WAUFORD
J. R. Wauford & Company, Consulting Engineers, Inc.
www.jrwauford.com

March 4, 2022

Mr. Vojin Janjic
Manager - Water Based Systems
Division of Water Resources
William R. Snodgrass Tennessee Tower, 11th Floor
312 Rosa L. Parks Avenue
Nashville, Tennessee 37243

RE: Alternative Discharge Analysis
NPDES Permit No. TN0061841
Cornersville Wastewater Treatment Plant
Cornersville, Tennessee
Wauford Project No. 1960

Dear Mr. Janjic:

Lewisburg Water & Wastewater operates the Cornersville Wastewater Treatment Plant (WWTP). Lewisburg Water & Wastewater has analyzed the alternatives for discharge from the Cornersville Public Owned Treatment Works which discharges to Town Creek. The City of Cornersville serves approximately 650 households with no industrial users and the average daily discharge rate is 0.10 MGD. The alternatives to continued discharge to Town Creek include (1) land application, (2) direct potable reuse, and (3) discharge to another municipality.

Land application would likely consist of the purchase of approximately 100 acres of nearby farmland in order to develop 50 acres of drip fields. Considering the cost of land, this purchase would likely cost the city in excess of $1 million which would not include the cost of necessary improvements to the STP to land apply effluent. For these reasons, land application is not considered a feasible option.

The second alternative to the current discharge would consist of treating the effluent to standards for direct potable reuse. The order of magnitude treatment cost for this alternative is approximately $10 million. In addition, the use of the Duck River as a raw water source is widely accepted in Cornersville and Marshall County and the use of treated effluent for potable reuse will likely result in public outcry due to plentiful local sources of raw water. For these reasons, this alternative is not considered a feasible option.

The third alternative to the current discharge would consist of pumping the effluent to a local municipality for discharge through their permitted outfall. This alternative would likely consist of an effluent pumping station and force main resulting in an order of magnitude cost of $5 million. In addition, this alternative would result in an increase in treated effluent from a currently permitted outfall which would reduce the amount the receiving municipality could discharge. For these reasons, pumping to a local municipality is not considered a feasible option.

60 Volunteer Boulevard
Jackson, Tennessee 38305
(731) 668-1953
Fax (731) 668-6809

2835 Lebanon Pike
P.O. Box 140350 Nashville,
Tennessee 37214
(615) 883-3243
Fax (615) 391-3710

908 West Broadway Avenue
Maryville, Tennessee 37801
(865) 984-9638
Fax (865) 983-4327

WAUFORD

The most economical alternative for the City of Cornersville is to continue the operation of the existing sewer treatment plant. Please do not hesitate to contact me if you have questions.

Yours very truly,

J. R. WAUFORD & COMPANY,
CONSULTING ENGINEERS, INC.

J. Gregory Davenport, P.E.
President

JGD:lan

cc: Trigg Cathey, P.E., Lewisburg Water & Wastewater

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: TN0061841 **DATE:** March 3, 2022

PERMITTED FACILITY: Cornersville Wastewater Treatment Plant **COUNTY:** Marshall

OFFICIAL PERMIT CONTACT:

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

Official Contact: Ms. Caryl Giles	Title or Position: Laboratory and Pretreatment Supervisor		
Mailing Address: 100 Water Street	City: Lewisburg	State: TN	Zip: 37091
Phone number(s): (931)359-2363	E-mail: caryl@lewisburgwater.org		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact: Mr. Trigg Cathey, P.E.	Title or Position: General Manager		
Mailing Address: 100 Water Street	City: Lewisburg	State: TN	Zip: 37091
Phone number(s): (931)359-6831	E-mail: trigg@lewisburgwater.org		

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

Facility Location Contact: Ms. Caryl Giles	Title or Position: Laboratory and Pretreatment Supervisor		
Facility Location (physical street address): 1880 New Ostella Road	City: Cornersville	State: TN	Zip: 37047
Phone number(s): (931)359-2363	E-mail: caryl@lewisburgwater.org		

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: Ms. Caryl Giles	Title or Position: Laboratory and Pretreatment Supervisor		
Mailing Address: 100 Water Street	City: Lewisburg	State: TN	Zip: 37091
Phone number(s): (931)359-2363	E-mail: caryl@lewisburgwater.org		
Fax number for reporting: (931)270-0229	Does the facility have interest in starting electronic DMR reporting? Yes No		

