City of Rocky Top
P.O. Box 66
Rocky Top, TN 37769

April 30, 2024

Industrial Waste Survey
City of Rocky Top, TN
TN0025127

The City of Rocky Top received its new NPDES Permit that went effective on September 29, 2023. The primary objective of our completed Industrial User Survey was to locate users of the collection system whose discharges could cause interference to the collection system and wastewater treatment facility, cause pass-through violations, cause biosolids contamination and negatively impact the system. Attached to this submittal are the short form and long form used to determine if the area Industries needed to be covered under the currently exempt pretreatment program within the service area of the City of Rocky Top.

The City of Rocky Top developed an initial list of users to send out forms to. After evaluating the initial list, eliminating users unlikely to have process discharges, a revised list was developed, and these area users were hand delivered a short form to gather a more detailed picture of their wastewater discharge. The City of Rocky Top has attached a detailed listing of the findings of our current Industrial Waste Survey to fulfill the requirements within the NPDES Permit # TN0025127 in Section 3.2.a.Viii.

If you should have any questions concerning the submission of the Industrial Waste Survey, please feel free to contact me at 865-426-2838 or mfoust@RockyToptn.org. The City of Rocky Top greatly appreciates the cooperation and assistance expressed by your office concerning our Pretreatment Program.

Sincerely,

Michael Foust

Michael Foust, Sewer Plant Manager
P.O. Box 66
Rocky Top, TN 37769
865-426-2838

Table 1
POTW Name: City of Rocky Top
IUs Eliminated from Further Survey Efforts

Category

1. Grocery/convenience stores
   Reason Eliminated: Domestic waste only
2. Restaurants
   Reason Eliminated: Domestic Waste only
3. Banks
   Reason Eliminated: Domestic Waste only
4. Automobile Repair
   Reason Eliminated: Domestic Waste only
5. Personal Businesses
   Reason Eliminated: Domestic Waste only
6. Beauty Salons
   Reason Eliminated: Domestic Waste only
7. Dr. Offices
   Reason Eliminated: Domestic Waste only
8. Telos
   Reason Eliminated: Domestic Waste only. Spill Control plan and schematic of facility provided.

Note: The reason for eliminating each of these IUs from further survey efforts must be shown. If groups of IUs were all eliminated for the same or similar reasons, they may be listed together with single explanation.

City of Rocky Top
P.O. Box 66
Rocky Top, TN 37769

Date:

Company Address:

RE: Industrial Waste Survey

Dear Commercial Sewer Customer,

The City of Rocky Top is required by the EPA 40 CFR 403.8 (f) (2) to identify and locate any industrial and commercial facility that may impact the treatment process of the Publicly Owned Treatment Works (POTW) as part of renewing its NPDES Permit Wastewater Treatment Facility.

In support of this requirement, the Wastewater Treatment Facility uses an Industrial Waste Survey (IWS) Form to evaluate the potential for facilities within our service area to impact the POTW.

Information collected by the IWS is used to determine if any commercial or industrial at the facility could cause interference through:

- Inference with daily treatment operations,
- Limit the usefulness of biosolids treated at the facility,
- Endanger the health and safety of wastewater collections system personnel, or
- Pass through the POTW's treatment process ultimately harming human health and/or the environment.

In an effort to adhere with the EPA Code of Federal Regulations and prevent the possible infringements to facility processes listed above, an IWS Survey Form has been attached to this letter for you to fill out. Section 203 of the City of Rocky Top's Sewer Use Ordinance each industrial and commercial facility to complete the attached form and return it to the POTW Control Authority. Within ten (10) days of receipt of this letter, please complete the IWS form and mail to the address listed above.

It is the city's goal to provide dependable sewer services to residents at a reasonable price. Your cooperation with this survey is greatly appreciated. Should you have any questions, please feel free to reach me at 865-426-2838 or mfoust@RockyToptn.org.

Sincerely,

Michael Foust, Sewer Plant Manager
P.O. Box 66
Rocky Top, TN 37769
865-426-2838

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

_____

_____

Zip: _____ Telephone ( ) _____

A.2 Address of production or manufacturing facility.

_____

_____

Zip: _____ Telephone ( ) _____

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

_____

_____

A.4 Alternate person to contact concerning information provided herein:
Name _____ Title _____ Telephone ( ) _____

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

_____

_____

***Note to Signing Official**: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.*

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Date	Signature of Official (Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production or service activities your firm conducts.

