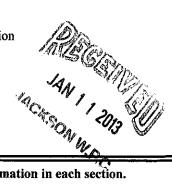


Tennessee Department of Environment and Conservation Division of Water Pollution Control 401 Church Street, 6th Floor L & C Annex Nashville, TN 37243-1534 Phone:(615) 532-0625



PERMIT CONTACT INFORMATION

Please complete all sections. If one person serves multiple functions,	please repeat	this information in	each section	on.
PERMIT NUMBER: TN0078042	DATE:	1-7-13		
PERMITTED FACILITY: BENTON DECATUR COUNTY SPECIAL SEWER DISTRICT		DECATUR		
OFFICIAL PERMIT CONTACT:				
(The permit signatory authority, e.g. responsible corporate officer, principle execu	tive officer or re	nking elected official))	
Official Contact: RUSSEL KEETON	Title or Position			<u>·</u>
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 PRESIDEN	••		The state of the s
Mailing Address: P.O BOX 370	City: PARSONS	State TN	1	Zip: 38363
Phone number(s): 31-549-4442	E-mail:			
FACILITY LOCATION (actual location of permit site and local contact	ct for site activ	ity):		
Facility Location Contact: RUSSEL KEETON OR STEVE HENSLEY	Title or Position PRESIDEN	: I AND OPERATO	PR	
Facility Location (physical street address): SUNSET DRIVE	City: SUGAR TRI	EE Sta	1	Zip: 38380
Phone number(s): 731-549-4442 OR 731-614-5484	E-mail:			
Alternate Contact (if desired): RUSSEL KEETON	Title or Position PRESIDEN			
Mailing Address: P.O BOX 128	City: PARSONS	State TN	1 -	Zip: 38363
Phone number(s): 731-847-6358	E-mail:			
FACILITY REPORTING (Discharge Monitoring Report (DMR) or other	er reporting):			
Cognizant Official authorized for permit reporting: RUSSEL KEETON	Title or Position PRESIDEN			
Mailing Address: P.O BOX 370	City: PARSONS		State: TN	Zip: 38363
Phone number(s): 731-549-4442	E-mail:		Ī	
Fax number for reporting:	Does the facility	have interest in starting of	electronic DM	R reporting? Yes No

SEPA SUPPONDENT PROTECTION ABOUT SECURITY NAME E. BRALD RAINABEER TIMO078042 BERTON DECATUT Special Sewer District FRACILITY NAME P. O DOX 370 SURSET DR. Sugar Tree, TN SUBSPICIOLES Complete A Prough 1 to determine whether you need to eachink any permit application forms to the EPA if you answer 'yes' to any question forms to the EPA if you answer 'yes' to any question forms to the EPA if you answer 'yes' to any question forms to the EPA if you answer 'yes' to any question forms to the EPA if you answer 'yes' to any question forms to the EPA if you answer 'yes' to any question forms to the EPA if you answer 'yes' to any question forms to the EPA if you answer 'yes' to any question forms to the EPA if you answer 'yes' to any question forms to the EPA if you answer 'yes' to any question forms to the EPA if you answer 'yes' to any question form' yes in the proposed and the complete of the proposed and the		ype in the unsha						Form Approved, OMB No. 2040	3-0086.			
CERTIFIED Read the "Sound formations" "Popine sample; F TRIO 1964 2	FORM 4	₽ EDA	U.S. ENVIRONMENTAL PROTECTION AGENCY									
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Parsons TN 38363 FACILITY LOCATION A STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER Sunset Drive B. COUNTY NAME Parton C. CITY OR TOWN D. STATE E. ZIP CODE F. COUNTY CODE (If know)			B. CITY OR TOWN					ZIB CODE				
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A STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER Sunset Drive B. COUNTY NAME Inton C. CITY OR TOWN D. STATE E. ZIP CODE F. COUNTY CODE (If know)		CATION					40 41 42 47	51	Ke sal			
Sunset Drive B. COUNTY NAME Puton C. CITY OR TOWN D. STATE E. ZIP CODE F. COUNTY CODE (if known)			ET, ROUTE NO. OR OTHER	SPEC	IFIC I	DENTIFIER				-0.00 C P	N. S. 495-1	23
B. COUNTY NAME PITON		1. 1 1 1		11	1	111						
C. CITY OR TOWN D. STATE E. ZIP CODE F. COUNTY CODE (If know)		······································	B. COUNTY N	IAME			45		AAA.			
C. CITY OR TOWN D. STATE E. ZIP CODE F. COUNTY CODE (If know)	nton				I		,	6				
~ · · · · · · · · · · · · · · · · · · ·			C. CITY OR TOWN						DE (If k	nown)	nasaina Salah	12.5
	Sugar Tr	ee l	<u> </u>	E	i I		TN 383					
16 40 41 42 47 51 52 54 Form 3510-1 (8-90) CONTINUE ON		1-90)					40 41 42 47		-84		(nongrésio	ELEGA.

