

**From:** [Travis Clark](#)  
**To:** [Water Permits](#)  
**Subject:** Re: TN0067423 RE: [EXTERNAL] Clifton STP 2 Permit Renewal Documents  
**Date:** Friday, June 2, 2023 9:51:34 AM

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Austin Clark  
City of Clifton  
Public Works Director  
Ph: (931) 213-1057  
Office: (931) 676-3105

On Jun 1, 2023, at 9:14 PM, Water Permits <[Water.Permits@tn.gov](mailto:Water.Permits@tn.gov)> wrote:

Hello, Travis,

I couldn't get both documents to open. I was able to open the one with the cover letter and the contact information, but the other gave an error message: "Adobe Acrobat could not open '.\_Clifton STP 2 Permits Docs.pdf' because it is either not a supported file type or because the file has been damaged."

Can you send it again, please?

Kind regards,

<[image001.png](#)>

**Beth Rorie**

William R. Snodgrass TN Tower, 11th Fl.  
312 Rosa L. Parks Ave.  
Nashville, TN 37243  
Office: 615-532-1172  
[Elizabeth.Rorie@tn.gov](mailto:Elizabeth.Rorie@tn.gov)  
[customer satisfaction survey](#)

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**From:** Travis Clark <[austinc@cityofclifton.com](mailto:austinc@cityofclifton.com)>

**Sent:** Tuesday, May 30, 2023 10:35 PM  
**To:** Water Permits <[Water.Permits@tn.gov](mailto:Water.Permits@tn.gov)>  
**Cc:** shawn teague <[shawn8386@yahoo.com](mailto:shawn8386@yahoo.com)>  
**Subject:** [EXTERNAL] Clifton STP 2 Permit Renewal Documents

**\*\*\* This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security. \*\*\***

The following attachment is the City of Clifton's STP 2 permit renewal documents.

Please, contact myself directly if any further information is needed.

Kind regards,

Austin Clark  
City of Clifton  
Public Works Director  
Ph: (931) 213-1057  
Office: (931) 676-3105

05/31/2023

Ms. Maybelle Sparks  
Tennessee Department of Environment and Conservation  
Division of Water Resources - Permit Section  
William R. Snodgrass Tennessee Tower  
312 Rosa L. Parks Avenue, 11<sup>th</sup> Floor  
Nashville, TN 37243

Re: **Renewal Application & Antidegradation Statement** for the City of Clifton STP #2 NPDES Permit #TN0067423.

Ms. Sparks,

Enclosed is EPA form 2A and the permit contact information for City of Clifton STP #2 NPDES Permit #TN0067423 for your review. If any other information is needed, please contact us.

**Antidegradation**

The current practice of direct discharge of treated effluent to the existing receiving stream for City of Clifton STP #2 NPDES Permit #TN0067423 is the most economical and feasible disposal method at this time for the City of Clifton. Due to the lack of industry for re-use of effluent, and distance & cost of the project to pump domestic sewer to other POTW's in the area is not economically feasible at this time.

**Request for Reduced Monitoring**

The City of Clifton would like to request reduced monitoring for the parameter: Settleable Solids. During the life of the permit, the facility has shown capacity to stay below the monitoring limit. The increased monitoring frequency places a burden on the sole wastewater operator and a financially burdened facility. Consideration in this matter is greatly appreciated.

If you have any questions or require additional information, please call us.

Thank you for your consideration in this matter,



Mark Stagg - Mayor of Clifton



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, 11<sup>th</sup> 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: TN0067423 DATE: 5/31/2023  
PERMITTED FACILITY: Clifton STP #2 COUNTY: Wayne

OFFICIAL PERMIT CONTACT:

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

Official Contact: <b>Mark Staggs</b>	Title or Position: <b>Mayor</b>		
Mailing Address: <b>P.O Box 192</b>	City: <b>Clifton</b>	State: <b>TN</b>	Zip: <b>38425</b>
Phone number(s): <b>931-676-3370</b>	E-mail: <b>citymanager@cityofclifton.com</b>		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact: <b>Doug Kibbey</b>	Title or Position: <b>City Manager</b>		
Mailing Address: <b>P.O Box 192</b>	City: <b>Clifton</b>	State: <b>TN</b>	Zip: <b>38425</b>
Phone number(s): <b>931-676-3370</b>	E-mail: <b>citymanager@cityofclinton.com</b>		