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
	TN0061841	Cornersville WWTP	

Form 2A NPDES | EPA

U.S. Environmental Protection Agency
Application for NPDES Permit to Discharge Wastewater
NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS

SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))

Facility Information

1.1 Facility name
Cornersville Wastewater Treatment Plant

Mailing address (street or P.O. box)
100 Water Street

City or town	State	ZIP code
Lewisburg	Tennessee	37091

Contact name (first and last)	Title	Phone number	Email address
Ms. Caryl Giles	Laboratory and Pretreatment	(931) 359-2363	caryl@lewisburgwater.org

Location address (street, route number, or other specific identifier) ☐ Same as mailing address
1880 New Ostella Road

City or town	State	ZIP code
Cornersville	Tennessee	37047

1.2 Is this application for a facility that has yet to commence discharge?
☐ Yes ➔ See instructions on data submission requirements for new dischargers. ☑ No

Applicant Information

1.3 Is applicant different from entity listed under Item 1.1 above?
☑ Yes ☐ No ➔ SKIP to Item 1.4.

Applicant name
Lewisburg Water & Wastewater Department

Applicant address (street or P.O. box)
100 Water Street

City or town	State	ZIP code
Lewisburg	Tennessee	37091

Contact name (first and last)	Title	Phone number	Email address
Mr. Trigg Cathey, P.E.	General Manager	(931) 359-6831	trigg@lewisburgwater.org

1.4 Is the applicant the facility's owner, operator, or both? (Check only one response.)
☐ Owner ☑ Operator ☐ Both

1.5 To which entity should the NPDES permitting authority send correspondence? (Check only one response.)
☐ Facility ☑ Applicant ☐ Facility and applicant (they are one and the same)

Existing Environmental Permits

1.6 Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)

Existing Environmental Permits

☑ NPDES (discharges to surface water) TN0061841	☐ RCRA (hazardous waste)	☐ UIC (underground injection control)
☐ PSD (air emissions)	☐ Nonattainment program (CAA)	☐ NESHAPs (CAA)
☐ Ocean dumping (MPRSA)	☐ Dredge or fill (CWA Section 404)	☐ Other (specify)

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
	TN0061841	Cornersville WWTP	

Collection System and Population Served

1.7 Provide the collection system information requested below for the treatment works.

Municipality Served	Population Served	Collection System Type (indicate percentage)	Ownership Status
Cornersville	1,257+/-	100 % separate sanitary sewer ____ % combined storm and sanitary sewer ☐ Unknown	☑ Own ☐ Maintain ☐ Own ☐ Maintain ☐ Own ☐ Maintain
		____ % separate sanitary sewer ____ % combined storm and sanitary sewer ☐ Unknown	☐ Own ☐ Maintain ☐ Own ☐ Maintain ☐ Own ☐ Maintain
		____ % separate sanitary sewer ____ % combined storm and sanitary sewer ☐ Unknown	☐ Own ☐ Maintain ☐ Own ☐ Maintain ☐ Own ☐ Maintain
		____ % separate sanitary sewer ____ % combined storm and sanitary sewer ☐ Unknown	☐ Own ☐ Maintain ☐ Own ☐ Maintain ☐ Own ☐ Maintain
Total Population Served	1,257+/-		

	Separate Sanitary Sewer System	Combined Storm and Sanitary Sewer
Total percentage of each type of sewer line (in miles)	100 %	%

Indian Country

1.8 Is the treatment works located in Indian Country?

☐ Yes ☑ No

1.9 Does the facility discharge to a receiving water that flows through Indian Country?

☐ Yes ☑ No

Design and Actual Flow Rates

1.10 Provide design *and* actual flow rates in the designated spaces.

Design Flow Rate
0.10 mgd

Annual Average Flow Rates (Actual)		
Two Years Ago	**Last Year**	**This Year**
0.110 mgd	0.109 mgd	0.098 mgd

Maximum Daily Flow Rates (Actual)		
Two Years Ago	**Last Year**	**This Year**
0.470 mgd	0.367 mgd	0.351 mgd

Discharge Points by Type

1.11 Provide the total number of effluent discharge points to waters of the United States by type.

Total Number of Effluent Discharge Points by Type				
Treated Effluent	**Untreated Effluent**	**Combined Sewer Overflows**	**Bypasses**	**Constructed Emergency Overflows**
001	0	0	0	0

Outfalls and Other Discharge or Disposal Methods

Outfalls Other Than to Waters of the United States

1.12 Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States?

