_DATE	CMLPTN_TOTAL_DEPTH	FINISH_TYPE	FINISH_FROM_FT	FINISH_TO_FT
1	96001078	D0015291	016685	3/25/1996	162	Open Hole	120	162.00
2	96001079	D0015292	016676	3/26/1996	82	Open Hole	21	82.00
3	98000367	D0027686	020467	1/19/1998	161	Open Hole	120	161.00
4	11500766	----	----	7/4/1988	110	Open Hole	20	110.00
5	92004290	----	----	12/20/1992	182	Open Hole	41	182.00
6	11500494	----	----	2/23/1983	85	----	----	----
7	11500630	----	----	10/14/1985	125	Open Hole	87	125.00
8	11500660	----	----	3/16/1987	138	Open Hole	54	138.00
9	20010524	D0052807	----	1/16/2001	120	Slotted	71	112.00
10	20014801	D0056930	----	10/28/2001	122	Slotted	101	122.00
11	20031665	D0060532	047833	5/19/2003	154	Open Hole	20	154.00
12	20033221	D0062565	047865	10/23/2003	145	Open Hole	119	145.00
13	20130620	D0096994	056890	3/13/2013	70	Open Hole	27	64.00
14	20230347	D0126503	----	10/24/2022	120	Open Hole	105	115.00

#	CMLPTN_ESTIMATED_YIELD	CMLPTN_STATIC_LEVEL	QUALITY	CASING_TYPE	CASING_FEET_BELOW_GROUND	QUAD_NAME	QUAD_NUMBR	QUAD_NTH
1	20.00	32	Good	Steel	120	SOUTH-PITTSBURG	0100SW	1
2	5.00	40	Good	Steel	21	ORME	0094SE	3
3	6.00	39	Good	Steel	98	SOUTH-PITTSBURG	0100SW	1
4	3.00	30	----	Steel	20	MONTEAGLE	0094NE	9
5	40.00	35	Good	Steel	41	SOUTH-PITTSBURG	0100SW	1
6	20.00	25	Good	Steel	46	MONTEAGLE	0094NE	9
7	----	60	----	Steel	87	MONTEAGLE	0094NE	9
8	20.00	32	Bad	Steel	54	MONTEAGLE	0094NE	9
9	32.00	60	Clear	Steel	71	SOUTH-PITTSBURG	0100SW	1
10	20.00	35	Clear	Steel	103	WHITE-CITY	0100NW	7
11	40.00	100	Clear	Steel	20	ORME	0094SE	3
12	15.00	34	Clear	Steel	84	WHITE-CITY	0100NW	7
13	25.00	19	Clear	Steel	26	SOUTH-PITTSBURG	0100SW	1
14	50.00	15	Dingy	Galvanized	105	----	----	----

#	LATITUDE_DD	LONGITUDE_DD	COUNTY_NAME	OWNER_NAME	LOCATION	INSPECTION_DATE	LICENSE_CODE	ACCURACY
1	35.10000	-85.73528	MARION	----	DIXIE HWY 64	5/15/1996, 7:00 PM	571	F
2	35.11944	-85.75194	MARION	ED GRAY	WILLIE ANDERSON	5/15/1996, 7:00 PM	571	F
3	35.10000	-85.73806	MARION	----	BATTLE CREEK RD	3/30/1998, 6:00 PM	571	F
4	35.12500	-85.75000	MARION	BARBARA A TATREEN	RURAL ROAD	----	378	----
5	35.11639	-85.73833	MARION	ROGER RECTOR	544 FIERY GIZZARD RD	----	571	----
6	35.12500	-85.75000	MARION	----	----	----	68	----
7	35.12500	-85.75000	MARION	RICHARD JONES	I 24 MARTIN SPR	----	8	----
8	35.12500	-85.75000	MARION	WALTER MCCLAIN	INTERSTATE 24	----	571	----
9	35.09694	-85.73611	MARION	BEN RICHARDS	135 GOFF- PAYNE RD	----	572	----
10	35.12611	-85.73722	MARION	JIM HARGIS	204 HASKEW GIZZARD COVE	----	571	----
11	35.12028	-85.75194	MARION	LENNY GRAY	775 WILLIE ANDERSON RD	5/4/2006, 7:00 PM	8	F
12	35.12639	-85.73694	MARION	JIM HARGIS	204 HASKEW RD. (GIZZARD COVE)	5/4/2006, 7:00 PM	571	F
13	35.11583	-85.73861	MARION	PHYLISS BURGESS	543 FIERY GIZZARD RD	8/28/2013, 7:00 PM	572	F
14	35.10010	-85.73694	MARION	MIKE CARDEN	1305 ELLIS RD	----	936	----