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

Facility Location Contact: <b>Shawn Teague</b>	Title or Position: <b>Wastewater Operator</b>		
Facility Location (physical street address): <b>510 Forrest Ave.</b>	City: <b>Clifton</b>	State: <b>TN</b>	Zip: <b>38425</b>
Phone number(s): <b>931-676-3370</b>	E-mail: <b>shawn8386@yahoo.com</b>		

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: <b>Shawn Teague</b>	Title or Position: <b>Wastewater Operator</b>		
Mailing Address: <b>P.O Box 192</b>	City: <b>Clifton</b>	State: <b>TN</b>	Zip: <b>38425</b>
Phone number(s): <b>931-676-3370</b>	E-mail: <b>shawn8386@yahoo.com</b>		
Fax number for reporting:	Does the facility have interest in starting electronic DMR reporting? Yes No <b>Already Reporting</b>		

Form 2A NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS</b>
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**SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))**

<b>Facility Information</b>	1.1	Facility name CLIFTON STP #2				
	Mailing address (street or P.O. box) PO BOX 192					
	City or town CLIFTON		State TN	ZIP code 38425		
	Contact name (first and last) Shawn Teague	Title Wastewater Operator	Phone number (931) 676-3370	Email address shawn8386@yahoo.com		
	Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 510 FORREST AVE.					
	City or town CLIFTON		State TN	ZIP code 38425		
	1.2	Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No				
<b>Applicant Information</b>	1.3	Is applicant different from entity listed under Item 1.1 above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.4.				
	Applicant name CITY OF CLIFTON					
	Applicant address (street or P.O. box) PO BOX 192					
	City or town CLIFTON		State TN	ZIP code 38425		
	Contact name (first and last) Mark Staggs	Title Mayor	Phone number (931) 676-3370	Email address citymanager@cityofclifton.com		
	1.4 Is the applicant the facility's owner, operator, or both? (Check only one response.) <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Both					
1.5 To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)						
<b>Existing Environmental Permits</b>	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)				
	<b>Existing Environmental Permits</b>					
	<input checked="" type="checkbox"/>	NPDES (discharges to surface water) TN0067423	<input type="checkbox"/>	RCRA (hazardous waste)	<input type="checkbox"/>	UIC (underground injection control)
	<input type="checkbox"/>	PSD (air emissions)	<input type="checkbox"/>	Nonattainment program (CAA)	<input type="checkbox"/>	NESHAPs (CAA)
<input type="checkbox"/>	Ocean dumping (MPRSA)	<input type="checkbox"/>	Dredge or fill (CWA Section 404)	<input type="checkbox"/>	Other (specify)	



EPA Identification Number	NPDES Permit Number TN0067423	Facility Name CLIFTON STP #2
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Form Approved 03/05/19  
OMB No. 2040-0004

<b>Outfalls and Other Discharge or Disposal Methods</b>	<b>Outfalls Other Than to Waters of the United States</b>			
	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.14.		
	1.13	Provide the location of each surface impoundment and associated discharge information in the table below.		
	<b>Surface Impoundment Location and Discharge Data</b>			
		<b>Location</b>	<b>Average Daily Volume Discharged to Surface Impoundment</b>	<b>Continuous or Intermittent (check one)</b>
			gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
			gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
			gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	1.14	Is wastewater applied to land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.16.		
	1.15	Provide the land application site and discharge data requested below.		
	<b>Land Application Site and Discharge Data</b>			
		<b>Location</b>	<b>Size</b>	<b>Average Daily Volume Applied</b>
		acres	gpd	
		acres	gpd	
		acres	gpd	
1.16	Is effluent transported to another facility for treatment prior to discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.20.			
1.19	Provide information on the transporter below.			
<b>Transporter Data</b>				
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		

<b>Outfalls and Other Discharge or Disposal Methods Continued</b>	1.20	In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.			
	<b>Receiving Facility Data</b>				
	Facility name			Mailing address (street or P.O. box)	
	City or town		State TN	ZIP code	
	Contact name (first and last)		Title		
	Phone number		Email address		
	NPDES number of receiving facility (if any) <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.23.			
	1.22	Provide information in the table below on these other disposal methods.			
<b>Information on Other Disposal Methods</b>					
		<b>Disposal Method Description</b>	<b>Location of Disposal Site</b>	<b>Size of Disposal Site</b>	<b>Annual Average Daily Discharge Volume</b>
				acres	gpd
				acres	gpd
				acres	gpd
					<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
<b>Variance Requests</b>	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.) <input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2)) <input checked="" type="checkbox"/> Not applicable			
	1.24	Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 2.			
<b>Contractor Information</b>	1.25	Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.			
	<b>Contractor Information</b>				
			<b>Contractor 1</b>	<b>Contractor 2</b>	<b>Contractor 3</b>
		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				



