

From: [Jared Dunbar](#)
To: [Water Permits](#)
Subject: [EXTERNAL] TN0062014 Permit Application
Date: Monday, June 26, 2023 11:47:31 AM

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

Good morning,

Permit application and signed forms are attached.

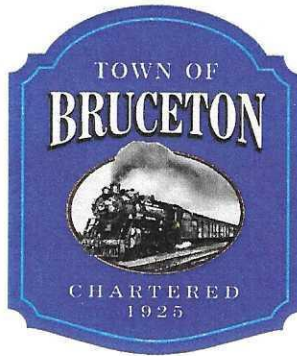
Thanks,

Jared Dunbar

ROBERT T. KEETON III
Mayor

CLIFF STURDIVANT
Vice Mayor

ANNIE HAND
Town Recorder



ALDERMEN
Scotty Higdon
James Butler
Chris Cole
Jack Blocker

June 22nd, 2023

Mrs. Julie Harse
Tennessee Department of Environment and Conservation
Division of Water Resources – Permit Section
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, TN 37243

RE: TOWN OF BRUCETON NPDES # TN0062014 - Permit Renewal Application & Antidegradation Statement

Dear Mrs. Harse,

Enclosed is EPA form 2A and the permit contact information 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 is the most economical and feasible disposal method at this time for the Town of Bruceton. Due to the lack of land for spray fields, and distance and 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 Town of Bruceton would like to request reduced monitoring frequency of 5 samples per week for effluent parameters: Dissolved oxygen and pH, as well as reduced monitoring frequency for Settleable Solids. The Town has shown the capability to maintain dissolved oxygen levels well above the permitted limit and effluent pH maintained between a 6 and 9 S.U., during the life of the current permit. Also, the increased monitoring frequency puts a burden on the lone Wastewater Treatment Operator. The reduction will save money, resources and, manpower. Your consideration in these matters is greatly appreciated.

Sincerely,

A handwritten signature in blue ink, appearing to read "R. Keeton III", is written over a faint blue line.

Robert T. Keeton III
Mayor



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: _____ DATE: _____

PERMITTED FACILITY: _____ COUNTY: _____

OFFICIAL PERMIT CONTACT:

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

Official Contact:	Title or Position:		
Mailing Address:	City:	State:	Zip:
Phone number(s):	E-mail:		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact:	Title or Position:		
Mailing Address:	City:	State:	Zip:
Phone number(s):	E-mail:		


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

Facility Location Contact:	Title or Position:		
Facility Location (physical street address):	City:	State:	Zip:
Phone number(s):	E-mail:		

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:	Title or Position:		
Mailing Address:	City:	State:	Zip:
Phone number(s):	E-mail:		
Fax number for reporting:	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	
Form 2A NPDES		<p align="center">U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS</p>					
SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))							
Facility Information	1.1	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
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address					
		City or town			State		ZIP code
Applicant Information	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 type="checkbox"/> No					
		1.3 Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.4.					
		Applicant name					
		Applicant address (street or P.O. box)					
		City or town		State		ZIP code	
		Contact name (first and last)		Title		Phone number	Email address
Existing Environmental Permits	1.4	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input 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 type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)					
		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							
<input type="checkbox"/> NPDES (discharges to surface water)		<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)			

Outfalls Other Than to Waters of the United States					
Outfalls and Other Discharge or Disposal Methods	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 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.			
		Surface Impoundment Location and Discharge Data			
		Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)	
			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 type="checkbox"/> 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	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
	1.16	Is effluent transported to another facility for treatment prior to discharge? <input type="checkbox"/> Yes <input 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 type="checkbox"/> 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) <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 type="checkbox"/> 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
				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
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.) <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 type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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				

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 _____	Outfall Number _____	Outfall Number _____
	State			
	County			
	City or town			
	Distance from shore	ft.	ft.	ft.
	Depth below surface	ft.	ft.	ft.
	Average daily flow rate	mgd	mgd	mgd
	Latitude	° ' "	° ' "	° ' "
	Longitude	° ' "	° ' "	° ' "
Seasonal or Periodic Discharge Data	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		

Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
	Receiving water name			
	Name of watershed, river, or stream system			
	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 _____	Outfall Number _____	Outfall Number _____
	Highest Level of Treatment (check all that apply per outfall)	<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) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____
	Design Removal Rates by Outfall			
	BOD ₅ or CBOD ₅	%	%	%
	TSS	%	%	%
	Phosphorus	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Nitrogen	<input 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 %	

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 _____	Outfall Number _____	Outfall Number _____			
		Disinfection type						
		Seasons used						
		Dechlorination used?	<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	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No			
Effluent Testing Data	3.10	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input 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 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.	Outfall Number _____	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? <input 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 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 type="checkbox"/> Yes <input type="checkbox"/> No						
	3.16	Does one or more of the following conditions apply? <ul style="list-style-type: none"> • 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). <input type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <input 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.							

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____	
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____	
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <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 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				
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? <input type="checkbox"/> Yes <input 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			

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	<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	
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 <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

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.	
		Column 1	Column 2
		<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	Certification Statement	
	<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)	Official title
	Robert Keeton	Mayor
	Signature	Date signed
		6/22/2023

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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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 <input type="checkbox"/> BOD ₅ or <input type="checkbox"/> CBOD ₅ (report one)							<input type="checkbox"/> ML <input type="checkbox"/> MDL
E.coli							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate							
pH (minimum)							
pH (maximum)							
Temperature (winter)							
Temperature (summer)							
Total suspended solids (TSS)							<input type="checkbox"/> ML <input type="checkbox"/> 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).

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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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 ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) ²							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids							<input type="checkbox"/> ML <input type="checkbox"/> 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.

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