#	WELL_USE	FORM_LOG	Potential Orphan Well:	Driller Report Link	Count
1	Other	N	----	https://dataviewers.tdec.tn.gov/dataviewers/f?p=2005:39930::::P39930_WELL_REPORT_NUMBER:96001078	1
2	Residential	N	----	https://dataviewers.tdec.tn.gov/dataviewers/f?p=2005:39930::::P39930_WELL_REPORT_NUMBER:96001079	1
3	Other	N	----	https://dataviewers.tdec.tn.gov/dataviewers/f?p=2005:39930::::P39930_WELL_REPORT_NUMBER:98000367	1
4	Residential	N	Yes	https://dataviewers.tdec.tn.gov/dataviewers/f?p=2005:39930::::P39930_WELL_REPORT_NUMBER:11500766	1
5	Residential	N	----	https://dataviewers.tdec.tn.gov/dataviewers/f?p=2005:39930::::P39930_WELL_REPORT_NUMBER:92004290	1
6	----	N	Yes	https://dataviewers.tdec.tn.gov/dataviewers/f?p=2005:39930::::P39930_WELL_REPORT_NUMBER:11500494	1
7	Commercial	N	Yes	https://dataviewers.tdec.tn.gov/dataviewers/f?p=2005:39930::::P39930_WELL_REPORT_NUMBER:11500630	1
8	Commercial	N	Yes	https://dataviewers.tdec.tn.gov/dataviewers/f?p=2005:39930::::P39930_WELL_REPORT_NUMBER:11500660	1
9	Residential	Y	----	https://dataviewers.tdec.tn.gov/dataviewers/f?p=2005:39930::::P39930_WELL_REPORT_NUMBER:20010524	1
10	Residential	Y	----	https://dataviewers.tdec.tn.gov/dataviewers/f?p=2005:39930::::P39930_WELL_REPORT_NUMBER:20014801	1
11	Residential	Y	----	https://dataviewers.tdec.tn.gov/dataviewers/f?p=2005:39930::::P39930_WELL_REPORT_NUMBER:20031665	1
12	Residential	Y	----	https://dataviewers.tdec.tn.gov/dataviewers/f?p=2005:39930::::P39930_WELL_REPORT_NUMBER:20033221	1
13	Residential	Y	----	https://dataviewers.tdec.tn.gov/dataviewers/f?p=2005:39930::::P39930_WELL_REPORT_NUMBER:20130620	1
14	Residential	Y	----	https://dataviewers.tdec.tn.gov/dataviewers/f?p=2005:39930::::P39930_WELL_REPORT_NUMBER:20230347	1

Well Data Disclaimer:

These data should not be used as an endpoint for decision making purposes in instances such as spill response or the locating of a well in proximity to other features (e.g., property lines, septic systems, buildings etc.). All well locations should be field verified by the user before decisions are made.

There may be records in the State's water well database that do not contain reliable locational information, specifically with respect to the reported latitude and longitude. The database includes entries reported as far back as the 1920s and the accuracy of locational information depends on the type of instruments (e.g., topographic map, address, GPS, etc.) used to record/report the location as well as the diligence of the reporting entity. Some wells are located only to the quadrangle ninth. The user will notice these wells mapped in the southeast (lower right) corner of the corresponding quadrangle ninth polygon. It is suggested that the user review the data using the provided coordinates in conjunction with the location/address, and the well owner's name.

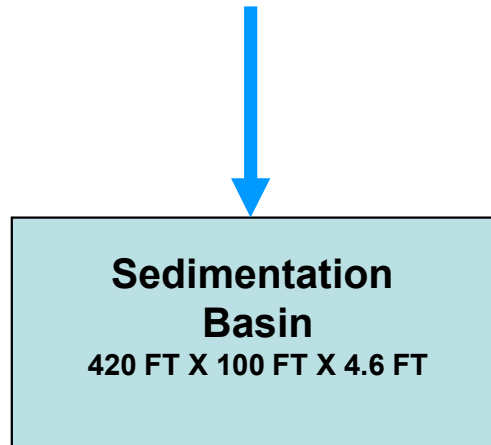
Municipal well locations are considered confidential under Tenn. Code Ann. § 10-7-504 (a)(21)(A) and Tenn. Comp. R. & Regs. 0400-01-01-.014(c), so the location of those data have been redacted from the records provided. A request can be made for an evaluation of these features in an area of interest by e-mailing the Division of Water Resources at the address listed below. Once a request is made, we will provide information pertaining to the presence or absence of these features for an area of interest.

E-mail us at Richard.Rogers@TN.gov with questions regarding Tennessee Water Wells.

FIGURE 4

LINE DRAWING – STONE EXCAVATION PROCESS (NO WASHING)

Stormwater
10-Year/ 24-Hour Storm Event = 6.25 inches
29.5 acres = 176,000 gallons



Discharge to
OUTFALL 001
176,000 gallons per storm event

Note: Sediment in sedimentation basin will be removed monthly.



**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
ENVIRONMENTAL FIELD OFFICE**

**3711 Middlebrook Pike
Knoxville, TN 37921**

(865)594-6035 STATEWIDE 1-888-891-8332 (865)594-6105

Receipt: EAC-K-12862

Date of Receipt: 24-Jan-2023 3:27 pm

Created By: Kara Blevins (BG57008)

County: Knox

EFO/Office: Knoxville Field Office

Received From: Tamara Barnett

Company/Affiliation: Custom Stone Handlers, Inc.

Recipient Address: PO Box 1855
COLUMBIA, TN- 38402

Amount Received: \$750.00

Method of Payment: 3

Check Number:

Comments: TN0070710 - Custom Stone
NDPES Permit Review by acreage

Division	Description	TDEC Code	Quantity	Unit Price	Line Total
WPC	WPC-MS - \$25 NPDES Plans Review	43.340.F15	30	\$25.00	\$750.00

Receipt Total: \$750.00