



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

RECEIVED
JAN 11 2013
 JACKSONVILLE

PERMIT CONTACT INFORMATION

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

PERMIT NUMBER: TN0078042 **DATE:** 1-7-13
PERMITTED FACILITY: BENTON DECATUR COUNTY SPECIAL SEWER DISTRICT **COUNTY:** DECATUR

OFFICIAL PERMIT CONTACT:

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

Official Contact: RUSSEL KEETON	Title or Position: PRESIDENT		
Mailing Address: P.O BOX 370	City: PARSONS	State: TN	Zip: 38363
Phone number(s): 731-549-4442	E-mail:		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact: RUSSEL KEETON	Title or Position: PRESIDENT		
Mailing Address: P.O BOX 370	City: PARSONS	State: TN	Zip: 38363
Phone number(s): 31-549-4442	E-mail:		

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

Facility Location Contact: RUSSEL KEETON OR STEVE HENSLEY	Title or Position: PRESIDENT AND OPERATOR		
Facility Location (physical street address): SUNSET DRIVE	City: SUGAR TREE	State: TN	Zip: 38380
Phone number(s): 731-549-4442 OR 731-614-5484	E-mail:		

Alternate Contact (if desired): RUSSEL KEETON	Title or Position: PRESIDENT		
Mailing Address: P.O BOX 128	City: PARSONS	State: TN	Zip: 38363
Phone number(s): 731-847-6358	E-mail:		

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

Cognizant Official authorized for permit reporting: RUSSEL KEETON	Title or Position: PRESIDENT		
Mailing Address: P.O BOX 370	City: PARSONS	State: TN	Zip: 38363
Phone number(s): 731-549-4442	E-mail:		
Fax number for reporting:	Does the facility have interest in starting electronic DMR reporting? Yes No		

FORM 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">S</td> <td style="width:85%;"></td> <td style="width:5%; text-align: center;">TA</td> <td style="width:5%; text-align: center;">C</td> </tr> <tr> <td style="text-align: center;">F</td> <td style="text-align: center;">TN0078042</td> <td></td> <td style="text-align: center;">D</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">13</td> <td style="text-align: center;">14</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">15</td> <td></td> </tr> </table>	S		TA	C	F	TN0078042		D	1	2	13	14			15																																							
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LABEL ITEMS I. EPA I.D. NUMBER: TN0078042 III. FACILITY NAME: Benton Decatur Special Sewer District V. FACILITY MAILING ADDRESS: P.O box 370 VI. FACILITY LOCATION: Sunset Dr. Sugar Tree, TN		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																																																						
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.																																																								
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Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? 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III. NAME OF FACILITY 1 <input type="checkbox"/> SKIP Benton Decatur Counties Special Sewer District																																																								
IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title): Keeton, Russel, President B. PHONE (area code & no.): (731) 549-4442																																																								
V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX: P.O. Box 370 B. CITY OR TOWN: Parsons C. STATE: TN D. ZIP CODE: 38363																																																								
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: Sunset Drive B. COUNTY NAME: Benton C. CITY OR TOWN: Sugar Tree D. STATE: TN E. ZIP CODE: 38380 F. COUNTY CODE (if known): 005																																																								

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	4952	(specify)	C	7		(specify)
15	16	17	18	15	16	17	18
SEWERAGE SYSTEMS							
C. THIRD				D. FOURTH			
C	7		(specify)	C	7		(specify)
15	16	17	18	15	16	17	18

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
8 Benton-Decatur Counties Special Sewer District															
15 16												55 56			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)												D. PHONE (area code & no.)			
F = FEDERAL				M = PUBLIC (other than federal or state)				M (specify)				A (731) 549-4442			
S = STATE				O = OTHER (specify)											
P = PRIVATE															
56												15 16 17 18 19 20 21 22 23 24 25 26			