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

<b>Design Flow</b>	<b>Outfalls to Waters of the United States</b>					
	2.1	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.				
<b>Inflow and Infiltration</b>	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.	<b>Average Daily Volume of Inflow and Infiltration</b> 0 gpd			
	Indicate the steps the facility is taking to minimize inflow and infiltration. Collection line is 1/4 mile long to prison- No I/I problem.					
<b>Topographic Map</b>	2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Flow Diagram</b>	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.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Scheduled Improvements and Schedules of Implementation</b>	2.5	Are improvements to the facility scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.					
<b>Scheduled or Actual Dates of Completion for Improvements</b>						
	<b>Scheduled Improvement (from above)</b>	<b>Affected Outfalls (list outfall number)</b>	<b>Begin Construction (MM/DD/YYYY)</b>	<b>End Construction (MM/DD/YYYY)</b>	<b>Begin Discharge (MM/DD/YYYY)</b>	<b>Attainment of Operational Level (MM/DD/YYYY)</b>
	1.					
	2.					
	3.					
	4.					
2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable					
Explanation:						

EPA Identification Number	NPDES Permit Number TN0067423	Facility Name CLIFTON STP #2
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OMB No. 2040-0004

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

<b>Description of Outfalls</b>	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)		
		<b>Outfall Number</b> <u>001</u>	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	State	Tennessee		
	County	WAYNE		
	City or town	CLIFTON		
	Distance from shore	5.0 ft.	ft.	ft.
	Depth below surface	12.5 ft.	ft.	ft.
	Average daily flow rate	0.20 mgd	mgd	mgd
	Latitude	35° 23' 28" N	° ' " N or	° ' " N or
	Longitude	87° 58' 55" N or	° ' " N or	° ' " "
<b>Seasonal or Periodic Discharge Data</b>	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.4.		
	3.3	If so, provide the following information for each applicable outfall.		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	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				
<b>Diffuser Type</b>	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.6.		
	3.5	Briefly describe the diffuser type at each applicable outfall.		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
<b>Waters of the U.S.</b>	3.6	Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		

EPA Identification Number	NPDES Permit Number TN0067423	Facility Name CLIFTON STP #2
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Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.		
		<b>Outfall Number</b> <u>001</u>	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	Receiving water name	Tennessee River at mile 157.2		
	Name of watershed, river, or stream system	Tennessee Western Valley - B		
	U.S. Soil Conservation Service 14-digit watershed code			
	Name of state management/river basin	Tennessee River		
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	06040001		
	Critical low flow (acute)	6.000.00 cfs	cfs	cfs
	Critical low flow (chronic)	cfs	cfs	cfs
Total hardness at critical low flow	mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>	
Treatment Description	3.8	Provide the following information describing the treatment provided for discharges from each outfall.		
		<b>Outfall Number</b> <u>001</u>	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	<b>Highest Level of Treatment</b> (check all that apply per outfall)	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____
	<b>Design Removal Rates by Outfall</b>			
	BOD <sub>5</sub> or CBOD <sub>5</sub>	65 %	%	%
	TSS	65 %	%	%
	Phosphorus	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Nitrogen	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
Other (specify) _____	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	

<b>Treatment Description Continued</b>	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.					
			<b>Outfall Number</b> 001	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____		
		Disinfection type	Sodium Hypochlorite				
		Seasons used	ALL				
		Dechlorination used?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Effluent Testing Data</b>	3.10	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.						
			<b>Outfall Number</b> _____		<b>Outfall Number</b> _____		<b>Outfall Number</b> _____	
			<b>Acute</b>	<b>Chronic</b>	<b>Acute</b>	<b>Chronic</b>	<b>Acute</b>	<b>Chronic</b>
		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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes → Complete Table B, including chlorine. <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
3.16	Does one or more of the following conditions apply? <ul style="list-style-type: none"> <li>• The facility has a design flow greater than or equal to 1 mgd.</li> <li>• The POTW has an approved pretreatment program or is required to develop such a program.</li> <li>• 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).</li> </ul> <input type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No additional sampling required by NPDES permitting authority.							