_____

_____

_____

_____

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

_____

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

			Average gallons per day		
a.	[ ]	Domestic Waste (restrooms, employee showers, etc.)	_____	estimated	measured
b.	[ ]	Cooling water, non contact	_____	estimated	measured
c.	[ ]	Boiler/tower blowdown	_____	estimated	measured
d.	[ ]	Cooling water, contact	_____	estimated	measured
e.	[ ]	Process	_____	estimated	measured
f.	[ ]	Equipment/Facility washdown	_____	estimated	measured
g.	[ ]	Air pollution control unit	_____	estimated	measured
h.	[ ]	Storm water runoff to sanitary sewer	_____	estimated	measured
i.	[ ]	Other, describe	_____	estimated	measured

_____

_____

Total A.8.a - A.8.i _____

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

			Average gallons per day		
a.	[ ]	Sanitary	_____	estimated	measured
b.	[ ]	Storm Sewer	_____	estimated	measured
c.	[ ]	Surface	_____	estimated	measured
d.	[ ]	Ground water	_____	estimated	measured
e.	[ ]	Waste haulers	_____	estimated	measured
f.	[ ]	Evaporation	_____	estimated	measured
g.	[ ]	Other, describe	_____	estimated	measured

_____

_____

Total A.9.a - A.9.g _____

Provide name and address of waste hauler(s), if used,

_____

_____

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes [ ] no [ ]

Note: **If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.**

Section B Facility operation characteristics

B.1 Number of employee shifts worked per 24-hour day: _____
Average number of employees per shift: _____

B.2 Starting times of each shift: 1st _____ am pm 2nd _____ am pm 3rd _____ am pm

Note: The following information in this section must be completed for each product line.

B.3 Principal product produced: _____

B.4 Raw materials and process additives used:

_____
_____
_____

B.5 Production is:
[ ] Batch [ ] Continuous [ ]Both _____% Batch _____% Continuous
Average Number of batches per 24-hour day _____

B.6 Hours of operation: _____ a.m. to _____ p.m. [ ] Continuous

B.7 Is production subject to seasonal variation? [ ] yes [ ] no
If yes, briefly describe seasonal production cycle:

_____
_____

B.8 Are any process changes or expansions planned during the next five years? [ ] yes [ ] no
If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

Section C Wastewater Information

C.1 If your facility performs processes in any of the industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity. Check all that apply:

1. [ ] Adhesives
2. [ ] Aluminum Forming
3. [ ] Asbestos Manufacturing
4. [ ] Auto & other Laundries
5. [ ] Battery Manufacturing
6. [ ] Builder's Paper and Board Mills
7. [ ] Can Making
8. [ ] Carbon Black Manufacturing
9. [ ] Cement Manufacturing
10. [ ] Coal Mining
11. [ ] Coil Coating
12. [ ] Copper Forming
13. [ ] Dairy Products
14. [ ] Electric & Electronic Components
15. [ ] Electroplating
16. [ ] Explosives Manufacturing
17. [ ] Feedlots
18. [ ] Ferroalloy Manufacturing
19. [ ] Fertilizer Manufacturing
20. [ ] Foundries, (metal molding & casting)
21. [ ] Fruits and Vegetables Processing
22. [ ] Glass Manufacturing
23. [ ] Grain Mills
24. [ ] Gum & Wood Chemical
25. [ ] Hospitals
26. [ ] Inorganic Chemical
27. [ ] Iron & Steel
28. [ ] Leather Tanning & Finishing
29. [ ] Meat Products
30. [ ] Mechanical Products
31. [ ] Metal finishing
32. [ ] Mineral Mining and Processing
33. [ ] Nonferrous Metals Manufacture
34. [ ] Nonferrous Metals, Forming
35. [ ] Ore Mining and Dressing
36. [ ] Organic Chemical, Plastic & Synthetic Fibers
37. [ ] Organic Chemical
38. [ ] Paint & ink
39. [ ] Paving and Roofing Materials
40. [ ] Pesticides, Formulating, Packaging, Repackaging
41. [ ] Pesticides, Manufacturing
42. [ ] Petroleum Refining
43. [ ] Pharmaceuticals
44. [ ] Phosphate Manufacturing
45. [ ] Photographic Supplies
46. [ ] Plastic Molding and Forming
47. [ ] Plastics Processing
48. [ ] Porcelain Enameling
49. [ ] Printing & Publishing
50. [ ] Pulp, Paper and Paperboard
51. [ ] Rubber Manufacturing
52. [ ] Seafood Processing
53. [ ] Soaps & Detergents
54. [ ] Steam Electric Power Generating
55. [ ] Sugar Processing
56. [ ] Textiles Mills
57. [ ] Timber
58. [ ] Waste Disposal, Treating, and/or Incinerating