☐ Yes ☑ No ➔ SKIP to Item 1.14.

1.13 Provide the location of each surface impoundment and associated discharge information in the table below.

Surface Impoundment Location and Discharge Data

Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)
	gpd	☐ Continuous ☐ Intermittent
	gpd	☐ Continuous ☐ Intermittent
	gpd	☐ Continuous ☐ Intermittent

1.14 Is wastewater applied to land?

☐ Yes ☑ No ➔ SKIP to Item 1.16.

1.15 Provide the land application site and discharge data requested below.

Land Application Site and Discharge Data

Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
	acres	gpd	☐ Continuous ☐ Intermittent
	acres	gpd	☐ Continuous ☐ Intermittent
	acres	gpd	☐ Continuous ☐ Intermittent

1.16 Is effluent transported to another facility for treatment prior to discharge?

☐ Yes ☑ No ➔ SKIP to Item 1.21.

1.17 Describe the means by which the effluent is transported (e.g., tank truck, pipe).

1.18 Is the effluent transported by a party other than the applicant?

☐ Yes ☐ No ➔ SKIP to Item 1.20.

1.19 Provide information on the transporter below.

Transporter Data

Entity name	Mailing address (street or P.O. box)	
City or town	State	ZIP code
Contact name (first and last)	Title	
Phone number	Email address	

Outfalls and Other Discharge or Disposal Methods Continued

1.20 In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.

Receiving Facility Data

Facility name	Mailing address (street or P.O. box)	
City or town	State	ZIP code
Contact name (first and last)	Title	
Phone number	Email address	
NPDES number of receiving facility (if any) ☐ None	Average daily flow rate	mgd

1.21 Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)?

☐ Yes ☑ No ➔ SKIP to Item 1.23.

1.22 Provide information in the table below on these other disposal methods.

Information on Other Disposal Methods

Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume	Continuous or Intermittent (check one)
		acres	gpd	☐ Continuous ☐ Intermittent
		acres	gpd	☐ Continuous ☐ Intermittent
		acres	gpd	☐ Continuous ☐ Intermittent

Variance Requests

1.23 Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)

☐ Discharges into marine waters (CWA Section 301(h))

☐ Water quality related effluent limitation (CWA Section 302(b)(2))

☑ Not applicable

Contractor Information

1.24 Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?

☐ Yes ☑ No ➔ SKIP to Section 2.

1.25 Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.

Contractor Information

	Contractor 1	Contractor 2	Contractor 3
Contractor name (company name)			
Mailing address (street or P.O. box)			
City, state, and ZIP code			
Contact name (first and last)			
Phone number			
Email address			
Operational and maintenance responsibilities of contractor			

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
	TN0061841	Cornersville WWTP	

SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))

Design Flow

Outfalls to Waters of the United States

2.1 Does the treatment works have a design flow greater than or equal to 0.1 mgd?

☑ Yes ☐ No ➔ SKIP to Section 3.

Inflow and Infiltration

2.2 Provide the treatment works' current average daily volume of inflow and infiltration.

Average Daily Volume of Inflow and Infiltration
36,615 gpd

Indicate the steps the facility is taking to minimize inflow and infiltration.

The Lewisburg Water & Wastewater performs on-going sewer rehabilitation projects using contracted forces. In house sewer system rehabilitation work is also performed by Lewisburg Water & Wastewater.

Topographic Map

2.3 Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.)

☑ Yes ☐ No

Flow Diagram

2.4 Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.)

☑ Yes ☐ No

Scheduled Improvements and Schedules of Implementation

2.5 Are improvements to the facility scheduled?

☐ Yes ☑ No ➔ SKIP to Section 3.

Briefly list and describe the scheduled improvements.

1.

2.

3.

4.

2.6 Provide scheduled or actual dates of completion for improvements.

Scheduled or Actual Dates of Completion for Improvements

Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
1.					
2.					
3.					
4.					

2.7 Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response.

☐ Yes ☐ No ☐ None required or applicable

Explanation:

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
	TN0061841	Cornersville WWTP	

SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))

Description of Outfalls

3.1 Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)

	Outfall Number 001	Outfall Number ____	Outfall Number ____
State	Tennessee		
County	Marshall		
City or town	Cornersville		
Distance from shore	0.00 ft.	ft.	ft.
Depth below surface	3.00 ft.	ft.	ft.
Average daily flow rate	0.100 mgd	mgd	mgd
Latitude	35° 19′ 56″	° ′ ″	° ′ ″
Longitude	-86° 51′ 32″	° ′ ″	° ′ ″

Seasonal or Periodic Discharge Data

3.2 Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges?

