

From: [James Barnard](#)
To: [Water Permits](#)
Subject: [EXTERNAL] Town of Big Sandy TN0022616
Date: Thursday, July 13, 2023 1:58:53 PM

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If you need anything else just let me know.

*James "Cosmo" Barnard
City Clerk
Town of Big Sandy
P.O. Box 176
Big Sandy, TN 38221
Ph: 731-593-3213
Fax: 731-593-0971*



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: TN0022616 DATE: 07/12/2023
 PERMITTED FACILITY: Town Big Sandy Lagoon COUNTY: Benton

OFFICIAL PERMIT CONTACT:

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

Official Contact: John Clement	Title or Position: Mayor		
Mailing Address: PO BOX 176	City: Big Sandy	State: TN	Zip: 38221
Phone number(s): 731-593-3213	E-mail: mayortownofbigsandy@gmail.com		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact: Maria Austin	Title or Position: City Recorder		
Mailing Address: PO BOX 176	City: Big Sandy	State: TN	Zip: 38221
Phone number(s): 731-593-3213	E-mail: townofbigsandy@gmail.com		


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

Facility Location Contact: Mike Rogers	Title or Position: Plant Operator		
Facility Location (physical street address): 240 Ball Park Road	City: Big Sandy	State: TN	Zip: 38221
Phone number(s): 731-593-3213	E-mail: mrdawg909@gmail.com		

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: Mike Rogers	Title or Position: Plant Operator		
Mailing Address: PO BOX 176	City: Big Sandy	State: TN	Zip: 38221
Phone number(s): 731-593-3213	E-mail: mrdawg909@gmail.com		
Fax number for reporting:	Does the facility have interest in starting electronic DMR reporting? Yes No we use NetDMR		

EPA Identification Number TN0022616		NPDES Permit Number TN0022616		Facility Name Town of Big Sandy Lagoon		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2A NPDES				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 Town of Big Sandy Lagoon				
			Mailing address (street or P.O. box) PO BOX 176				
			City or town Big Sandy		State TN		ZIP code 38221
			Contact name (first and last) Mike Rogers	Title Operator	Phone number (731) 593-3213		Email address mrdawg909@gmail.com
			Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 240 Ball Park Road				
			City or town Big Sandy		State TN		ZIP code 38221
	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				
Applicant Information	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 Town of Big Sandy				
			Applicant address (street or P.O. box) PO BOX 176				
			City or town Big Sandy		State TN		ZIP code 38221
			Contact name (first and last) John Clement	Title Mayor	Phone number (731) 593-3213		Email address mayortownofbigsandy@gmail
	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 checked="" 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)				
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				
			<input checked="" type="checkbox"/> NPDES (discharges to surface water) TN0022616	<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)		

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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
		Big Sandy	487	<input checked="" type="checkbox"/> 100 % separate sanitary sewer	<input checked="" type="checkbox"/> Own	<input checked="" type="checkbox"/> Maintain
				<input type="checkbox"/> 0 % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				_____ % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				_____ % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
			_____ % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			_____ % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			_____ % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			_____ % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
		Total Population Served	487			
				Separate Sanitary Sewer System	Combined Storm and Sanitary Sewer	
		Total percentage of each type of sewer line (in miles)		100 %	0 %	

Indian Country	1.8	Is the treatment works located in Indian Country?	
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Indian Country	1.9	Does the facility discharge to a receiving water that flows through Indian Country?	
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Design and Actual Flow Rates	1.10	Provide design <i>and</i> actual flow rates in the designated spaces.			Design Flow Rate
					0.1 mgd
	Annual Average Flow Rates (Actual)				
		Two Years Ago	Last Year	This Year	
		0.115 mgd	0.115 mgd	0.130 mgd	
	Maximum Daily Flow Rates (Actual)				
		Two Years Ago	Last Year	This Year	
		0.344 mgd	0.411 mgd	0.335 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
		1	0	0	0	0

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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 checked="" 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 checked="" type="checkbox"/> Not applicable			
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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 checked="" 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			

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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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 90,000 gpd	
	Indicate the steps the facility is taking to minimize inflow and infiltration. Per directors order: we are acquiring funding to re-hab in phases to replace and/or CIP 100% of the sanitary sewer system.					
Topographic Map	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				
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.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Scheduled Improvements and Schedules of Implementation	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.				
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable					
Explanation:						