E. STREET OR P.O. BOX											
P.O. Box 370											
26											

F. CITY OR TOWN												G. STATE		H. ZIP CODE		IX. INDIAN LAND	
B Parsons												TN		38363		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15 16												40 41		42 43 44 45 46 47 48 49 50 51 52		53 54	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)						
C	T	I				C	T	I				
9	N				TN0078042	9	P					
15	16	17	18	30	15	16	17	18	30			
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)						
C	T	I				C	T	I				
9	U					9						
15	16	17	18	30	15	16	17	18	30			
C. RCRA (Hazardous Wastes)						E. OTHER (specify)						
C	T	I				C	T	I				
9	R					9						
15	16	17	18	30	15	16	17	18	30			

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Collection and Treatment of municipal sewage. Special Sewer District created by actions in both Benton and Decatur counties.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)				B. SIGNATURE				C. DATE SIGNED			
Russel Keeton								01/10/13			

COMMENTS FOR OFFICIAL USE ONLY

C											
15	16	17	18	19	20	21	22	23	24	25	26

FACILITY NAME AND PERMIT NUMBER:

Benton Decatur Counties Special Sewer District TN0078042

Form Approved 1/14/99
OMB Number 2040-0086**FORM
2A
NPDES****NPDES FORM 2A APPLICATION OVERVIEW****APPLICATION OVERVIEW**

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow \geq 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 1. Has a design flow rate greater than or equal to 1 mgd,
 2. Is required to have a pretreatment program (or has one in place), or
 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 1. Has a design flow rate greater than or equal to 1 mgd,
 2. Is required to have a pretreatment program (or has one in place), or
 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:

Benton Decatur Counties Special Sewer District TN0078042

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BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Benton Decatur Counties Special Sewer District

Mailing Address P. O BOX 370

Contact person RUSSEL KEETON

Title PRESIDENT

Telephone number (731) 549-4442

Facility Address SUNSET DRIVE
(not P.O. Box) SUGAR TREE, TN 38380

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

Applicant name STEVE HENSLEY

Mailing Address P.O BOX 1082
LEXINGTON, TN 38351

Contact person STEVE HENSLEY

Title WWTP OPERATOR

Telephone number (731) 614-5484

Is the applicant the owner or operator (or both) of the treatment works?

owner operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

facility applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES TN0078042 PSD _____

UIC _____ Other _____

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>I-40 EXIT 126</u>	<u>270</u>	<u>SEPARATE</u>	<u>MUNICIPAL</u>
<u>I-40, STATE REST AREA</u>	<u>150</u>	_____	_____
_____	_____	_____	_____
Total population served <u>420</u>			

FACILITY NAME AND PERMIT NUMBER:

Benton Decatur Counties Special Sewer District TN0078042

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A.5. Indian Country.

a. Is the treatment works located in Indian Country?

Yes No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

Yes No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.10 mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>0.02</u>	<u>0.02</u>	<u>0.03</u> mgd
c. Maximum daily flow rate	<u>0.04</u>	<u>0.06</u>	<u>0.06</u> mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

Separate sanitary sewer 100.00 %
 Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? Yes No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1
 ii. Discharges of untreated or partially treated effluent _____
 iii. Combined sewer overflow points _____
 iv. Constructed emergency overflows (prior to the headworks) _____
 v. Other _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? Yes No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge continuous or intermittent?

c. Does the treatment works land-apply treated wastewater? Yes No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application continuous or intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? Yes No

FACILITY NAME AND PERMIT NUMBER:

Benton Decatur Counties Special Sewer District TN0078042

Form Approved 1/14/99
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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Benton Decatur Counties Special Sewer District TN0078042

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Nix Landing Rd Sugar Tree, TN 38380
(City or town, if applicable) (Zip Code)
BENTON TN
(County) (State)
35 50 53 87 57 28
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 100.00 ft.
- d. Depth below surface (if applicable) 21.00 ft.
- e. Average daily flow rate 0.10 mgd
- f. Does this outfall have either an intermittent or a periodic discharge? _____ Yes No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: _____
- Average duration of each discharge: _____
- Average flow per discharge: _____ mgd
- Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser? _____ Yes No

A.10. Description of Receiving Waters.