☐ Yes ☑ No ➔ SKIP to Item 3.4.

3.3 If so, provide the following information for each applicable outfall.

	Outfall Number ____	Outfall Number ____	Outfall Number ____
Number of times per year discharge occurs			
Average duration of each discharge (specify units)			
Average flow of each discharge	mgd	mgd	mgd
Months in which discharge occurs			

Diffuser Type

3.4 Are any of the outfalls listed under Item 3.1 equipped with a diffuser?

☐ Yes ☑ No ➔ SKIP to Item 3.6.

3.5 Briefly describe the diffuser type at each applicable outfall.

Outfall Number ____	Outfall Number ____	Outfall Number ____

Waters of the U.S.

3.6 Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points?

☑ Yes ☐ No ➔ SKIP to Section 6.

Receiving Water Description

3.7 Provide the receiving water and related information (if known) for each outfall.

	Outfall Number 001	Outfall Number ____	Outfall Number ____
Receiving water name	Town Creek at Mile 0.9		
Name of watershed, river, or stream system	Elk-Lower		
U.S. Soil Conservation Service 14-digit watershed code			
Name of state management/river basin			
U.S. Geological Survey 8-digit hydrologic cataloging unit code			
Critical low flow (acute)	cfs	cfs	cfs
Critical low flow (chronic)	cfs	cfs	cfs
Total hardness at critical low flow	mg/L of $CaCO_3$	mg/L of $CaCO_3$	mg/L of $CaCO_3$

Treatment Description

3.8 Provide the following information describing the treatment provided for discharges from each outfall.

	Outfall Number 001	Outfall Number ____	Outfall Number ____
Highest Level of Treatment (check all that apply per outfall)	☐ Primary ☐ Equivalent to secondary ☑ Secondary ☐ Advanced ☐ Other (specify) ____	☐ Primary ☐ Equivalent to secondary ☐ Secondary ☐ Advanced ☐ Other (specify) ____	☐ Primary ☐ Equivalent to secondary ☐ Secondary ☐ Advanced ☐ Other (specify) ____
Design Removal Rates by Outfall			
BOD_5 or $CBOD_5$	85 %	%	%
TSS	85 %	%	%
Phosphorus	☑ Not applicable %	☐ Not applicable %	☐ Not applicable %
Nitrogen	☑ Not applicable %	☐ Not applicable %	☐ Not applicable %
Other (specify) ____	☑ Not applicable %	☐ Not applicable %	☐ Not applicable %

Treatment Description Continued

3.9 Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below.

	Outfall Number 001	Outfall Number ____	Outfall Number ____
Disinfection type	Ultraviolet Disinfection		
Seasons used	All		
Dechlorination used?	☑ Not applicable ☐ Yes ☐ No	☐ Not applicable ☐ Yes ☐ No	☐ Not applicable ☐ Yes ☐ No

Effluent Testing Data

3.10 Have you completed monitoring for all Table A parameters and attached the results to the application package?

☑ Yes ☐ No

3.11 Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points?

☐ Yes ☑ No ➔ SKIP to Item 3.13.

3.12 Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.

	Outfall Number 001		Outfall Number ____		Outfall Number ____	
	Acute	Chronic	Acute	Chronic	Acute	Chronic
Number of tests of discharge water						
Number of tests of receiving water						

3.13 Does the treatment works have a design flow greater than or equal to 0.1 mgd?

☑ Yes ☐ No ➔ SKIP to Item 3.16.

3.14 Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent?

☐ Yes ➔ Complete Table B, including chlorine. ☑ No ➔ Complete Table B, omitting chlorine.

3.15 Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package?

☑ Yes ☐ No

3.16 Does one or more of the following conditions apply?

- The facility has a design flow greater than or equal to 1 mgd.
- The POTW has an approved pretreatment program or is required to develop such a program.
- The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E).

☐ Yes ➔ Complete Tables C, D, and E as applicable. ☑ No ➔ SKIP to Section 4.

3.17 Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package?

☐ Yes ☐ No

3.18 Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package?

☐ Yes ☐ No additional sampling required by NPDES permitting authority.

