

DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER POLLUTION CONTROL

ADDRESS ATTACHMENT FOR NPDES PERMIT APPLICATION

This must be filled out to complete your permit application.

IN DEPT. OF ENV. & CONSERVATION

NPDES PERMIT NO.: SOP-08032

AUG 09 2017

CORPORATE HEADQUARTERS: (Where the permit will go.)

DIVISION OF WATER RESOURCES

CONTACT PERSON: MR. Fred Martin

COMPANY NAME: Tenn-issippi Cabin Rentals. Wonderland RV Park

STREET AND/OR P.O. BOX #: PO Box 1896

CITY: Purvis STATE: MS ZIP CODE: 39475

PHONE NO: 601-794-2220 E-MAIL ADDRESS: mjohn6@att.net

PERMIT BILLING ADDRESS: (Where the invoices will go.)

CONTACT PERSON: MR. Fred Martin

FACILITY NAME: Tenn-issippi Cabin Rentals - Wonderland RV Park

STREET AND/OR P.O. BOX #: P.O. Box 1896

CITY: Purvis STATE: MS ZIP CODE: 39475

PHONE NO: 601-794-2220 E-MAIL ADDRESS: mjohn6@att.net

FACILITY LOCATION: (Where the inspectors will go.)

FACILITY NAME: The APPALACIAN RV RESORT LLC

STREET ADDRESS: 3330 Lyons Springs Rd

P.O. BOX #: _____ COUNTY: Sevier

CITY: Sevierville STATE: TN ZIP CODE: 37862

PHONE NO: 865-202-3584 E-MAIL ADDRESS: paulcler@hughes.net

DMR MAILING ADDRESS: (Where the pre-printed Discharge Monitoring Reports will go)

CONTACT PERSON: DAN HICKS

FACILITY NAME: THE APPALACIAN RV RESORT, LLC

STREET AND/OR P.O. BOX #: 3330 Lyons Springs Road

CITY: Sevierville STATE: TN ZIP CODE: 37862

PHONE NO: 865-202-3584 E-MAIL ADDRESS: paulcler@hughes.net



Tennessee Department of Environment and Conservation
Division of Water Pollution Control
401 Church Street, 6th Floor L & C Annex
Nashville, TN 37243-1534
(615) 532-0625

APPLICATION FOR A STATE OPERATION PERMIT (SOP)

Type of application: ☐ New Permit ☒ Permit Reissuance ☐ Permit Modification

Permittee Identification: (Name of city, town, industry, corporation, individual, etc., applying, according to the provisions of Tennessee Code Annotated Section 69-3-108 and Regulations of the Tennessee Water Quality Control Board.)

Permittee Name (applicant): **MR. Fred Martin**

Permittee Address: **P.O. Box 1896
Purvis MS 39475**

Official Contact: **MR. Fred Martin**

Title or Position: **owner**

Mailing Address: **P.O. Box 1896**

City: **Purvis** State: **MS** Zip: **39475**

Phone number(s): **601-794-2220**

E-mail: **mjohn6@att.net**

Optional Contact: **Paul Clevenger**

Title or Position: **operator**

Address: **3378 Thomaswood Trl**

City: **SEVIERVILLE** State: **TN** Zip: **37876**

Phone number(s): **865-696-7564 / 865-453-8159**

E-mail: **paulclev@hughes.net**

Application Certification (must be signed in accordance with the requirements of Rule 1200-4-5-.05)

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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and title; print or type: **Fred Martin / owner**

