

Tennessee Department of Environment and Conservation Division of Water Resources 401 Church Street, 6<sup>th</sup> Floor L & C Annex Division of Water Resources Nashville, TN 37243-1534 Jackson Field Office

(615) 532-0625

APR 28 2023

# CONTROL AUTHORITY PRETREATMENT SEMI-ANNUAL/ANNUAL REPORT

Control	Authority	Identification:
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Report Date: April 27, 2023	-	City of Bells		TN0026247			
Control Authority Name:	City of	City of Bells					
Report Date ;	April 2	April 27, 2023					
Reporting Period Covered by this report	From	October 2022	То	March 2023			
Reporting Period Covered by previous report	From	April 2022	То	September 2022			

Name of Wastewater Treatment Plant(s)	NPDES Permit No.	1
1.City of Bells, Tennessee Lagoon System	TN0026247	
2.		
3.		
4.		
5.		

Person to contact concerning this report: Marlon C. Jordan, Jr.		Title or Position: POTW Superintendent			
Mailing Address: Bells City Hall P.O. Box 760	City: Bells	State: Tn.	Zip: 38006		
Phone number(s): 731-663-2334	E-mail (option bellsww@bell	,			
Fax number (optional): 731-663-2974	Website (optio	onal):			

## Report Certification: (must be signed in accordance with the requirements of Tennessee Rule 1200-4-14-.12(13))

"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(s)who manage the system or are directly responsible for gathering the information, the submitted information is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. A false statement is subject to the penalties of perjury."

Name: (print or type) Marlon C. Jordan, Jr.	Title: (print or type) POTW Superintendent
Signature:  Mark Opol O	Date: April 27, 2023

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Division of Water Resources Jackson Field Office

#### Form 1a

### Results of Sampling at Control Authority

Sample Date(s):4/18/2023

Column 1	Column 2	Column 3	Column 4	Column 5	Column
Parameter	Influent (mg/l)	Protection criteria (mg/l)	Effluent (mg/l)	Pass Through Limit (mg/l)	Removal Rate (%)
Copper (Cu)	0.0063	0.33	0.0064	0.08000	
Chromium III	< 0.01	Report	< 0.01	Report Only	
Chromium VI	< 0.010	0.0894	< 0.010	0.08870	
Chromium Total	< 0.0014	0.0894	< 0.0014	0.08942	
Nickel (Ni)	0.0008	0.31	0.0013	0.18000	
Cadmium (Cd)	< 0.0003	0.0051	<0.0003	0.00164	
Lead (Pb)	< 0.0029	0.0487	< 0.0029	0.02549	
Mercury (Hg)	< 0.00013	0.001	< 0.00013	0.00040	
Silver (Ag)	< 0.0013	0.0035	< 0.0013	0.00147	
Zinc (Zn)	0.0182	1.261	0.0228	0.20000	
Cyanide (Cn)	< 0.005	0.052	< 0.005	0.02586	
Phenols, Total	0.008	0.1	< 0.005	0.05000	
Toluene					
Benzene					
1,1,1-trichloroethane					
Ethylbenzene					
Carbon tetrachloride					
Chloroform					
Tetrachloroethylene					
Trichloroethylene					
1,2 trans dichloroethylene					
Methylene chloride					
Naphthalene					
Total phthalates					

Include any parameters sampled in the reporting period including the routine semiannual sampling as well as the effluent sampling specified in Section III of the National Pollution Discharge Elimination System (NPDES) permit, including applicable toxic organics (i.e., toluene, benzene, 1,1,1 – trichloroethane and chloroform).

You must sample for all parameters in your NPDES Permit at the required frequency (See Part 3 of your NPDES permit for required pretreatment monitoring).

Report Date: April 27, 2023

# Form 1b Biosolids

What does the Control Authority do with the sludge/biosolids? Lagoon

If biosolids are land-applied, please fill out the following Table.