Effluent Testing Data Continued

3.19 Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years?

☐ Yes ☐ No ➔ Complete tests and Table E and SKIP to Item 3.26.

3.20 Have you previously submitted the results of the above tests to your NPDES permitting authority?

☐ Yes ☐ No ➔ Provide results in Table E and SKIP to Item 3.26.

3.21 Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.

Date(s) Submitted (MM/DD/YYYY)	Summary of Results

3.22 Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity?

☐ Yes ☐ No ➔ SKIP to Item 3.26.

3.23 Describe the cause(s) of the toxicity:

3.24 Has the treatment works conducted a toxicity reduction evaluation?

☐ Yes ☐ No ➔ SKIP to Item 3.26.

3.25 Provide details of any toxicity reduction evaluations conducted.

3.26 Have you completed Table E for all applicable outfalls and attached the results to the application package?

☐ Yes ☐ Not applicable because previously submitted information to the NPDES permitting authority.

SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(j)(6) and (7))

Industrial Discharges and Hazardous Wastes

4.1 Does the POTW receive discharges from SIUs or NSCIUs?

☐ Yes ☑ No ➔ SKIP to Item 4.7.

4.2 Indicate the number of SIUs and NSCIUs that discharge to the POTW.

Number of SIUs	Number of NSCIUs

4.3 Does the POTW have an approved pretreatment program?

☐ Yes ☐ No

4.4 Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program?

☐ Yes ☐ No ➔ SKIP to Item 4.6.

4.5 Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.

4.6 Have you completed and attached Table F to this application package?

☐ Yes ☐ No

Industrial Discharges and Hazardous Wastes Continued

4.7 Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261?

☐ Yes ☑ No ➔ SKIP to Item 4.9.

4.8 If yes, provide the following information:

Hazardous Waste Number	Waste Transport Method (check all that apply)	Annual Amount of Waste Received	Units
	☐ Truck ☐ Rail ☐ Dedicated pipe ☐ Other (specify) _____		
	☐ Truck ☐ Rail ☐ Dedicated pipe ☐ Other (specify) _____		
	☐ Truck ☐ Rail ☐ Dedicated pipe ☐ Other (specify) _____		

4.9 Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA?

☐ Yes ☑ No ➔ SKIP to Section 5.

4.10 Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)?

☐ Yes ➔ SKIP to Section 5. ☐ No

4.11 Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW?

☐ Yes ☐ No

SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8))

CSO Map and Diagram

5.1 Does the treatment works have a combined sewer system?

☐ Yes ☑ No ➔ SKIP to Section 6.

5.2 Have you attached a CSO system map to this application? (See instructions for map requirements.)

☐ Yes ☐ No

5.3 Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.)

☐ Yes ☐ No

CSO Outfall Description

5.4 For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)

	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
City or town			
State and ZIP code			
County			
Latitude	° ′ ″	° ′ ″	° ′ ″
Longitude	° ′ ″	° ′ ″	° ′ ″
Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.

CSO Monitoring

5.5 Did the POTW monitor any of the following items in the past year for its CSO outfalls?

	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
Rainfall	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CSO flow volume	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CSO pollutant concentrations	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Receiving water quality	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CSO frequency	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Number of storm events	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

CSO Events in Past Year

5.6 Provide the following information for each of your CSO outfalls.

	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
Number of CSO events in the past year	events	events	events
Average duration per event	hours ☐ Actual or ☐ Estimated	hours ☐ Actual or ☐ Estimated	hours ☐ Actual or ☐ Estimated
Average volume per event	million gallons ☐ Actual or ☐ Estimated	million gallons ☐ Actual or ☐ Estimated	million gallons ☐ Actual or ☐ Estimated
Minimum rainfall causing a CSO event in last year	inches of rainfall ☐ Actual or ☐ Estimated	inches of rainfall ☐ Actual or ☐ Estimated	inches of rainfall ☐ Actual or ☐ Estimated

CSO Receiving Waters

5.7 Provide the information in the table below for each of your CSO outfalls.

	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
Receiving water name			
Name of watershed/ stream system			
U.S. Soil Conservation Service 14-digit watershed code (if known)	☐ Unknown	☐ Unknown	☐ Unknown
Name of state management/river basin			
U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	☐ Unknown	☐ Unknown	☐ Unknown
Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