Signature: **Fred Martin**

Date

TN DEPT. OF ENV. & CONSERVATION

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DIVISION OF WATER RESOURCES

Permit Number: SOP- 08032

| Facility Identification: <u>Tenn-issipi Cabin Rentals - Wonderland RV</u> | | Existing Permit No. <u>08032</u> | |
|--|---------------------------|---|-------------|
| Facility Name: <u>Wonderland RV Park</u> | | County: <u>SEVIER</u> | |
| Facility Address or Location: <u>3330 LYONS Springs Rd.</u> | | Latitude: <u>35.7105</u> | |
| <u>Sevierville Tn 37862</u> | | Longitude: <u>83.6527</u> | |
| Name and distance to nearest receiving waters: <u>Wears Vally Creek / 100 ynds</u> | | | |
| If any other State or Federal Water/Wastewater Permits have been obtained for this site, list their permit numbers: <u>N/A</u> | | | |
| Name of company or governmental entity that will operate the permitted system: <u>BIO MANAGEMENT</u> | | | |
| Operator address: <u>PAUL Clevenger</u> <u>3318 THOMASWOOD TRL</u> <u>SEVIERVILLE TN 37876</u> | | | |
| Has the owner/operator filed for a Certificate of Convenience & Necessity (CCN), or an amended CCN, with the Tennessee Regulatory Authority (TRA) (may be required for collection systems and land application treatment systems)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | | | |
| If the applicant listed above does not yet own the facility/site or if the applicant will not be the operator, explain how and when the ownership will be transferred or describe the contractual arrangement and renewal terms of the contract for operations. <u>N/A</u> | | | |
| Complete the following information explaining the entity type, number of design units, and daily design wastewater flow: | | | |
| Entity Type | Number of Design Units | | Flow (gpd) |
| <input type="checkbox"/> City, town or county | No. of connections: | | |
| <input type="checkbox"/> Subdivision | No. of homes: | Avg. No. bedrooms per home: | |
| <input type="checkbox"/> School | No. of students: | Size of cafeteria(s): | |
| | | No. of showers: | |
| <input type="checkbox"/> Apartment | No. of units: | No. units with Washer/Dryer hookups: | |
| | | No. units without W/D hookups: | |
| <input type="checkbox"/> Commercial Business | No. of employees: | Type of business: | |
| <input type="checkbox"/> Industry | No. of employees: | Product(s) manufactured: | |
| <input type="checkbox"/> Resort | No. of units: | | |
| <input type="checkbox"/> Camp | No. of hookups: | | |
| <input checked="" type="checkbox"/> RV Park | No. of hookups: <u>60</u> | No. of dump stations: <u>ONE</u> | <u>7900</u> |
| <input type="checkbox"/> Car Wash | No. of bays: | | |
| <input type="checkbox"/> Other | | | |
| Describe the type and frequency of activities that result in wastewater generation. <u>BATH HOUSE AND Small Laundry</u> | | | |

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|---|--|------------------------------|
| Engineering Report (required for collection systems and/or land application treatment systems): | | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Prepared in accordance with Rule 1200-4-2-.03 and Section 1.2 of the Tennessee Design Criteria (see <u>website</u> for more information) | | |
| <input type="checkbox"/> Attached, or | | |
| <input checked="" type="checkbox"/> Previously submitted and entitled: <u>WONDERLAND R.V. Park</u> | | |
| Approved? <input checked="" type="checkbox"/> Yes. Date: <u>3-4-10</u> | | <input type="checkbox"/> No |

| | | |
|--|---------------------|------------------------------|
| Wastewater Collection System: | | <input type="checkbox"/> N/A |
| System type (i.e., gravity, low pressure, vacuum, combination, etc.): | | |
| <u>GRAVITY AND LIFT STATION</u> | | |
| System Description: | | |
| <u>60 LOTS + LAUNDRY + Bathhouse Gravity To Lift Station</u> | | |
| Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.): | | |
| <u>Regular check of facility / Pumper truck available</u> | | |
| In the event of a system failure describe means of operator notification: <u>ALARM S</u> | | |
| List the emergency contact(s) (name/phone): | | |
| For low-pressure systems, who is responsible for maintenance of grinder pumps and septic tanks (list all contact information)? | | |
| <u>owner / Fred martin</u> | | |
| <u>601-794-2220</u> | | |
| Approximate length of sewer (excluding private service lateral): | | |
| Number/hp of pump stations: <u>1 / 1HP</u> | | |
| Number/hp of grinder pumps <u>0 /</u> | | |
| Number/volume of low pressure pump tanks <u>0 /</u> | | |
| Number/volume septic tanks <u>4 / 6000</u> | | |
| Attach a schematic of the collection system. <input type="checkbox"/> Attached | | |
| If you are tying in to another system complete the following section, listing tie-in points to public sewer system and their location (attach additional sheets as necessary): | | |
| Tie-in Point | Latitude (xx.xxxx°) | Longitude (xx.xxxx°) |
| <u>N/A</u> | | |
| | | |
| | | |