VII. SIC CODES (4-digit, in order of priority) A. FIRST	
7 4952 (specify)	B. SECOND
LL I SEMEDATE OVERBUG	[7]
16 116 C. THIRD	15 110 19
C (specify)	D. FOURTH
7 16 18 - 19	1 1
VIII. OPERATOR INFORMATION	15 18 - 18
A NAME	B. Is the name listed in item
8 Benton-Decatur Counties Special Sewer Dist	Vtil-A also the owner?
15 16	IZ YES D NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the	
F = FEDEDAI	answer box: if "Other," specify.) D. PHONE (area code & no.) Decify)
S = STATE M - PUBLIC (other than federal or state) M	A (731) 549-4442
P = PRIVATE U = OTHER (specify)	15 B 18 19 21 22 26
E. STREET OR P.O. BOX	
P.O. Box 370	
28	65
F. CITY OR TOWN	G. STATE H. ZIP CODE IX, INDIAN LAND
B Parsons	TN 38363 Is the facility located on Indian lands?
15 18	TN 38363 YES INO
X EXISTING ENVIRONMENTAL PERMITS	72 77 7 71
A NPDES (Discharges to Surface Water) D. PSD (Air Em	issions from Proposed Sources)
9 N TN0078042 9 P	
15 16 17 18 30 15 18 17 18	30
B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
9 0	(specify)
15 18 17 18 30 15 19 17 18	30
C. RCRA (Hazardous Wastes)	E. OTHER (specify)
9 R	(specify)
15 16 17 19 30 15 16 17 19	
XI. MAP	30
Attach to this application a topographic map of the area extending to at least one	mile beyond property boundaries. The man must show the outline of the facility, the
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	ewer District ceated by actions in both Benton and
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
I certify under penalty of law that I have personally examined and am familiar with the inquiry of those persons immediately responsible for obtaining the information contain	90 in the application. I believe that the information is two security and security 1.
I certify under penalty of law that I have personally examined and am familiar with the inquiry of those persons immediately responsible for obtaining the information contain am aware that there are significant penalties for submitting false information, including	ed in the application, I believe that the information is true, accurate, and complete. I the possibility of fine and imprisonment.
I certify under penalty of law that I have personally examined and am familiar with the inquiry of those persons immediately responsible for obtaining the information contain	90 in the application. I believe that the information is two security and security 1.
I certify under penalty of law that I have personally examined and am familiar with the inquiry of those persons immediately responsible for obtaining the information contain am aware that there are significant penalties for submitting false information, including A NAME & OFFICIAL TITLE (type or print)	ed in the application, I believe that the information is true, accurate, and complete. I the possibility of fine and imprisonment.
I certify under penalty of law that I have personally examined and am familiar with the inquiry of those persons immediately responsible for obtaining the information contain am aware that there are significant penalties for submitting false information, including A NAME & OFFICIAL TITLE (type or print) Russel Keeton B. SGNATURE	ed in the application, I believe that the information is true, accurate, and complete, I the possibility of fine and imprisonment.
I certify under penalty of law that I have personally examined and am familiar with the inquiry of those persons immediately responsible for obtaining the information contain am aware that there are significant penalties for submitting false information, including A NAME & OFFICIAL TITLE (type or print)	ed in the application, I believe that the information is true, accurate, and complete, I the possibility of fine and imprisonment.
I certify under penalty of law that I have personally examined and am familiar with the inquiry of those persons immediately responsible for obtaining the information contain am aware that there are significant penalties for submitting false information, including A NAME & OFFICIAL TITLE (type or print) Russel Keeton B. SGNATURE	ed in the application, I believe that the information is true, accurate, and complete. I the possibility of fine and imprisonment.