6.1 In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.

Column 1	Column 2	
☑ Section 1: Basic Application Information for All Applicants	☐ w/ variance request(s)	☐ w/ additional attachments
☑ Section 2: Additional Information	☐ w/ topographic map ☐ w/ additional attachments	☐ w/ process flow diagram
☑ Section 3: Information on Effluent Discharges	☑ w/ Table A ☑ w/ Table B ☐ w/ Table C	☐ w/ Table D ☐ w/ Table E ☐ w/ additional attachments
☐ Section 4: Industrial Discharges and Hazardous Wastes	☐ w/ SIU and NSCIU attachments ☐ w/ additional attachments	☐ w/ Table F
☐ Section 5: Combined Sewer Overflows	☐ w/ CSO map ☐ w/ CSO system diagram	☐ w/ additional attachments
☑ Section 6: Checklist and Certification Statement	☐ w/ attachments	

6.2 **Certification Statement**

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

Name (print or type first and last name)	Official title
Trigg Cathey, P.E.	General Manager
Signature	Date signed

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	TN0061841	Cornersville WWTP	001

Form Approved 03/05/19
OMB No. 2040-0004

TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand ☐ BOD_5 or ☑ $CBOD_5$ (report one)	19.0	mg/L	2.91	mg/L	470	SM 5210 B	0.1 mg/L ☐ ML ☑ MDL
Fecal coliform	2420	count/100 mL	21.61	count/100 mL	470	SM 9222 D	1 count/100 mL ☐ ML ☑ MDL
Design flow rate	0.14	MGD	0.10	MGD	1096		
pH (minimum)	5.9	S.U.					
pH (maximum)	8.9	S.U.					
Temperature (winter)	19.2	deg. C	12.2	deg. C	130		
Temperature (summer)	28.6	deg. C	21.8	deg. C	130		
Total suspended solids (TSS)	279	mg/L	6.82	mg/L	471	SM 2540 D	1.0 mg/L ☐ ML ☑ MDL

[1] Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

This page intentionally left blank.

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
	TN0061841	Cornersville WWTP	001