Parameter	Biosolids Concentration (mg/kg)	503 Table 1 limits Ceiling Concentration (mg/kg)	503 Table 3 limits Monthly Ave. (mg/kg)
Arsenic		75	41
Cadmium		85	39
Copper		4300	1500
Lead		840	300
Mercury		57	17
Molybdenum		75	N/A
Nickel		420	420
Selenium		100	100
Zinc		7500	2800

Were there any samples of biosolids that exceeded the ceiling concentrations from 40 CFR Part 503 (Table 1)?

What date(s)?

#### Form 2

# Report of Upsets, Protection Criteria Violations, Biosolids Violations and Pass-Through Limit Violations

Type of Incident	Date	Explanation of Incidents	Corrective Action Taken
None			
			-

<sup>\*</sup> Give a detailed explanation of the causes of the incident and the corrective action taken to date. The corrective action should also include any plans the Control Authority has to identify or correct the problem. If there is not enough room on this form, include the information in the Narrative Summary.

# Form 3 Industrial User Summary

Industrial User Name and Mailing Address	Contact (indicate Mr./Ms.) Phone #/Fax# and email address (optional)	Type of Industry **	Actual Flow (GPD)
Pictsweet Frozen Foods 10 Pictsweet Drive Bells, Tn. 38006	Mr. Brett Lake Manager Bells Operations Telephone 731-267-0153	SN	1,010,000

\*\*If a Significant Industrial User(SIU) is Categorical, list the applicable category (i.e., metal finisher, electroplater, leather tanner, etc.). Non-categorical SIUs should be listed as SN (Significant Non-Categorical), with a description of the process (i.e., SN-landfill or SN-hospital). All Non-significant Categorical Industrial Users (NSCIU) should be listed on the form and identified as an NSCIU. Information on NSCIUs is required on Form 3, but not required on any other form in this report. Industries that are not significant and not categorical are not required to be listed in this report. However, if you wish to list them on this form, please identify them as "Other."

		Form 4		
	Industrial Us	ser Monitoring	Report	
Column 1	Column 2	Column 3	Column 4	Column 5
Industrial User Name and	Control Authority	Control Authority		SIU Self-
Mailing Address	Inspection Date(s)	Sampling Frequency	Authority Sampling Date(s)	Monitoring Dates(s)
Pictsweet Frozen		At least 1 every 6	1/25/2023	10/7/22
Foods	1/30/2023	months	3/15/2023	11/4/22
			Ammonia Only	12/2/22
			Testing by CA	1/11/23
			10/8/22	2/7/23
			10/13/22	3/8/23
			10/17/22	
			10/24/22	
			11/3/22	
			11/7/22	
			11/14/22	
			11/21/22	
			11/28/22	
			12/5/22	
			12/12/22	
			12/19/22	
			12/29/22	
			1/3/23	
			1/9/23	
			1/17/23	
			1/23/23	
			2/3/23	
			2/6/23	
			2/13/23	
			2/23/23	
			2/27/23	
			3/6/23	
			3/13/23	
			3/20/23	
			3/27/23	

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Semi-annual reporters only must complete this form

**Industrial User Compliance Report** 

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	Pictsweet Frozen Foods	Industrial User		Column 1			
	1	Parameters Violated (conc/limit)	July – September	Column 2			
	17	Total Number of Samples	tember	n 2	(For sen		
12/2/22 BOD	1	Parameters Total Violated (conc/limit)	October – December	Column 3	Semi-annual reporters only must complete this form (For semi-annual reporting period October 1, 2022– March 31, 2023)	Industria	
	16	Total Number of Samples	December	ın 3	eporters onl ting period	For:	
1/25/23 E-coli	2	Parameters Total Violated (conc/limit)	Jan – March	Column	y must comple October 1, 202	Form 5b Industrial User Compliance Report	
	18	Total Number of Samples	/arch	ın 4	ete this form 2– March 3	Report	
	No	ChronicVio l. (Yes or No)	July – December	Column 5	1, 2023)		
	No	TRCViol .(Yes or No)	cember	ın 5			
	No	ChronicVio TRCViol ChronicVio TRCViol. 1. (Yes or 1. Yes or (Yes or No) No) (Yes or No) No)	October – March	Column 6			
	N <sub>o</sub>	TRCViol.( Yes or No)	- March	nn 6			