C.2 Pretreatment devices or process used for treating wastewater or sludge. Check all that apply:

[ ] Air Flotation	[ ] Chlorination	[ ] Flow Equalization
[ ] Centrifuge	[ ] Cyclone	[ ] Grease or Oil Separation
[ ] Chemical Precipitation	[ ] Filtration	[ ] Grease Trap
[ ] Grit Removal	[ ] Ozonation	[ ] Sedimentation
[ ] Ion Exchange	[ ] Reverse Osmosis	[ ] Septic Tank
[ ] Sump	[ ] Screen	[ ] Solvent

[ ] Neutralization, pH Correction
[ ] Biological Treatment, Type _____
[ ] Rainwater Diversion or Storage _____
[ ] Other Chemical Treatment, _____
[ ] Other physical Treatment, _____
[ ] Other, _____
[ ] No Pretreatment Provided _____

C.3 If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this form. Be sure to include the date of the analysis, name of the laboratory performing the analysis, and the location(s) from which sample(s) were taken.

C.4 Priority Pollutant Information.
Please indicate by checking the appropriate box. Indicate the concentration of the compound present in the wastestream, if known.

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
1.	Antimony	[ ]	[ ]	[ ]	[ ]	
2.	Arsenic	[ ]	[ ]	[ ]	[ ]	
3.	Asbestos	[ ]	[ ]	[ ]	[ ]	
4.	Beryllium	[ ]	[ ]	[ ]	[ ]	
5.	Cadmium	[ ]	[ ]	[ ]	[ ]	
6.	Chromium	[ ]	[ ]	[ ]	[ ]	
7.	Copper	[ ]	[ ]	[ ]	[ ]	
8.	Cyanide	[ ]	[ ]	[ ]	[ ]	
9.	Lead	[ ]	[ ]	[ ]	[ ]	
10.	Mercury	[ ]	[ ]	[ ]	[ ]	
11.	Nickel	[ ]	[ ]	[ ]	[ ]	
12.	Selenium	[ ]	[ ]	[ ]	[ ]	
13.	Silver	[ ]	[ ]	[ ]	[ ]	
14.	Thallium	[ ]	[ ]	[ ]	[ ]	
15.	Zinc	[ ]	[ ]	[ ]	[ ]	
16.	Phenol (n)	[ ]	[ ]	[ ]	[ ]	
17.	Phenol 2-chloro	[ ]	[ ]	[ ]	[ ]	
18.	Phenol, 2,4-dichloro	[ ]	[ ]	[ ]	[ ]	
19.	Phenol, 2,4,6-trichloro	[ ]	[ ]	[ ]	[ ]	
20.	Phenol, pentachloro	[ ]	[ ]	[ ]	[ ]	
21.	Phenol, 2-nitro	[ ]	[ ]	[ ]	[ ]	
22.	Phenol, 4-nitro	[ ]	[ ]	[ ]	[ ]	

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
23.	Benzene	[[	[ ]	[ ]	[ ]	
24.	Benzene, chloro	[ ]	[ ]	[ ]	[ ]	
25.	Benzene, 1,2-dichloro	[ ]	[ ]	[ ]	[ ]	
26.	Benzene, 1,3-dichloro	[ ]	[ ]	[ ]	[ ]	
27.	Benzene, 1,4-dichloro	[ ]	[ ]	[ ]	[ ]	
28.	Benzene, 1,2, 4-trichloro	[ ]	[ ]	[ ]	[ ]	
29.	Benzene, hexachloro	[ ]	[ ]	[ ]	[ ]	
30.	Benzene, ethyl	[ ]	[ ]	[ ]	[ ]	
31.	Benzene, nitro	[ ]	[ ]	[ ]	[ ]	
32.	Toluene	[ ]	[ ]	[ ]	[ ]	
33.	Toluene, 2,4 dinitro	[ ]	[ ]	[ ]	[ ]	
34.	Toluene, 2,6-dinitro	[ ]	[ ]	[ ]	[ ]	
35.	PCB-1016	[ ]	[ ]	[ ]	[ ]	
36.	PCB-1221	[ ]	[ ]	[ ]	[ ]	
37.	PCB-1232	[ ]	[ ]	[ ]	[ ]	
38.	PCB-1242	[ ]	[ ]	[ ]	[ ]	
39.	PCB-1248	[ ]	[ ]	[ ]	[ ]	
40.	PCB-1254	[ ]	[ ]	[ ]	[ ]	
41.	PCB-1260	[ ]	[ ]	[ ]	[ ]	
42.	2-Chloronaphthalene	[ ]	[ ]	[ ]	[ ]	
43.	Ether, bis(chloromethyl)	[ ]	[ ]	[ ]	[ ]	