Form Approved 03/05/19
OMB No. 2040-0004

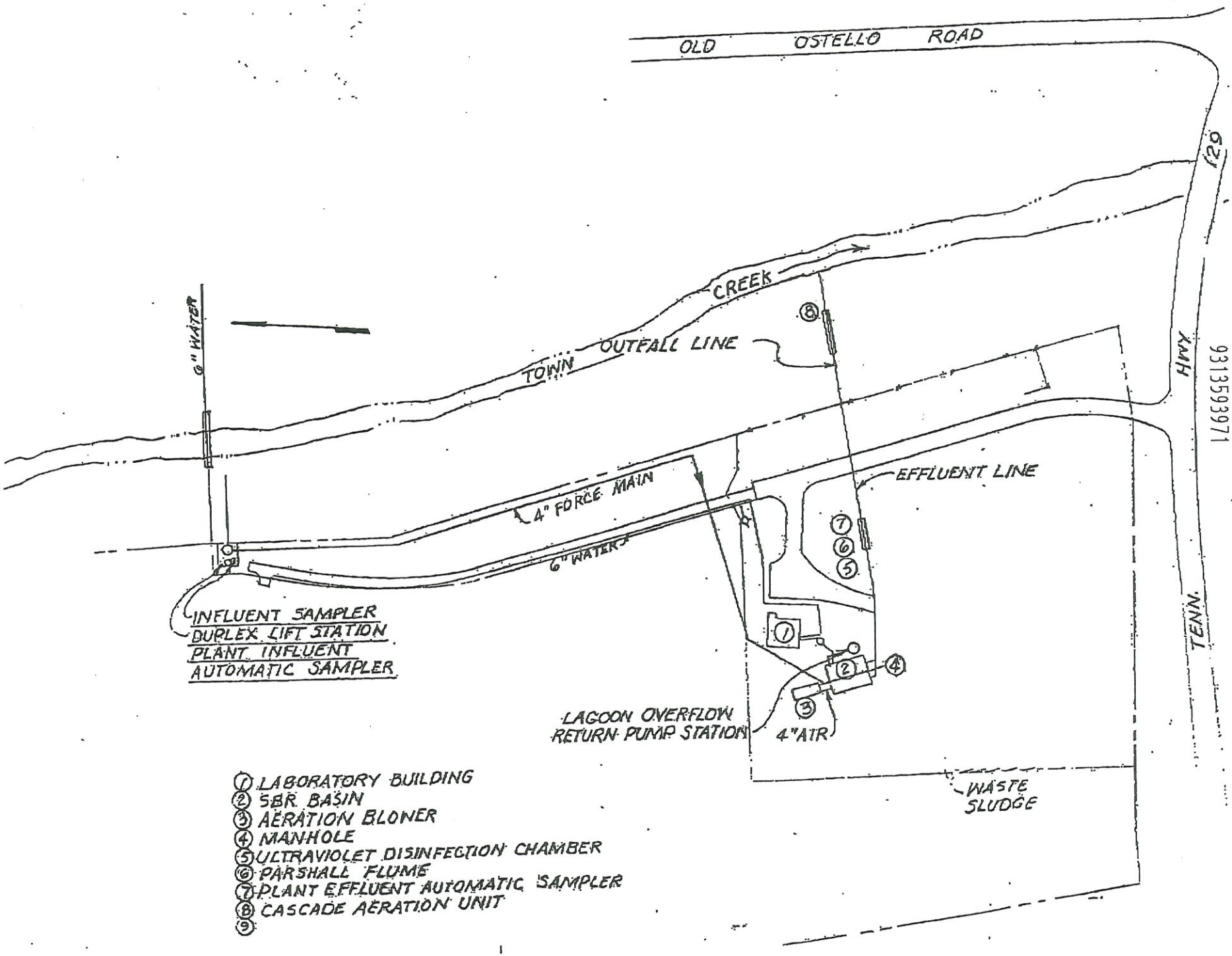
TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method[1]	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	9.27	mg/L	0.34	mg/L	470	4500NH3 D-2011	0.20 mg/L ☐ ML ☑ MDL
Chlorine (total residual, TRC)[2]							☐ ML ☐ MDL
Dissolved oxygen	6.5 (min)	mg/L	10.08	mg/L	784	SM 4500-CIG	0.1 mg/L ☐ ML ☑ MDL
Nitrate/nitrite	37.2	mg/L	22.32	mg/L	23	353.2	0.50 mg/L ☐ ML ☑ MDL
Kjeldahl nitrogen	12.2	mg/L	2.64	mg/L	16	EPA-351.2	1.00 mg/L ☐ ML ☑ MDL
Oil and grease	2.8	mg/L	2.43	mg/L	3	EPA-1664B	1.4 mg/L ☐ ML ☑ MDL
Phosphorus	32	mg/L	4.31	mg/L	70	EPA-365.1	0.20 mg/L ☐ ML ☑ MDL
Total dissolved solids	322	mg/L	298	mg/L	3	2400C-2011	20 mg/L ☐ ML ☑ MDL