750/500

>2419.6

3/15/23 E-coli

>2419.6

violations not resulting in TRC/Chronic Violations. Please note that monthly average and daily maximum for a specific Violation resulted: Yes for violations resulting in TRC or Chronic – both are Significant Non-Compliance (SNC) or No for Use one line for each parameter for each SIU with violations, showing whether a Technical Review Criteria (TRC) or Chronic "Conc" stands for concentration. parameter are considered to be separate limitations. Therefore, SNC would be calculated separately for each limitation.

Use one line for each parameter for each SIU with violations, showing whether a Technical Review Criteria (TRC) or Chronic Violation resulted: Yes for violations resulting in TRC or Chronic – both are Significant Non-Compliance (SNC) or No for violations not resulting in TRC/Chronic Violations. Please note that monthly average and daily maximum for a specific parameter are considered to be separate limitations. Therefore, SNC would be calculated separately for each limitation.				Industrial User			Column 1			
ach paramet : Yes for vio ulting in TRO isidered to b				(conc/limit)	Parameters Violated	October – December	Column 2			
ter for each lations res				of Samples	Total Number	December	ın 2	(For semi-a		
SIU with vulting in TR /iolations. Imitations				Violated of (conc/limit) Samples	Parameters Total	January – March	Column 3	Annual reporters only must co For semi-annual reporting period January 1,	Industri	
iolations, s C or Chror Please not Therefor				of Samples	Total Number	- March	nn 3	porters only 1 ng period Jan	al User C	For
howing whaic – both a that monte, SNC wou				Violated (conc/limit)	Parameters Total	April – June	Column 4	Annual reporters only must complete this form reporting period January 1, ——Decemb	Industrial User Compliance Report	Form 5c
ether a Tec re Significa hly averag				of Samples	Total Number	- June	nn 4	e this form  — December 31.	e Report	
hnical Revant Non-Co e and daily				ted /limit)	Parameters Total	July – September	Column 5	31,		
iew Criteria mpliance ( maximum rately for e	-				Total Number	ptember	nn 5			
plations, showing whether a Technical Review Criteria (TRC) or Chr. or Chronic – both are Significant Non-Compliance (SNC) or No for lease note that monthly average and daily maximum for a specific Therefore, SNC would be calculated separately for each limitation.				ted /limit)	Parameters Total	October - December	Column 6			
Chronic for fic on.				of Samples	Total Number	December	nn 6			

**RDA 2367** 

"Conc" stands for concentration.

		Industi	Form 5d Industrial User Compliance Report	n 5d ompliance	Report			
	(For sem	Annual 1 ii-annual repor	Annual reporters only must complete this form For semi-annual reporting period January 1, — Decemb	nust complete t	his form December 31,	<u>.</u>		
Column 1	Column 2	mn 2	Colu	Column 3	Column 4	mn 4	Colu	Column 5
	October	October – March	January	– June	April – S	September	July – I	July – December
Industrial User	ChronicViol. (Yes or No)	TRCViol.(Ye s or No)	Chronio (Yes or	TRCViol.(Y es or No)	Chronic Viol. (Yes or No)	TRCViol.(Ye s or No)	ChronicViol. (Yes or No)	TRCViol.(Ye s or No)
Use one line for each parameter for each SIU with violations, showing whether a Technical Review Criteria (TRC) or Chroliation resulted: Yes for violations resulting in TRC or Chronic – both are Significant Non-Compliance (SNC) or No for violations not resulting in TRC/Chronic Violations. Please note that monthly average and daily maximum for a specific parameter are considered to be separate limitations. Therefore, SNC would be calculated separately for each limitation.	rameter for ea or violations re n TRC/Chronie	ch SIU with cesulting in Toc Violations.	violations, sh RC or Chroni Please note s. Therefore	owing wheth c both are that monthly , SNC would		al Review Cr on-Complian I daily maxim	a Technical Review Criteria (TRC) or Chronic nificant Non-Compliance (SNC) or No for erage and daily maximum for a specific calculated separately for each limitation.	r Chronic Vo for cific ation.
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CN-1382