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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	TN		
	County	Benton		
	City or town	Big Sandy		
	Distance from shore	5 ft.	ft.	ft.
	Depth below surface	5 ft.	ft.	ft.
	Average daily flow rate	mgd	mgd	mgd
	Latitude	36° 14' 10.8" N	° ' "	° ' "
Longitude	-88° 05' 54.2" W	° ' "	° ' "	
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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		

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Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.		
		Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____
	Receiving water name	Big Sandy River, mile 15		
	Name of watershed, river, or stream system	Tennessee Western Valley - K		
	U.S. Soil Conservation Service 14-digit watershed code			
	Name of state management/river basin	Tennessee Western Valley - K		
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	06040005		
	Critical low flow (acute)	54.7 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 <u>001</u>	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 checked="" 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	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 checked="" 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. Liquid Bleach 12.5%			
		Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____
	Disinfection type	Bleach		
	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

Effluent Testing Data

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.						
		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 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"> • 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 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.						

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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 checked="" 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	

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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 checked="" 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	Units
		<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				

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 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			

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	

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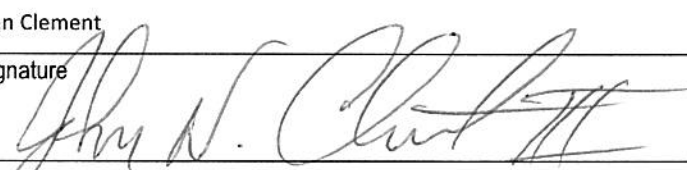
CSO Receiving Waters

5.7	Provide the information in the table below for each of your CSO outfalls.		
		CSO Outfall Number ____	CSO Outfall Number ____
	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
	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
	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) John Clement	Official title Mayor
	Signature 	Date signed 7-13-23

EPA Identification Number TN0022616	NPDES Permit Number TN0022616	Facility Name Town of Big Sandy Lagoon	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 checked="" type="checkbox"/> BOD ₅ or <input type="checkbox"/> CBOD ₅ (report one)	31.9	mg/L	14.39	mg/L	24	SM5210-B	1.0 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
E.coli	238.2	MPN	58.83	MPN	24	IDEXX Colilert 24	1.0 MPN <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Design flow rate	0.411	MGD	0.120	MGD	910		
pH (minimum)	6.76	SU					
pH (maximum)	7.52	SU					
Temperature (winter)							
Temperature (summer)							
Total suspended solids (TSS)	42.00	mg/L	20.75	mg/L	24	SM2540 D	2.0 mg/L <input type="checkbox"/> ML <input checked="" 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 TN0022616	NPDES Permit Number TN0022616	Facility Name Town of Big Sandy Lagoon	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)	10.5	mg/L	9.00	mg/L	3	4500 NH 3 D	0.2 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorine (total residual, TRC) ²	1.94	mg/L	1.08	mg/L	120	SM4500 CL G	0.05 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dissolved oxygen	13.16	mg/L	5.49	mg/L	120	HACH 10360	0.5 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrate/nitrite	0.507	mg/L	0.394	mg/L	3	EPA 353.2	0.2 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Kjeldahl nitrogen	13.2	mg/L	12.36	mg/L	3	EPA 351.2	0.5 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Oil and grease	8.7	mg/L	7.13	mg/L	3	EPA 1664 B	1.1 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phosphorus	1.61	mg/L	1.55	mg/L	3	EPA 365.1	0.041 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total dissolved solids	198	mg/L	184.7	mg/L	3	SM 2540 C	20 mg/L <input type="checkbox"/> ML <input checked="" 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.