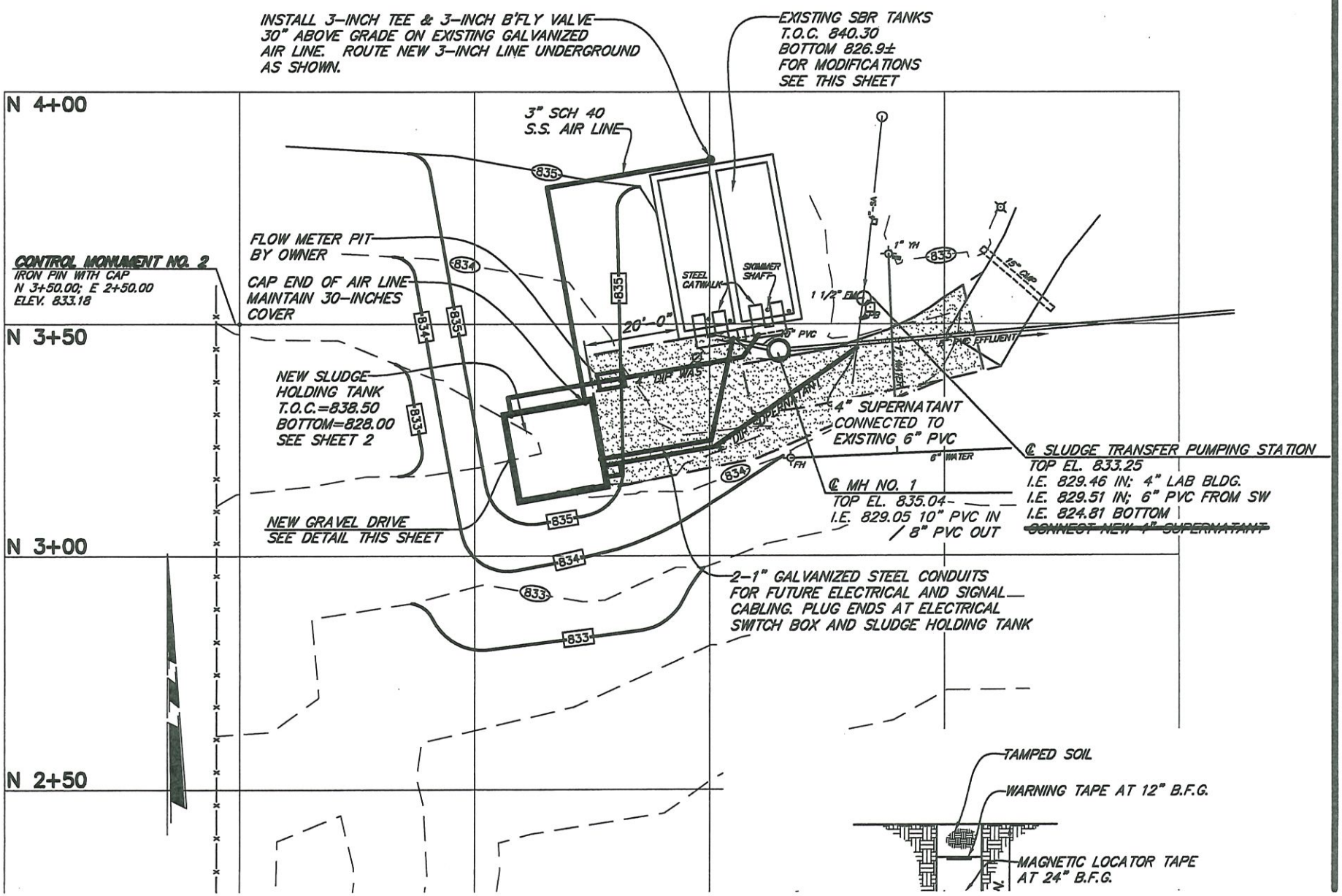
[1] Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

[2] Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

Location Map
Cornersville WWTP
Lewisburg, Tennessee
JRWCO Job No. 1960



03/19/2012 13:34 9313593971 WWTP PAGE 01
9313593971


INSTALL 3-INCH TEE & 3-INCH B'FLY VALVE 30" ABOVE GRADE ON EXISTING GALVANIZED AIR LINE. ROUTE NEW 3-INCH LINE UNDERGROUND AS SHOWN.
EXISTING SBR TANKS T.O.C. 840.30 BOTTOM 826.9± FOR MODIFICATIONS SEE THIS SHEET
N 4+00
N 3+50
N 3+00
N 2+50
3" SCH 40 S.S. AIR LINE
CONTROL MONUMENT NO. 2
IRON PIN WITH CAP
N 3+50.00; E 2+50.00
ELEV. 833.18
FLOW METER PIT BY OWNER
CAP END OF AIR LINE MAINTAIN 30-INCHES COVER
NEW SLUDGE HOLDING TANK T.O.C.=838.50 BOTTOM=828.00 SEE SHEET 2
NEW GRAVEL DRIVE SEE DETAIL THIS SHEET
STEEL CATWALK
SKIMMER SHAFT
20'-0"
6" PVC
EFFLUENT
AIR WAS
SUPERNA TANT
4" SUPERNATANT CONNECTED TO EXISTING 6" PVC
6" WATER
FH
℄ MH NO. 1
TOP EL. 835.04
I.E. 829.05 10" PVC IN
/ 8" PVC OUT
℄ SLUDGE TRANSFER PUMPING STATION
TOP EL. 833.25
I.E. 829.46 IN; 4" LAB BLDG.
I.E. 829.51 IN; 6" PVC FROM SW
I.E. 824.81 BOTTOM
~~CONNECT NEW 4" SUPERNATANT~~
2-1" GALVANIZED STEEL CONDUITS FOR FUTURE ELECTRICAL AND SIGNAL CABLING. PLUG ENDS AT ELECTRICAL SWITCH BOX AND SLUDGE HOLDING TANK
1 1/2" EMC
1" YH
15" CMP
TAMPED SOIL
WARNING TAPE AT 12" B.F.G.
MAGNETIC LOCATOR TAPE AT 24" B.F.G.