

From: [Danny Lee](#)
To: [Water Permits](#)
Subject: [EXTERNAL] SIGNED PAGE 1, SOP 08032
Date: Tuesday, April 18, 2023 8:01:59 AM

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Tennessee Department of Environment and Conservation
 Division of Water Resources
 William R. Snodgrass - Tennessee Tower
 312 Rosa L. Parks Avenue, 11th Floor
 Nashville, Tennessee 37243-1102
 (615) 532-0625

APPLICATION FOR A STATE OPERATION PERMIT (SOP)

Type of application: New Permit Permit Reissuance Permit Modification

Permittee Identification: (Name of city, town, industry, corporation, individual, etc., applying, according to the provisions of Tennessee Code Annotated Section 69-3-103 and Regulations of the Tennessee Water Quality Control Board.)

Permittee Name (applicant):	DAN HICKS
Permittee Address:	3330 LINE SPRINGS RD, SEVIERVILLE, TN 37862

Official Contact:	DAN HICKS	Title or Position: OWNER		
Mailing Address:	3330 LINE SPRINGS RD	City: SEVIERVILLE	State: TN	Zip: 37862
Phone number(s):	865-202-3584	E-mail: THEAPPALACHIANRVRESORT@GMAIL.COM		

Optional Contact:	ROBERT YOUNG	Title or Position: OPERATOR		
Address:	PO BOX 804	City: VONORE	State: TN	Zip: 37885
Phone number(s):	865-705-2726	E-mail: RYOUNG3409@AOL.COM		

Application Certification (must be signed in accordance with the requirements of Rule 2400-2-02)

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 gathered and evaluated 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. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

Name and title; print or type DAN HICKS OWNER	Signature 	Date 4-18-23
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From: [Danny Lee](#)
To: [Water Permits](#)
Subject: [EXTERNAL] SOP 08032 RENEWAL
Date: Tuesday, April 18, 2023 7:58:44 AM

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FORMS ATTACHED
PLEASE NOTIFY OF FEE
THANKS
DAN
865-202-3584



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: SOP-08032 DATE: 4/18/2023
PERMITTED FACILITY: THE APPALACHIAN RV RESORT COUNTY: SEVIER

OFFICIAL PERMIT CONTACT:

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

Official Contact: DAN HICKS	Title or Position: OWNER		
Mailing Address: 3330 LINE SPRINGS RD	City: SEVIERVILLE	State: TN	Zip: 37862
Phone number(s): 865-202-3584	E-mail: THEAPPALACHIANRVRESORT@GMAIL.COM		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact: DAN HICKS	Title or Position: OWNER		
Mailing Address: 3330 LINE SPRINGS	City: SEVIERVILLE	State: TN	Zip: 37862
Phone number(s): 865-202-3584	E-mail: THEAPPALACHIANRVRESORT@GMAIL.COM		

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

Facility Location Contact: DAN HICKS	Title or Position: OWNER		
Facility Location (physical street address): 3330 LINE SPRINGS RD	City: SEVIERVILLE	State: TN	Zip: 37862
Phone number(s): 865-202-3584	E-mail: THEAPPALACHIANRVRESORT@GMAIL.COM		

Alternate Contact (if desired):	Title or Position:		
Mailing Address:	City:	State:	Zip:
Phone number(s):	E-mail:		

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

Cognizant Official authorized for permit reporting: DAN HICKS	Title or Position: OWNER		
Mailing Address: 3330 LINE SPRINGS RD	City: SEVIERVILLE	State: TN	Zip: 37862
Phone number(s): 865-202-3584	E-mail: THEAPPALACHIANRVRESORT@GMAIL.COM		
Fax number for reporting:	Does the facility have interest in starting electronic DMR reporting? Yes No NO		



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Permittee Identification: (Name of city, town, industry, corporation, individual, etc., applying, according to the provisions of Tennessee Code Annotated Section 69-3-108 and Regulations of the Tennessee Water Quality Control Board.)	
Permittee Name (applicant):	DAN HICKS
Permittee Address:	3330 LINE SPRINGS RD, SEVIERVILLE, TN 37862

