

From: [Paul Higgins](#)
To: [Elizabeth Rorie](#)
Subject: FW: Thalle RMCF permit
Date: Monday, June 19, 2017 10:12:37 AM
Attachments: [image002.png](#)

Would you please process this. Thanks.

Paul

From: Ken Bowen [mailto:KBowen@thalle.com]
Sent: Monday, June 12, 2017 4:50 PM
To: Paul Higgins
Subject: Thalle RMCF permit

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

Paul – I have attached the NOI for the RMCF permit.

Please let me know if you need anything else or if I am to direct this to someone else's attention.

Thanks

Kenneth Bowen, PE
Project Manager

kbowen@thalle.com

www.tullygroup.us

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Cell : 919.291.6278

EOE – Equal Opportunity Employer

THALLE
CONSTRUCTION COMPANY
A TULLY GROUP COMPANY



DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER RESOURCES

William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Avenue, 11th Floor, Nashville, TN 37243

NOTICE OF INTENT (NOI)
for Process Wastewater and Stormwater Runoff Associated with a
READY MIXED CONCRETE FACILITY

This application is for: New Permit Permit Reissuance Permit Modification
(Include the existing permit tracking number: TNG110362)

Complete form and return to address above.

Facility Name: Center Hill Reservoir Auxiliary Dam Reinforcing Berm Contract Number W912P5-16-C-0001	County: Dekalb
Street Address or Location: 1075 Wolf Creek Rd, Silverpoint, Tn 38582	Latitude (DD.DDD): 36.05 N
	Longitude (DD.DDD): 85.49 W
List the Total Acres of facility: <u>4</u>	Attach site location map (topo, internet, county, etc.) <input checked="" type="checkbox"/> Map attached

Owner or Operator: (the person or legal entity which controls facility's operation; this may or may not be the same as the facility name or the official contact name)
Thalle Construction Company, Inc

1	Official Contact Person Name: (individual responsible for a facility) Ken Bowen	Title or Position: Project Manager		
	Mailing Address: 1075 Wolf Creek Rd	City: Silver Point	State: Tn	Zip: 38582
	Phone: 919.291.6278	E-mail: kbowen@thalle.com		

2	Local Contact Person Name: (if appropriate, write "same as #1") Same as #1	Title or Position:		
	Facility Address: (this may or may not be the same as street address)	Facility City:	State:	Zip:
	Phone:	E-mail:		

Write in the box (to the right) or circle the number (above) to indicate where to send correspondence: **1**

READY MIX CONCRETE FACILITY DESCRIPTION (Indicate the type and number of discharges for which you are seeking permit coverage.)

<input checked="" type="checkbox"/> Process wastewater (wash water)	Number of outfalls: <u>1</u>	Receiving stream: Moss Creek
<input checked="" type="checkbox"/> Stormwater runoff	Number of outfalls: <u>1</u>	Receiving stream: Moss Creek
Process waste water treatment description (ponds, filters, other(please describe)): Containment pond for monitoring & treatment		
Stormwater treatment description (ponds, filters, other(please describe)): Filters		
Does this operation recycle <input checked="" type="checkbox"/> process waste water and/or <input type="checkbox"/> storm water?	Is this a no discharge system? <input type="checkbox"/> Yes (attach plans) <input checked="" type="checkbox"/> No	
Reclaim/recycle system description: Re-circulate aggregate cooling water in a containment pond		
Has a Storm Water Pollution Prevention Plan (SWPPP) been developed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Give location(s) of any regularly used truck washout sites (other than the plant site itself or an active job site). Note that the property must be privately owned and the written permission from the owner to wash out on his property must be obtained. Attach additional pages if necessary. N/A		

CERTIFICATION AND SIGNATURE

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. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

Ken Bowen	Project Manager	Kenneth Bowen, PE	06/13/17
Printed Name	Official Title	Signature	Date

STATE USE ONLY

Received Date	Exceptional Water	T & E Aquatic Fauna	Tracking No. TNG11	EFO
	Impaired Receiving Stream		NOC Date	Reviewer



Moss Hollow Discharge Point

Wolf Creek Island

Moss Hollow Creek

Center Hill Dam

Thalle Ready Mix Plant

Cove Hollow Rd

Lancaster Rd

Poplar Rd

Edgar-Evins-Statler Park Rd

Highland Rim Rd

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Google Earth

1997

Imagery Date: 3/11/2017 36°05'53.15" N 85°49'19.78" W elev 752 ft eye alt 6898 ft