Church Street,  $6^{th}$  Floor L & C Annex

Nashville, TN 37243-1534 (615) 532-0625

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### PRETREATMENT SEMI-ANNUAL/ANNUAL REPORT

		For	m 6		
	Enfo	rcement a	nd Complian	ce	
	Verbal	Notice of	Compliance	Administrative	Number of
Industrial User	Warnings (1)	Violation	Schedule	Orders (Enter	Violations
maustriai Oser	(Enter	(Enter	Conformity (2)	Number)	Resolved
	Number)	Number)		,	

eport Date: April 27, 2023		City o	f Bells		TN002624
Pictsweet Frozen Foods	1	0	No	0	1
			11		

1 Verbal warnings include phone calls and site visit discussions.

2 Use the following code:

In compliance with schedule = Yes
Out of compliance with schedule = No
Facility not on a schedule = NA

Note: Describe compliance schedule in a footnote or in the Narrative Summary, giving the date issued, the violation and due dates for major milestones.

	Form 7	
	<b>Pretreatment Performance</b>	e Summary
I. General Information		
Control Authority Name: City of	Bells	
Address: Bells City Hall P.O. B	ox 760	City: Bells, Tn.38006
Contact Person: Marlon C. Jorda	an, Jr.	Contact Phone Number:731-663-2334
Reporting Period: October 2022	toMarch 2023	NPDES Number: TN0026247
Number of Categorical SIUs:	Number of Non-Categorical SIUs:	Total Number of SIUs:
	1	1

II. Significant Industrial Compliance	SIUs		
	Categorical	Non- Categorical	
1) No. of SIUs in Significant Non-compliance (SNC)		0	
2) Reasons for Significant Non-compliance (SNC)		0	

a) In SNC for Violations of pretreatment standards	TN002624
b) In SNC for Reporting Violations	0
c) In SNC for Compliance Schedule Violations	0
d) In SNC for Other (explain in Narrative Summary)	0
(orphani in radiative Summary)	0

<ul> <li>III. Monitoring</li> <li>Facilities Monitored by CA (samples analyzed for all SIU permit parameters):</li> </ul>		SIUs
parameters).	Categorical	Non- Categorica
a) No. of SIUs Sampled by the Control Authority (CA)		1
b) No. of SIUs Inspected by the CA		1
2) Total Monitoring Events:		1
a) No. of Samples by the CA		
b) No. of Inspections by the CA		2
3) How many SIUs do not have a current control mechanism (permit)		1
(permit)		0

		SIUs
1) SIUs Subject to Any Enforcement Astin Given	Categorical	Non- Categorica
SIUs Subject to Any Enforcement Actions (include verbal warnings     SIUs Listed in the Newspaper for SNG: at the control of the control		1
in the Newspaper for SNC in this period		0
, Totalons issueu		0
, samuel of dois issued .		0
<ul><li>No. of SIUs on Compliance Schedules (anytime in period)</li><li>Suits Filed:</li></ul>		0
a) Civil Suits *		
b) Criminal Suits *		0
7) Other Actions Taken (sewer bans, etc. but not verbals) *		0
Penalties Collected: (not surcharges)		0
a) No. of SIUs from whom penalties were collected		
b) Total Dollars (\$) collected in the period		0
* Enter the number of ACTIONS, not the		0