Official Contact:	DAN HICKS	Title or Position:	OWNER				
Mailing Address:	3330 LINE SPRINGS RD	City:	SEVIERVILLE	State:	TN	Zip:	37862
Phone number(s):	865-202-3584	E-mail:	THEAPPALACHIANRVRESORT@GMAIL.COM				

Optional Contact:	ROBERT YOUNG	Title or Position:	OPERATOR				
Address:	PO BOX 804	City:	VONORE	State:	TN	Zip:	37885
Phone number(s):	865-705-2726	E-mail:	RYOUNG3409@AOL.COM				

Application Certification (must be signed in accordance with the requirements of Rule 0400-40-05-.05)		
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 gathered and evaluated 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. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.		
Name and title; print or type	Signature	Date
DAN HICKS OWNER		

Facility Identification:		Existing Permit No. SOP-08032	
Facility Name:	THE APPALACHIAN RV RESORT		County: SEVIER
Facility Address or Location:	3330 LINE SPRINGS RD, SEVIERVILLE, TN 37862		Latitude: 35.7105
			Longitude: 83.6527
Name and distance to nearest receiving waters: WEARS VALLEY CREEK 100 YDS			
If any other State or Federal Water/Wastewater Permits have been obtained for this site, list their permit numbers:			
Name of company or governmental entity that will operate the permitted system:			
Operator address: P0 BOX 804, VONORE, TN 37885			
Has the owner/operator filed for a Certificate of Convenience & Necessity (CCN), or an amended CCN, with the Tennessee Regulatory Authority (TRA) (may be required for collection systems and land application treatment systems)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
If the applicant listed above does not yet own the facility/site or if the applicant will not be the operator, explain how and when the ownership will be transferred or describe the contractual arrangement and renewal terms of the contract for operations.			
Complete the following information explaining the entity type, number of design units, and daily design wastewater flow:			
<u>Entity Type</u>	<u>Number of Design Units</u>		<u>Flow (gpd)</u>
<input type="checkbox"/> City, town or county	No. of connections:		
<input type="checkbox"/> Subdivision	No. of homes:	Avg. No. bedrooms per home:	
<input type="checkbox"/> School	No. of students:	Size of cafeteria(s): No. of showers:	
<input type="checkbox"/> Apartment	No. of units:	No. units with Washer/Dryer hookups: No. units without W/D hookups:	
<input type="checkbox"/> Commercial Business	No. of employees:	Type of business:	
<input type="checkbox"/> Industry	No. of employees:	Product(s) manufactured:	
<input type="checkbox"/> Resort	No. of units:		
<input type="checkbox"/> Camp	No. of hookups:		
<input checked="" type="checkbox"/> RV Park	No. of hookups:	No. of dump stations: 0	5000
<input type="checkbox"/> Car Wash	No. of bays:		
<input type="checkbox"/> Other			
Describe the type and frequency of activities that result in wastewater generation.			

Engineering Report (required for collection systems and/or land application treatment systems):	<input type="checkbox"/> N/A
<input type="checkbox"/> Prepared in accordance with Rule 0400-40-05-.03 and Section 1.2 of the State of Tennessee Design Criteria for Sewage Works <input type="checkbox"/> Attached, or <input checked="" type="checkbox"/> Previously submitted and entitled:	
Operation and Maintenance Inspection Schedule Submitted:	Approved? <input checked="" type="checkbox"/> Yes. Date: 3-4-2010 <input type="checkbox"/> No
	Approved? <input type="checkbox"/> Yes. Date: <input type="checkbox"/> No