EPA Form 3510-1 (8-90)

Benton Decatur Counties Special Sewer District TN0078042

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 ≥ 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:
 - 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)

Benton Decatur Counties Special Sewer District TN0078042

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

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 SUGAR TREE, TN 38380 (not P.O. Box) 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. 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 I-40 EXIT 126 270 **SEPARATE** MUNICIPAL I-40, STATE REST AREA

Total population served 420

Senton Decatur Counties Special Sewer District TN0078042 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	ACILITY NAME AND PERMIT NUMBER:				rm Approved 1/14/99 IB Number 2040-0086
a. Is the treatment works located in Indian Country? Yes	Benton Decatur Counties Special Sewer Distr	rict TN0078042			
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	.5. Indian Country.			,	
b. Doas 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	a. Is the treatment works located in Indian C	ountry?			
through) Indian Country? Yes No 8. Flow, Indicate the design flow rate of the treatment plant (i.e., the wastewester 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 O.10 mgd Two Years Ago Last Year This Year D. Annual average daily flow rate O.02 O.03 mgd C. Maximum daily flow rate O.04 O.06 O.06 Mgd 7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the pero contribution (by miles) of each. Separate sanitary sewer Combined storm and sanitary sewer Combined storm and sanitary sewer B. Discharges and Other Disposal Methods. a. Does the treatment works discharge effluent to waters of the U.S.? If yes, list how many of each of the following types of discharge points the treatment works uses: I. Discharges of treated effluent B. Discharges of untreated or partially treated effluent Combined sever overflow points W. 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.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) 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 d. Does the treatment works discharge or transport treated or untreated wastewater to another	Yes √ _ No				
8. 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	b. Does the treatment works discharge to a r through) Indian Country?	receiving water that is either in	Indian Country or that is	upstream from (a	nd eventually flows
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" courring no more than three months prior to this application submittal. a. Design flow rate	Yes				
b. Annual average daily flow rate	average daily flow rate and maximum daily flo	w rate for each of the last thre	e years. Each year's data	must be based o	
b. Annual average daily flow rate 0.02 0.02 0.03 mgd c. Maximum daily flow rate 0.04 0.06 0.06 mgd 0.0	a. Design flow rate 0.10 mgd				-
c. Maximum daily flow rate		Two Years Ago	Last Year	This Year	
7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percontribution (by miles) of each. V Separate sanitary sewer 100.00 % % %	b. Annual average daily flow rate	0.02	0.02		0.03 mgd
Separate sanitary sewer 100.00 % Combined storm and sanitary sewer % Bischarges 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 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?	c. Maximum daily flow rate	0.04	0.06		<u>0.06</u> mgd
Combined storm and sanitary sewer % 8. Discharges and Other Disposal Methods. a. Does the treatment works discharge effluent to waters of the U.S.? If yes, list how many of each of the following types of discharge points the treatment works uses: i. Discharges of treated effluent 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	contribution (by miles) of each.	ollection system(s) used by the	e treatment plant. Check a	all that apply. Als	
8. Discharges and Other Disposal Methods. a. Does the treatment works discharge effluent to waters of the U.S.? If yes, list how many of each of the following types of discharge points the treatment works uses: i. Discharges of treated effluent 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? 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					
a. Does the treatment works discharge effluent to waters of the U.S.? If yes, list how many of each of the following types of discharge points the treatment works uses: i. Discharges of treated effluent 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) 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	Combined storm and sanitary sewer	•			%
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	If yes, list how many of each of the followi i. Discharges of treated effluent ii. Discharges of untreated or partially tre	ng types of discharge points t	he treatment works uses:	<u>1</u>	
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.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) 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	·	ior to the headworks)			
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.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) 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		ior to the ricustromay		_	
Annual average daily volume discharged to surface impoundment(s) mgd ls 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: Number of acres: Mgd ls land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another	impoundments that do not have outlets for If yes, provide the following <u>for each surfa</u>	r discharge to waters of the U ce impoundment:	~ ~	Yes	No
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					mgd
If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another					_
Location: Number of acres: Annual average daily volume applied to site: Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another	c. Does the treatment works land-apply treat	ted wastewater?	_	Yes	No
Number of acres: Annual average daily volume applied to site: Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another	If yes, provide the following for each land	application site:			
Annual average daily volume applied to site: Mgd	Location:		·		
d. Does the treatment works discharge or transport treated or untreated wastewater to another	Number of acres:				
d. Does the treatment works discharge or transport treated or untreated wastewater to another	Annual average daily volume applied to si	te:	Mgd		
	ls land application continu	ous or intermit	tent?		
		ansport treated or untreated w	astewater to another		,