- a. Name of receiving water TENNESSEE RIVER
- b. Name of watershed (if known) TENNESSEE RIVER (LOWER)
- United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): TENNESSEE RIVER (LOWER)
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____
- d. Critical low flow of receiving stream (if applicable):
 acute 6,000.00 cfs chronic _____ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Benton Decatur Counties Special Sewer District TN0078042

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A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

Primary

Secondary

Advanced

Other. Describe: (2) Cell Aerated Lagoon System

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

Design BOD₅ removal or Design CBOD₅ removal 85.00 %

Design SS removal 85.00 %

Design P removal _____ %

Design N removal _____ %

Other _____ %

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

ULTRAVIOLET LIGHT

If disinfection is by chlorination, is dechlorination used for this outfall? Yes No

d. Does the treatment plant have post aeration? Yes No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.67	s.u.			
pH (Maximum)	8.76	s.u.			
Flow Rate	0.06	MGD	0.03	MGD	365.00
Temperature (Winter)	0.00	C	0.00	C	0.00
Temperature (Summer)	0.00	C	0.00	C	0.00

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5						
	CBOD-5	34.50	MG/L	6.91	MG/L	156.00	5210 B
FECAL COLIFORM		1,080.00	/100 ML	60.00	/100 ML	156.00	M COLI BLUE For E-Coli
TOTAL SUSPENDED SOLIDS (TSS)		69.30	MG/L	18.50	MG/L	156.00	2540 D

END OF PART A.

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

FACILITY NAME AND PERMIT NUMBER:

Benton Decatur Counties Special Sewer District TN0078042

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

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate \geq 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

2000 gpd

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

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- a. The area surrounding the treatment plant, including all unit processes.
- b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- c. Each well where wastewater from the treatment plant is injected underground.
- d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? Yes No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: STEVE HENSLEY

Mailing Address: P.O BOX 1082 LEXINGTON, TN 38351

Telephone Number: (731) 614-5484

Responsibilities of Contractor: DAILY OPERATION, CONVEYANCE OF SAMPLES TO COMMERCIAL LABORATORY

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

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

Yes No

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c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? Yes No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001 _____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)		mg/l		mg/l			
CHLORINE (TOTAL RESIDUAL, TRC)		mg/l		mg/l			
DISSOLVED OXYGEN	14.60	mg/l	2.00	mg/l	156.00	4500 - O G	
TOTAL KJELDAHL NITROGEN (TKN)		mg/l		mg/l			
NITRATE PLUS NITRITE NITROGEN		mg/l		mg/l			
OIL and GREASE		mg/l		mg/l			
PHOSPHORUS (Total)		mg/l		mg/l			
TOTAL DISSOLVED SOLIDS (TDS)		mg/l		mg/l			
OTHER							

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

FACILITY NAME AND PERMIT NUMBER:

Benton Decatur Counties Special Sewer District TN0078042

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

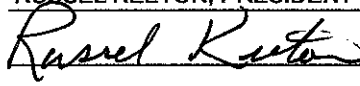
Indicate which parts of Form 2A you have completed and are submitting:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Basic Application Information packet | Supplemental Application Information packet: |
| | <input type="checkbox"/> Part D (Expanded Effluent Testing Data) |
| | <input type="checkbox"/> Part E (Toxicity Testing: Biomonitoring Data) |
| | <input type="checkbox"/> Part F (Industrial User Discharges and RCRA/CERCLA Wastes) |
| | <input type="checkbox"/> Part G (Combined Sewer Systems) |

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title RUSSEL KEETON, PRESIDENT