| | | |
|--|--|---|
| Land Application Treatment System: | | <input checked="" type="checkbox"/> N/A |
| Type of Land Application Treatment System: <input checked="" type="checkbox"/> Drip <input type="checkbox"/> Spray <input type="checkbox"/> Other, explain: | | |
| Type of treatment facility preceding land application (recirculating media filters, lagoons, other, etc.): | | |
| TN DEPT. OF ENV. & CONSERVATION | | |
| Attach a treatment schematic. <input type="checkbox"/> Attached | | |
| Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, etc.): | | |
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| For land application, list: <input type="checkbox"/> Proposed acreage involved: <input type="checkbox"/> Inches/week to be applied: | | |
| Describe how access to the treatment area will be restricted if wastewater disinfection is not proposed: | | |
| Attach required additional Engineering Report Information (see <u>website</u> for more information) | | |
| <input type="checkbox"/> Topographic map (1:24,000 scale presented at a six inch by six inch minimum size) showing the location of the project including GPS coordinates, latitude and longitude in decimal degrees should also be included. | | |
| <input type="checkbox"/> Scaled layout of facility showing the following: lots, buildings, etc. being served, the wastewater collection system routes, the pretreatment system location, the proposed land application area(s), roads, property boundaries, and sensitive areas such as streams, lakes, springs, wells, wellhead protection areas, sinkholes and wetlands. | | |
| <input type="checkbox"/> Soils information for the proposed land disposal area in the form of an extra high intensity soils map (50 foot grid stake). The soils information should include soil depth (borings to a minimum of 4 feet or refusal) and soil profile description for each soil mapped. | | |
| <input type="checkbox"/> Topographic map of the area where the wastewater is to be land applied with no greater than two-foot contours presented at a minimum size of six inches by six inches. | | |
| <input type="checkbox"/> Describe alternative application methods based on the following priority rating: (1) connection to a municipal/public sewer system, (2) connection to a conventional subsurface disposal system as regulated by the Division of Groundwater Protection, and/or (3) land application. | | |

Permit Number: SOP-08032

| | |
|---|---|
| Pump and Haul: | <input checked="" type="checkbox"/> N/A |
| Reason system cannot be served by public sewer: | |
| Distance to the nearest manhole where public sewer service is available: | |
| When sewer service will be available: | |
| Volume of holding tank: | gal. |
| Tennessee licensed septage hauler (attach copy of agreement): | |
| Facility accepting the septage (attach copy of acceptance letter): | |
| Latitude and Longitude (in decimal degrees) of approved manhole for discharge of septage: | |
| Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.): | |

| | |
|---|---|
| Holding Ponds (for non-domestic wastewater only): | <input checked="" type="checkbox"/> N/A |
| Pond use: <input type="checkbox"/> Recirculation <input type="checkbox"/> Sedimentation <input type="checkbox"/> Cooling <input type="checkbox"/> Other (describe): | |
| Describe pond use and operation: | |
| If the pond(s) are existing pond(s), what was the previous use? | |
| Have you prepared a plan to dispose of rainfall in excess of evaporation? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If so, describe disposal plan: | |
| Is the pond ever dewatered? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If so, describe the purpose for dewatering and procedures for disposal of wastewater and/or sludge: | |
| Is(are) the pond(s) aerated? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Volume of pond(s): | gal. Dimensions: |
| Is the pond lined (Note if this is a new pond system it must be lined for SOP coverage. Otherwise, you must apply for an Underground Injection Control permit.)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Describe the liner material (if soil liner is used give the compaction specifications): | |
| Is there an emergency overflow structure? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If so, provide a design drawing of structure. | |
| Are monitoring wells or lysimeters installed near or around the pond(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If so, provide location information and describe monitoring protocols (attach additional sheets as necessary): | |

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(continued)

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