Wastewater Collection System:	<input type="checkbox"/> N/A
System type (i.e., gravity, low pressure, vacuum, combination, etc.):	
System Description:	
Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.):	
In the event of a system failure describe means of operator notification:	
List the emergency contact(s) (name/phone): DAN HICKS 865-202-3584	
For low-pressure systems, who is responsible for maintenance of STEP/STEG tanks and pumps or grinder pumps (list all contact information)? DAN HICKS 865-202-3584	
Approximate length of sewer (excluding private service lateral):	
Number/hp of lift stations: 1 / Number/hp of lift pumps /	
Number/volume of low pressure and or grinder pump tanks 0 /	
Number/volume septic tanks 4 / 8000	
Attach a schematic of the collection system. <input type="checkbox"/> Attached	
If this is a satellite sewer and you are tying in to another sewer system complete the following section, listing tie-in points to the sewer system and their location (attach additional sheets as necessary):	
<u>Tie-in Point</u>	<u>Latitude (xx.xxxx°)</u>
<u>Longitude (xx.xxxx°)</u>	
N/A	

Land Application Treatment System:	<input type="checkbox"/> N/A
Type of Land Application Treatment System: <input checked="" type="checkbox"/> Drip <input type="checkbox"/> Spray <input type="checkbox"/> Other, explain:	
Type of treatment facility preceding land application (recirculating media filters, lagoons, other, etc.):	
Attach a treatment schematic. <input checked="" type="checkbox"/> Attached SUBMITTED INITIALLY	
Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.):	
For New or Modified Projects: Name of Developer for the project:	
Developer address and phone number:	
For land application, list: Proposed acreage involved: Inches/week gpd/sq.ft loading rate to be applied:	
Is wastewater disinfection proposed?	
<input type="checkbox"/> Yes Describe land application area access:	
<input type="checkbox"/> No Describe how access to the land application area will be restricted:	
Attach required additional Engineering Report Information (see website for more information)	
<input type="checkbox"/> Topographic map (1:24,000 scale presented at a six inch by six inch minimum size) showing the location of the project including quadrangle(s) name(s) GPS coordinates, and latitude and longitude in decimal degrees should also be included.	
<input type="checkbox"/> Scaled layout of facility showing the following: lots, buildings, etc. being served, the wastewater collection system routes, the pretreatment system location, the proposed land application area(s), roads, property boundaries, and sensitive areas such as streams, lakes, springs, wells, wellhead protection areas, sinkholes and wetlands.	
<input type="checkbox"/> Soils information for the proposed land disposal area in the form of a Water Resources Soils Map per Chapter 16 and 17 State of Tennessee Design Criteria for Sewage Work. The soils information should include soil depth (borings to a minimum of 4 feet or refusal) and soil profile description for each soil mapped.	
<input type="checkbox"/> Topographic map of the area where the wastewater is to be land applied with no greater than ten foot contours presented at a minimum size of 24 inches by 24 inches.	
<input type="checkbox"/> Describe alternative application methods based on the following priority rating: (1) connection to a municipal/public sewer system, (2) connection to a conventional subsurface disposal system as regulated by the Division of Groundwater Protection, and/or (3) land application.	

<p>For Drip Dispersal Systems Only: Unless otherwise determined by the Department, sewage treatment effluent wells, i.e, large capacity treatment/drip dispersal systems after approval of the SOP Application, will be issued an UIC tracking number and will be authorized as Permit by Rule per UIC Rule 0400-45-06-.14(2) and upon issue of a State Operating Permit and Sewage System Construction Approval by the Department. Describe the following:</p>	<input type="checkbox"/> N/A
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The area of review (AOR) for each Drip Dispersal System shall, unless otherwise specified by the Department, consist of the area lying within a one mile radius or an area defined by using calculations under 0400-45-06-.09 of the Drip Dispersal System site or facility, and shall include, but not be limited to general surface geographic features, general subsurface geology, and general demographic and cultural features within the area. Attach to this part of the application a general characterization of the AOR, including the following: (This can be in narrative form)