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
44.	Phenol, 2, 4-dimethyl	[ ]	[ ]	[ ]	[ ]	
45.	Phenol, 2,4-dimethyl	[ ]	[ ]	[ ]	[ ]	
46.	m-cresol, p-chloro	[ ]	[ ]	[ ]	[ ]	
47.	o-cresol, 4,6-dinitro	[ ]	[ ]	[ ]	[ ]	
48.	Nitrosamine, dimethyl	[ ]	[ ]	[ ]	[ ]	
49	Nitrosamine, diphenyl	[ ]	[ ]	[ ]	[ ]	
50.	Nitrosamine, di-n-propyl	[ ]	[ ]	[ ]	[ ]	
51.	Benzidine	[ ]	[ ]	[ ]	[ ]	
52.	Benzidine, 3,3'-dichloro	[ ]	[ ]	[ ]	[ ]	
53.	Hydrazine, 1,2-diphenyl	[ ]	[ ]	[ ]	[ ]	
54	Acrlonitrile	[ ]	[ ]	[ ]	[ ]	
55	Methane, bromo	[ ]	[ ]	[ ]	[ ]	
56	Methane, chloro	[ ]	[ ]	[ ]	[ ]	
57	Methane, dichloro	[ ]	[ ]	[ ]	[ ]	
58	Methane, chlorodibromo	[ ]	[ ]	[ ]	[ ]	
59	Methane, dichlorobromo	[ ]	[ ]	[ ]	[ ]	
60	Methane, tribromo	[ ]	[ ]	[ ]	[ ]	
61	Methane, trichloro	[ ]	[ ]	[ ]	[ ]	
62	Methane, tetrachloro	[ ]	[ ]	[ ]	[ ]	
63	Ethane, 1,1-dichloro	[ ]	[ ]	[ ]	[ ]	
64	Ethane, 1,2-dichloro	[ ]	[ ]	[ ]	[ ]	
65	Ether, bis (2-chloroethyl)	[ ]	[ ]	[ ]	[ ]	
66	Ether, bis (2-chlorosopropyl)	[ ]	[ ]	[ ]	[ ]	

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
67	Ether, 2-chloroethyl vinyl	[ ]	[ ]	[ ]	[ ]	
68	Ether, 4- bromophenyl phenyl	[ ]	[ ]	[ ]	[ ]	
69	Ether, 4-chlorophenyl phenyl	[ ]	[ ]	[ ]	[ ]	
70	Bis (2-chloroethoxy) methane	[ ]	[ ]	[ ]	[ ]	
71	Phthalate, di-o-methyl	[ ]	[ ]	[ ]	[ ]	
72	Phthalate, di-n-ethyl	[ ]	[ ]	[ ]	[ ]	
73	Phthalate, di-n-butyl	[ ]	[ ]	[ ]	[ ]	
74	Phthalate, di-n-octyl	[ ]	[ ]	[ ]	[ ]	
75	Phthalate, bis(2-ethylhexyl)	[ ]	[ ]	[ ]	[ ]	
76	Phthalate, butyl hexyl	[ ]	[ ]	[ ]	[ ]	
77.						
78.	Acenaphthene	[ ]	[ ]	[ ]	[ ]	
	Acenaphthylene	[ ]	[ ]	[ ]	[ ]	
79.	Anthracene	[ ]	[ ]	[ ]	[ ]	
80	Benzo (a) anthracene	[ ]	[ ]	[ ]	[ ]	
81	Benzo (b) fluoranthene	[ ]	[ ]	[ ]	[ ]	
82	Benzo (k) fluorathlene	[ ]	[ ]	[ ]	[ ]	
83	Benzo (ghi) perylene	[ ]	[ ]	[ ]	[ ]	
84	Benzo (a) pyrene	[ ]	[ ]	[ ]	[ ]	
85	Chrysene	[ ]	[ ]	[ ]	[ ]	
86	Dibenzo (a,n) anthrance	[ ]	[ ]	[ ]	[ ]	
87	Fluorathene	[ ]	[ ]	[ ]	[ ]	
88	Fluorene	[ ]	[ ]	[ ]	[ ]	
89	Indeno (1,2,3-cd) pyrene	[ ]	[ ]	[ ]	[ ]	
90	Ethane, 1,1,1-trichloro	[ ]	[ ]	[ ]	[ ]	
91	Ethane, 1,1,2-trichloro	[ ]	[ ]	[ ]	[ ]	