Out Fall TN 0022616

Big Sandy Lagoon

TVA Big Sandy
Land Management

Google 100% Imagery date: 10/22/19-newer

100 m Camera: 913 m 36°14'03"N 88°05'32"W 113 m

Big Sandy
LAGOON

N

SLUDGE PROFILE

2/10/20

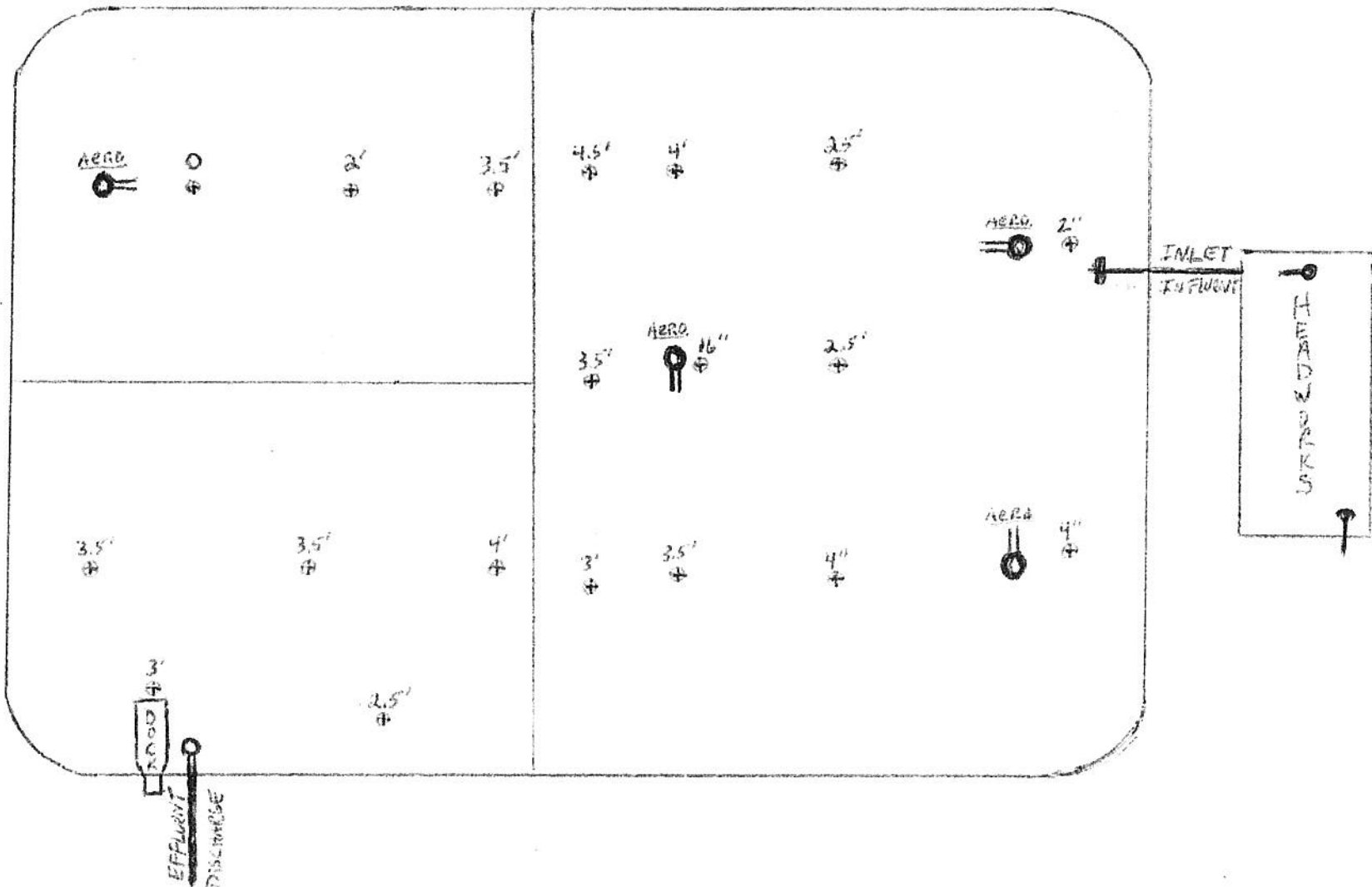
MR
KR

26,000^{sq}'

← 260' →

W

← 100' →



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July 12, 2023,

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: Permit Renewal Application & Antidegradation Statement – Town of Big Sandy Lagoon Facility
NPDES # TN0022616

Dear Mr. Wade Murphy,

Enclosed is form EPA form 2A and the permit contact information for your review. Just a note concerning effluent parameters, the Town of Big Sandy dredged the lagoon starting in November 2022 and finished up at the end of February 2023. If any other information is needed, please contact us.

Antidegradation Statement

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 Big Sandy. Due to the lack of land for spray fields, and distance & cost of the project to pump domestic sewer to other POTW's in the area is not economically feasible at this time.

Sincerely,

A handwritten signature in cursive script that reads "John W. Clement". The signature is written in black ink and is positioned above the printed name.

John Clement

Mayor of Big Sandy