- A general description of all past and present groundwater uses as well as the general groundwater flow direction and general water quality.
- A general description of the population and cultural development within the AOR (i.e. agricultural, commercial, residential or mixed)
- Nature of injected fluid to include physical, chemical, biological or radiological characteristics.
- If groundwater is used for drinking water within the area of review, then identify and locate on a topographic map all groundwater withdrawal points within the AOR, which supply public or private drinking water systems. Or supply map showing general location of publicly supplied water for the area (this can be obtained from the water provider)
- If the proposed system is located within a wellhead protection area or source water protection area designated by Rule 0400-45-01-.34, show the boundary of the protection area on the facility site plan.
- Description of system, Volume of injected fluid in gallons per day based upon design flow, including any monitoring wells
- Nature and type of system, including installed dimensions of wells and construction materials

<p>Pump and Haul:</p>	<input type="checkbox"/> N/A
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Reason system cannot be served by public sewer:

Distance to the nearest manhole where public sewer service is available:

When sewer service will be available:

Volume of holding tank: gal.

Tennessee licensed septage hauler (attach copy of agreement):

Facility accepting the septage (attach copy of acceptance letter):

Latitude and Longitude (in decimal degrees) of approved manhole for discharge of septage:

Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.):

Holding Ponds (for non-domestic wastewater only):		<input type="checkbox"/> N/A
Pond use: <input type="checkbox"/> Recirculation <input type="checkbox"/> Sedimentation <input type="checkbox"/> Cooling <input type="checkbox"/> Other (describe):		
Describe pond use and operation:		
If the pond(s) are existing pond(s), what was the previous use?		
Have you prepared a plan to dispose of rainfall in excess of evaporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, describe disposal plan:		
Is the pond ever dewatered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, describe the purpose for dewatering and procedures for disposal of wastewater and/or sludge:		
Is(are) the pond(s) aerated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Volume of pond(s): _____ gal. Dimensions: _____		
Is the pond lined (Note if this is a new pond system it must be lined for SOP coverage. Otherwise, you must apply for an Underground Injection Control permit.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe the liner material (if soil liner is used give the compaction specifications):		
Is there an emergency overflow structure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If so, provide a design drawing of structure.</i>		
Are monitoring wells or lysimeters installed near or around the pond(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If so, provide location information and describe monitoring protocols (attach additional sheets as necessary):</i>		

Mobile Wash Operations:		<input type="checkbox"/> N/A
<input type="checkbox"/> Individual Operator		<input type="checkbox"/> Fleet Operation Operator
Indicate the type of equipment, vehicle, or structure to be washed during normal operations (check all that apply):		
<input type="checkbox"/> Cars	<input type="checkbox"/> Parking Lot(s):	sq. ft.
<input type="checkbox"/> Trucks	<input type="checkbox"/> Windows:	sq. ft.
<input type="checkbox"/> Trailers (Interior washing of dump-trailers, or tanks, is prohibited.)	<input type="checkbox"/> Structures (describe):	
<input type="checkbox"/> Other (describe):		
Wash operations take place at (check all that apply):		
<input type="checkbox"/> Car sales lot(s)	<input type="checkbox"/> Public parking lot(s)	
<input type="checkbox"/> Private industry lot(s)	<input type="checkbox"/> Private property(ies)	
<input type="checkbox"/> County(ies), list:	<input type="checkbox"/> Statewide	
Wash equipment description:		
<input type="checkbox"/> Truck mounted	<input type="checkbox"/> Trailer mounted	
<input type="checkbox"/> Rinse tank size(s) (gal.):	<input type="checkbox"/> Mixed tanks size(s) (gal.):	
<input type="checkbox"/> Collection tank size(s) (gal.):	Number of tanks per vehicle:	
Pressure washer: _____ psi (rated) _____ gpm (rated)		
<input type="checkbox"/> gas powered <input type="checkbox"/> electric		
Vacuum system manufacturer/model:		Vacuum system capacity: _____ inches Hg
Describe any other method or system used to contain and collect wastewater:		
List the public sewer system where you are permitted or have written permission to discharge waste wash water (include a copy of the permit or permission letter):		
Are chemicals pre-mixed, prior to arriving at wash location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe all soaps, detergents, or other chemicals used in the wash operation (attach additional sheets as necessary):		
Chemical name:	Manufacturer:	Primary CAS No. or Product No.