<b>Effluent Testing Data Continued</b>	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? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.</span>
	3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.</span>
	3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.
		<b>Date(s) Submitted</b> (MM/DD/YYYY)
		<b>Summary of Results</b>
	3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Item 3.26.</span>
	3.23	Describe the cause(s) of the toxicity:
3.24	Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Item 3.26.</span>	
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? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.</span>	

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

<b>Industrial Discharges and Hazardous Wastes</b>	4.1	Does the POTW receive discharges from SIUs or NSCIUs? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input checked="" type="checkbox"/> No → SKIP to Item 4.7.</span>
	4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW.
		<b>Number of SIUs</b>
		<b>Number of NSCIUs</b>
	4.3	Does the POTW have an approved pretreatment program? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>
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? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Item 4.6.</span>	
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? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>	

<b>Industrial Discharges and Hazardous Wastes Continued</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.9.				
	4.8	If yes, provide the following information:				
		<b>Hazardous Waste Number</b>	<b>Waste Transport Method</b> (check all that apply)	<b>Annual Amount of Waste Received</b>	<b>Units</b>	
		<input type="checkbox"/>	Truck	<input type="checkbox"/>	Rail	
		<input type="checkbox"/>	Dedicated pipe	<input type="checkbox"/>	Other (specify) _____	
		<input type="checkbox"/>	Truck	<input type="checkbox"/>	Rail	
		<input type="checkbox"/>	Dedicated pipe	<input type="checkbox"/>	Other (specify) _____	
	<input type="checkbox"/>	Truck	<input type="checkbox"/>	Rail		
	<input type="checkbox"/>	Dedicated pipe	<input type="checkbox"/>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes → SKIP to Section 5. <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8))</b>						
<b>CSO Map and Diagram</b>	5.1	Does the treatment works have a combined sewer system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.				
	5.2	Have you attached a CSO system map to this application? (See instructions for map requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
	5.3	Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No				

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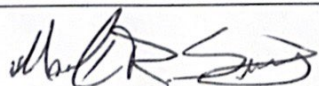
<b>CSO Outfall Description</b>	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)		
		<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____
	City or town			
	State and ZIP code			
	County			
	Latitude	° ' " N or	° ' " N or	° ' " N or
	Longitude	° ' " N or	° ' " N or	° ' " N or
	Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.	
<b>CSO Monitoring</b>	5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?		
		<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____
	Rainfall	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO flow volume	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO pollutant concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Receiving water quality	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of storm events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CSO Events in Past Year</b>	5.6	Provide the following information for each of your CSO outfalls.		
		<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____
	Number of CSO events in the past year	events	events	events
	Average duration per event	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
	Average volume per event	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
Minimum rainfall causing a CSO event in last year	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	

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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)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
		Name of state management/river basin			
		U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> 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.	
		<b>Column 1</b>	<b>Column 2</b>
		<input checked="" type="checkbox"/> Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s) <input type="checkbox"/> w/ additional attachments
		<input checked="" type="checkbox"/> Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input checked="" type="checkbox"/> w/ process flow diagram <input type="checkbox"/> w/ additional attachments
		<input checked="" type="checkbox"/> Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ Table C <input type="checkbox"/> w/ additional attachments
		<input type="checkbox"/> Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ Table F <input type="checkbox"/> w/ additional attachments
		<input type="checkbox"/> Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ additional attachments <input type="checkbox"/> w/ CSO system diagram
		<input checked="" type="checkbox"/> Section 6: Checklist and Certification Statement	<input checked="" type="checkbox"/> w/ attachments
	6.2	<b>Certification Statement</b>	
		<i>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.</i>	
	Name (print or type first and last name) Mark Staggs	Official title Mayor	
	Signature 	Date signed 05-30-23	



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**TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input type="checkbox"/> BOD <sub>5</sub> or <input type="checkbox"/> CBOD <sub>5</sub> (report one)	47.0	mg/L	18.2	mg/L	26	SM52108 2011	1.0 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
E coli	2.0	#/100 mL	1.0	#/100 mL	26	SM 9222	#/100mL <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Design flow rate	0.441	MGD	0.166	MGD	365		
pH (minimum)	6.5	SU					
pH (maximum)	8.4	SU					
Temperature (winter)		NA		NA			
Temperature (summer)		NA		NA			
Total suspended solids (TSS)	35.0	mg/L	20.3	mg/L	26	SM2540D 2011	0 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

<sup>1</sup> 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).