Benton Decatur Counties Special Sewer District TN0078042

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

	ty other than the ap	oplicant. provide:					
ansporter name:		, .		•			
ulling Address:					·		
ntact person:							
le:					,		
lephone number:						7	,···
me:							
me:					•		
iling Address:					<u>.</u>		
							· · · · · · · · · · · · · · · · · · ·
ntact person:							
e:							
ephone number:							
nown, provide the I		ber of the treatment					
				_		· · · · · · · · · · · · · · · · · · ·	mg
vide the average d		spose of its wastewa	ater in a manner :	not included in	Yes	,	No
es the treatment wo	rks discharge or di: ove (e.g., undergro	ound percolation, we		_			
es the treatment wo la through A.8.d at	rks discharge or dis ove (e.g., undergro wing <u>for each dispo</u>						
vide the ave		ent works discharge or di	ent works discharge or dispose of its wastewa	_		ent works discharge or dispose of its wastewater in a manner not included in 8.d above (e.g., underground percolation, well injection)? Yes	ent works discharge or dispose of its wastewater in a manner not included in 8.d above (e.g., underground percolation, well injection)? Yes

Benton Decatur Counties Special Sewer District TN0078042

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

-	**E187A	TED	DISCH	ARGES:
WAY	i i i i waa	1	1 IIXC H	7K X.

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."

9.	Des	scription of Outfall.			
,	a .	Outfall number	001	- .	
	b.	Location	Nix Landing Rd (City or town, if applicable) BENTON	Sugar Tree, TN	38380 (Zip Code) TN
			(County) 35 50 53	· ·	(State) 87 57 28
			(Latitude)		(Longitude)
	c.	Distance from shore (if	applicable)	100.00	ft,
	d.	Depth below surface (ii	f applicable)	21.00	ft.
	Э.	Average daily flow rate		0.10	mgd
	f.	Does this outfall have e periodic discharge?	either an intermittent or a	Yes	√ No (go to A.9.g.)
	If yes, provide the following information:				
		Number of times per ye	ear discharge occurs:		·
		Average duration of ea	ich discharge:		
		Average flow per disch	arge:		mgd
		Months in which discha	arge occurs:		
				· · · · · · · · · · · · · · · · · · ·	and the contract of the contra
!	g.	Is outfall equipped with	-	Yes	✓ No
	-	Is outfall equipped with	a diffuser?	Yes	✓ No
10.	-		a diffuser? Waters.		✓ No
10.	Des	scription of Receiving	u a diffuser? Waters. er TENNESSEE RIV		
10.	Des	scription of Receiving Name of receiving wate Name of watershed (if	u a diffuser? Waters. er TENNESSEE RIV	'ER ENNESSEE RIVER (LC	
. 10. :	Des	scription of Receiving Name of receiving water Name of watershed (if United States Soil Con	n a diffuser? Waters. er TENNESSEE RIV known)	ENNESSEE RIVER (LC)shed code (if known):	
. 10. :	Des	Name of receiving water Name of watershed (if United States Soil Con Name of State Manage	waters. Frame TENNESSEE RIV known) Servation Service 14-digit water	ENNESSEE RIVER (LC) shed code (if known):	DWER) EE RIVER (LOWER)
:10.	Des a. b.	Name of receiving water Name of watershed (if United States Soil Con Name of State Manage United States Geologic	waters. er TENNESSEE RIV known) 1 servation Service 14-digit water ement/River Basin (if known): cal Survey 8-digit hydrologic cate	ENNESSEE RIVER (LC) shed code (if known):	DWER) EE RIVER (LOWER)