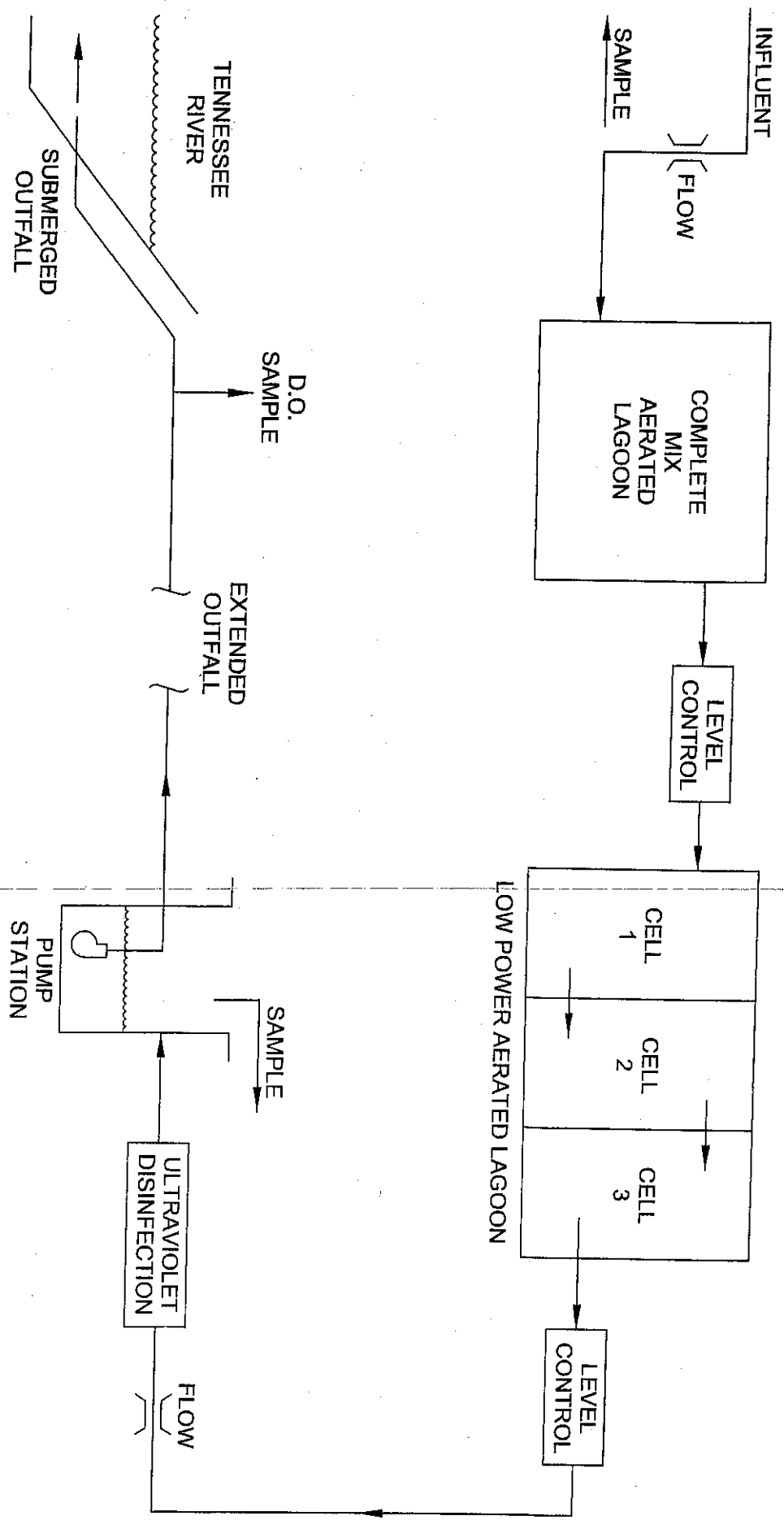
Signature 

Telephone number (731) 549-4442

Date signed _____

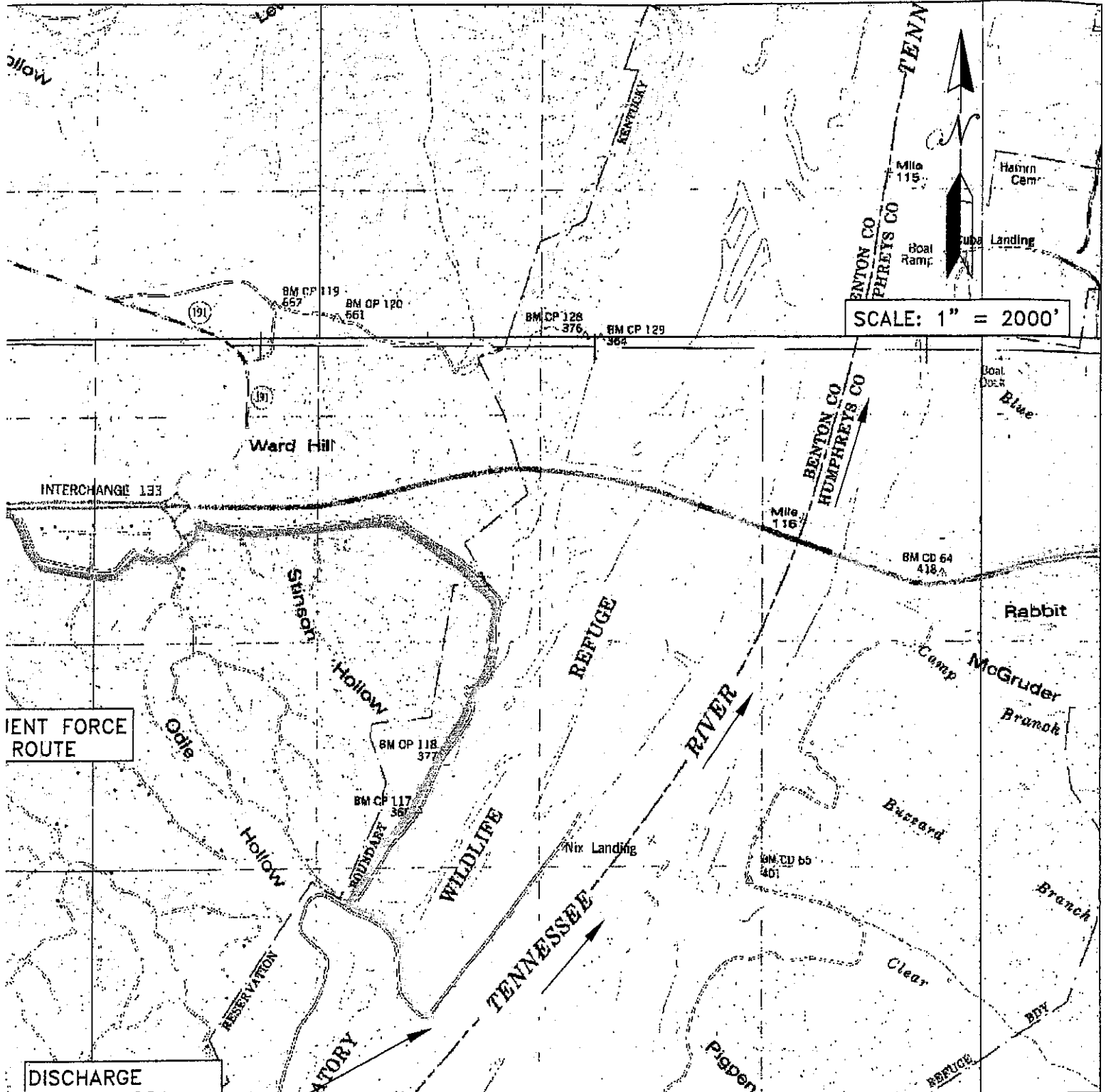
Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:



BENTON-DECATUR SPECIAL SEWER DISTRICT
SCHEMATIC FLOW DIAGRAM
DECEMBER 2008

PREPARED BY WATER MANAGEMENT SERVICES, L.L.C.



SCALE: 1" = 2000'

EFFLUENT FORCE ROUTE

DISCHARGE POINT - 001
 TENNESSEE RIVER
 MILE 117.8
 (SUBMERGED)

**BENTON - DECATUR COUNTIES
 SPECIAL SEWER DISTRICT**

**WASTEWATER TREATMENT
 PLANT SITE AND TREATED EFFLUENT
 FORCE MAIN**

DECEMBER 2008

PREPARED BY
WATER MANAGEMENT SERVICES, LLC
 PROFESSIONAL ENGINEERING SERVICES



FROM QUAD MAPS DANIEL'S
 LANDING & SUGAR TREE