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TN0067423

Facility Name  
CLIFTON STP #2

Outfall Number  
001

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

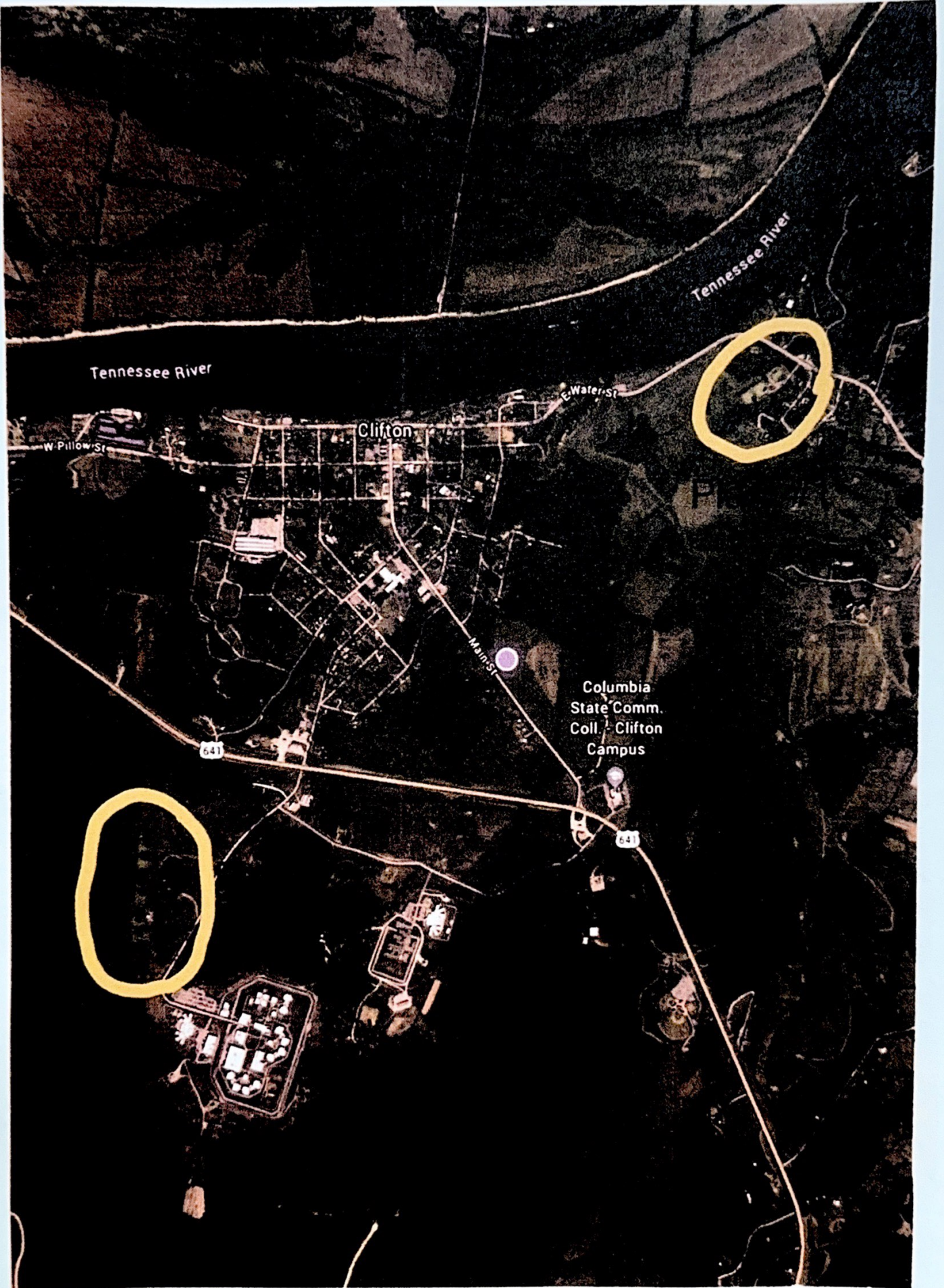
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	1.37	mg/L	1.35	mg/L	3	350.1	0.250 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorine (total residual, TRC) <sup>2</sup>	2.0	mg/L	1.1	mg/L	130	SM4500 ClG	0.05 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dissolved oxygen	12.6	mg/L	5.2	mg/L	130	SM4500 OG	1.0 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrate/nitrite	1.29	mg/L	1.21	mg/L	3	353.2	0.100 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Kjeldahl nitrogen	3.94	mg/L	3.73	mg/L	3	351.2	0.250 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Oil and grease	5.68	mg/L	5.60	mg/L	3	1664A	5.56 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phosphorus	3.56	mg/L	3.35	mg/L	3	365.4	0.100 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total dissolved solids	182	mg/L	181.3	mg/L	3	SM 2540 C	10.0 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

<sup>1</sup> 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).

<sup>2</sup> 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.

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Tennessee River

Tennessee River

W Pillow St

E Water St

Clifton

Main St

Columbia  
State Comm.  
Coll. - Clifton  
Campus

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