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
92	Ethane, 1,1,2,1-tetrachloro	[ ]	[ ]	[ ]	[ ]	
93	Ethane, hexachloro	[ ]	[ ]	[ ]	[ ]	
94	Ethane, chloro	[ ]	[ ]	[ ]	[ ]	
95	Ethane, 1,1-dichloro	[ ]	[ ]	[ ]	[ ]	
96.	Ethane, trans-dichloro	[ ]	[ ]	[ ]	[ ]	
97.	Ethane, trichloro	[ ]	[ ]	[ ]	[ ]	
98	Ethane, tetrachloro	[ ]	[ ]	[ ]	[ ]	
99	Propane, 1,2-dichloro	[ ]	[ ]	[ ]	[ ]	
100	Propane, 2,4-dichloro	[ ]	[ ]	[ ]	[ ]	
101	Butadiene, Hexachloro	[ ]	[ ]	[ ]	[ ]	
102	Cyclopentadiene, hexachloro	[ ]	[ ]	[ ]	[ ]	
103	DDT	[ ]	[ ]	[ ]	[ ]	
104	Dieldrin	[ ]	[ ]	[ ]	[ ]	
105	Endosulfan (alpha)	[ ]	[ ]	[ ]	[ ]	
106	Endosulfan (beta)	[ ]	[ ]	[ ]	[ ]	
107	Endosulfan Sulfate	[ ]	[ ]	[ ]	[ ]	
108	Endrin	[ ]	[ ]	[ ]	[ ]	
109	Endrin aldehyde	[ ]	[ ]	[ ]	[ ]	
110	Heptachlor	[ ]	[ ]	[ ]	[ ]	
111	Heptachlor epoxide	[ ]	[ ]	[ ]	[ ]	
112	Isophorone	[ ]	[ ]	[ ]	[ ]	
113	TCDD (or Dioxin)	[ ]	[ ]	[ ]	[ ]	
114	Toxaphene	[ ]	[ ]	[ ]	[ ]	
115	Naphthalene	[ ]	[ ]	[ ]	[ ]	
116	Phenathrene	[ ]	[ ]	[ ]	[ ]	

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
117.	Pyrene	[ ]	[ ]	[ ]	[ ]	
118.		[ ]	[ ]	[ ]	[ ]	
119.	Acrolein	[ ]	[ ]	[ ]	[ ]	
	Aldrin	[ ]	[ ]	[ ]	[ ]	
120.	BHC (Alpha)	[ ]	[ ]	[ ]	[ ]	
121.	BHC (Beta)	[ ]	[ ]	[ ]	[ ]	
122.	BHC (Gamma) or Lindane	[ ]	[ ]	[ ]	[ ]	
123.	BHC (Delta)	[ ]	[ ]	[ ]	[ ]	
124.	Chlordane	[ ]	[ ]	[ ]	[ ]	
125.	DDD	[ ]	[ ]	[ ]	[ ]	
126.	DDE	[ ]	[ ]	[ ]	[ ]	

C.5 *If you are unable to identify the chemical make-up of materials that are discharged in your wastewater, attach copies of the material safety data sheets.*

Section D Other Wastes

D.1 Are any liquid waste or sludges from this firm disposed of by means other than discharge to the sewer system?

[ ] yes [ ] no

If "no", skip remainder of Section D.
If "yes", complete remaining items.

D.2 These wastes may best be described as:

		Estimated Gallons or Pounds/Year
[ ]	Acids and Alkalines	_____
[ ]	Heavy Metal Sludges	_____
[ ]	Inks/Dyes	_____
[ ]	Oil and/or grease	_____
[ ]	Organic Compounds	_____
[ ]	Paints	_____
[ ]	Pesticides	_____
[ ]	Plating Wastes	_____
[ ]	Pretreatment sludges	_____
[ ]	Solvents/Thinners	_____
[ ]	Other Hazardous Wastes, describe:	_____
	_____	
	_____	
[ ]	Other Wastes, (describe),	_____
	_____	
	_____	

D.3 For the above checked wastes, does your company practice:

[ ] On-site storage
[ ] Off-site storage
[ ] On-site disposal
[ ] Off-site disposal

Briefly describe the method(s) of storage or disposal checked above.

_____
_____
_____
_____