	Y NAME AND PERMIT NUMBER: n Decatur Counties Special Sew		078042			Form Approved 1/14/99 OMB Number 2040-0086		
A.11. De	escription of Treatment.	-		I:				
a.	What levels of treatment are provi	S	econdary	(2) Cell Aerated La	agoon Svetem			
				(2) Cell Aerated La	igoon System			
b.	Indicate the following removal rate Design BOD ₅ removal <u>or</u> Design 0			85.00	%			
	Design SS removal			85.00	%			
	Design P removal			***************************************	%			
	Design N removal				%	, %		
	Other	_			%			
C.	What type of disinfection is used f	for the effluent fro	m this outfall? If disin	fection varies by seas	on, please describ	e		
	ULTRAVIOLET LIGHT							
	If disinfection is by chlorination, is	dechlorination us	ed for this outfall?	· 	_ Yes	No		
d.	Does the treatment plant have po	st 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:								
	PARAMETER	MAXIMUM		AVERAGE DAILY	VALUE			
Value Units				Value	Units	Number of Samples		
pH (Mini	mum)	6.67	s.u.					
pH (Max		8.76	S.u.			neral Paris Laboration		
Flow Ra		0.06	MGD	0.03	MGD	365.00		
Temperature (Winter) 0.00 C				0.00	С	0.00		

PARAMETER	MAXIMU	IM DAILY VALUE	AVERAGE DAILY VALUE			
	Value	Units	Value	Units	Number of Samples	
pH (Minimum)	6.67	s.u.				
pH (Maximum)	8.76	S.u.			es presentation de la proposition de la company de la comp	
Flow Rate	0.06	MGD	0.03	MGD	365.00	
Temperature (Winter)	0.00	С	0.00	С	0.00	
Temperature (Summer)	0.00	С	0.00	С	0.00	
* For pH please report a minir				1-		

For pH please report a minimum and a maximum daily value **MAXIMUM DAILY POLLUTANT AVERAGE DAILY DISCHARGE ANALYTICAL** ML / MDL DISCHARGE **METHOD** Conc. Units Conc. Units Number of Samples CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. BIOCHEMICAL OXYGEN BOD-5 MG/L 6.91 MG/L 156.00 34.50 5210 B CBOD-5 DEMAND (Report one) /100 ML 60.00 /100 ML 1,080.00 156.00 M COLI BLUE For E-Coli FECAL COLIFORM MG/L 18.50 MG/L 156.00 69.30 2540 D TOTAL SUSPENDED SOLIDS (TSS)

END OF PART A.

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

Benton Decatur Counties Special Sewer District TN0078042

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

ВА	SIC	CAPPLICA	ATION INFORMATION				
PAR	ТВ		NAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR O 0.1 MGD (100,000 gallons per day).				
All a	oplic	ants with a desi	gn flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).				
B.1.	inf	low and Infiltra 2000	tion. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.				
	Bri	efly 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 surro	unding the treatment plant, including all unit processes.				
	b.		s or other structures through which wastewater enters the treatment works and the pipes or other structures through which vater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.				
	C.	Each well whe	re wastewater from the treatment plant is injected underground.				
	d.		other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment isted in public record or otherwise known to the applicant.				
	e.	Any areas whe	ere the sewage sludge produced by the treatment works is stored, treated, or disposed.				
	f.		t works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by becial pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or				
	baci chlo	kup power sourd	ram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all bees or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily treatment units. Include a brief narrative description of the diagram.				
B.4.	Ope	ration/Mainten	ance Performed by Contractor(s).				
			or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a YesNo				
		s, list the name es if necessary)	address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional				
	Nan	ne: <u> </u>	STEVE HENSLEY				
	Mail	ing Address: _	P.O BOX 1082 LEXINGTON, TN 38351				
	Tele	phone Number:	(731) 614-5484				
	Res	ponsibilities of C	Contractor: DAILY OPERATION, CONVEYANCE OF SAMPLES TO COMMERCIAL LABORATORY				
	unce treat	ompleted plans t tment works has	ements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the several different implementation schedules or is planning several improvements, submit separate responses to question the, 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 wheth	er the planned improvements or implementation schedule are required by local, State, or Federal agencies.				
		Yes	No				

FACILITY NAME AND PERMIT NUMBER: Form Approved 1/14/99 OMB Number 2040-0086 Benton Decatur Counties Special Sewer District TN0078042 If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable). 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. Schedule **Actual Completion** MM / DD / YYYY MM / DD / YYYY Implementation Stage - Begin construction __/__/___ - End construction _______ - Begin discharge - Attain operational level _/__/___ __/ ___/ ____ Have appropriate permits/clearances concerning other Federal/State requirements been obtained? _Yes No Describe briefly: B.6. EFFLUENT TESTING DATA (GREATER THAN O.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 AVERAGE DAILY DISCHARGE **POLLUTANT** MAXIMUM DAILY DISCHARGE Units Conc. Conc. Units Number of **ANALYTICAL** ML/MDL METHOD Samples CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. AMMONIA (as N) mg/l mg/l CHLORINE (TOTAL ma/l RESIDUAL, TRC) mg/l DISSOLVED OXYGEN 2.00 14.60 mg/l mg/l 156.00 4500 - O G TOTAL KJELDAHL mg/l mg/i NITROGEN (TKN) NITRATE PLUS NITRITE mg/l mg/l NITROGEN OIL and GREASE mg/l mg/l PHOSPHORUS (Total) mg/l mg/l TOTAL DISSOLVED SOLIDS (TDS) mg/l mg/l

END OF PART B.

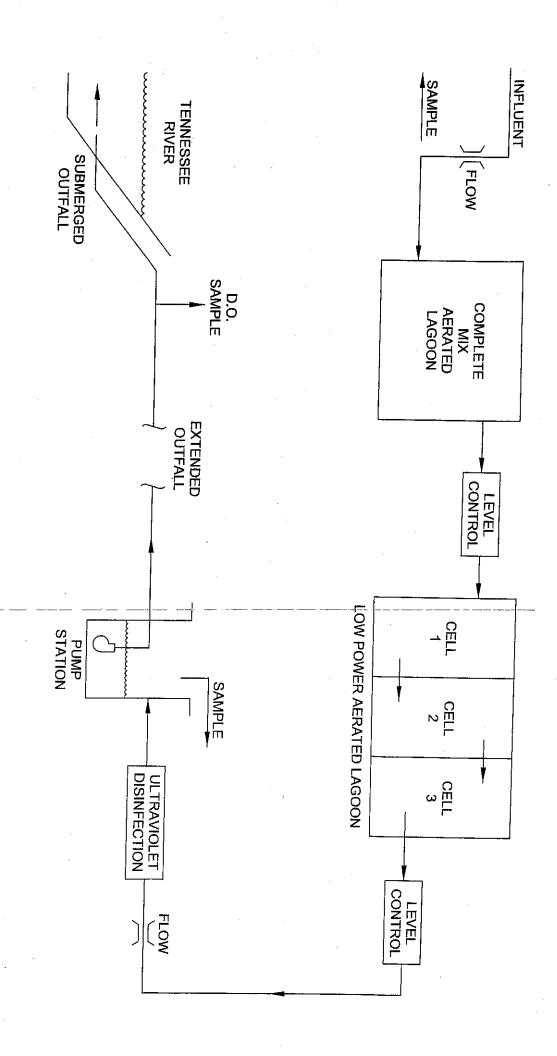
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE

OTHER

FACILITY NAME AND PERMIT NUMBER:	!	Form Approved 1/14/99			
Benton Decatur Counties Special Sewer Distric	OMB Number 2040-0086				
BASIC APPLICATION INFORMAT	ION				
DADE O OFFICIATION					
PART C. CERTIFICATION					
applicants must complete all applicable sections of Fo	orm 2A, as explained in the Apertification statement, applica	ermine who is an officer for the purposes of this certification. All pplication Overview. Indicate below which parts of Form 2A you ants confirm that they have reviewed Form 2A and have completed			
Indicate which parts of Form 2A you have complete	ted and are submitting:				
Basic Application Information packet	Supplemental Application I	Information packet:			
	Part D (Expanded	l Effluent Testing Data)			
	Part E (Toxicity Te	esting: Biomonitoring Data)			
		User Discharges and RCRA/CERCLA Wastes)			
	Part G (Combined	I Sewer Systems)			
ALL APPLICANTS MUST COMPLETE THE FOLLOW	WING CERTIFICATION.				
designed to assure that qualified personnel properly g who manage the system or those persons directly res	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, PRE	SIDENT				
Signature Kussel Ku	eto				
Telephone number (731) 549-4442					
Date signed					
Upon request of the permitting authority, you must subworks or identify appropriate permitting requirements.		cessary to assess wastewater treatment practices at the treatment			

SEND COMPLETED FORMS TO:



BENTON-DECATUR SPECIAL SEWER DISTRICT
SCHEMATIC FLOW DIAGRAM
DECEMBER 2008

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

