



DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF WATER RESOURCES  
William R. Snodgrass - Tennessee Tower  
312 Rosa L. Parks Avenue, 11th Floor  
Nashville, Tennessee 37243-1102  
(615) 532-0625

NOTICE OF INTENT (NOI) for Land Application of Non-Exceptional Quality Biosolids

Generator Name: <b>Town Of Centerville WWTP</b>	Current NPDES No: <b>TN0024937</b>	Existing Tracking No:
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Owner or Operator: (the person or legal entity which controls the site's operation)			
1	Name of Official Contact Person: (individual responsible for a site) <b>Gary Jacobs</b>	Title or Position: <b>Mayor</b>	
	Mailing Address: <b>102 East Swan st</b>	City: <b>Centerville</b>	State: <b>TN</b> Zip: <b>37033</b>
	Phone: ( ) <b>931 729-4265</b>	E-mail: <b>mayor@centervilletn.org</b>	
2	Name of Local Contact Person: (if appropriate, write "same as #1") <b>Jarrett Chad Dotson</b>	Title or Position: <b>Plant Operator</b>	
	Site Address: (this may or may not be the same as street address) <b>110 Lawson st</b>	Site City: <b>Centerville</b>	State: <b>TN TN</b> Zip: <b>37033</b>
	Phone: ( ) <b>931 729-4265</b>	E-mail: <b>wwtp@centervilletn.org</b>	
Write in the box (to the right) or circle the number (above) to indicate where to send correspondence: <b>2</b>			

All non-exceptional biosolids land application sites that have been approved by the division prior to the effective date of this permit will be covered under this permit upon receipt of the signed certification statement, completed NOI and a copy of site approval letter(s).

<b>A. OPERATIONAL INFORMATION:</b> Estimated annual amount of biosolids generated (dry weight basis) <u>40 mt</u> (tons) Estimated annual amount of biosolids to be land applied (dry weight basis) <u>40 mt</u> (tons)	
<b>B. BIOSOLIDS TREATMENT PROCESS:</b> Please provide a description of the biosolids treatment process used prior to biosolids being land applied (use a separate sheet if necessary): <b>Aerobic Digestion / Belt press dewatering</b>	
<b>C. CHEMICAL ANALYSIS:</b> Indicate which contaminant standard(s) the biosolids meet: <b>Table 1 Ceiling Contaminant Concentrations:</b> <input checked="" type="checkbox"/> <b>Table 3 Contaminant Concentrations:</b> <input type="checkbox"/> <ul style="list-style-type: none"><li>Submit analytical results to demonstrate eligibility for and compliance with the quality criteria specified in the General Permit.</li><li>Submit PCB and TCLP analytical results that are less five years old.</li></ul>	
<b>D. PATHOGEN REDUCTION LEVEL ACHIEVED:</b> Indicate alternative used to achieve the pathogen reduction. For Class A, Alternatives 5 and 6; for Class B, Alternatives 2 and 3, list the specific Pathogen Reduction Process (PRP) or Process to Significantly Reduce Pathogens (PSRP). <b>Class A:</b> <input type="checkbox"/> Alternative 1 <input type="checkbox"/> Alternative 2 <input type="checkbox"/> Alternative 4 <input type="checkbox"/> Alternative 5 (List PFRP) <b>Class B:</b> <input checked="" type="checkbox"/> Alternative 1 <input type="checkbox"/> Alternative 2 (List PSRP) Provide a detailed description of the pathogen treatment process. Attach results, as appropriate, that demonstrate pathogen reduction is being achieved. <b>Aerobic Digestion</b>	

**CASH EXPRESS**  
888-899-0399  
If more info is needed  
for BioSolids permit  
renewal please let  
me know, Thanks  
Chad Dotson  
(931) 729-4265  
Loans Checks Cashed

# **NOTICE OF INTENT (NOI) for Land Application of Non-Exceptional Quality Biosolids**

**E. VECTOR ATTRACTION REDUCTION LEVEL ACHIEVED:** Indicate the option used to achieve the vector attraction reduction.

- ☐ Option 1      ☐ Option 2      ☐ Option 3      ☐ Option 4  
☐ Option 5      ☐ Option 6      ☐ Option 7      ☐ Option 8

If one of the vector attraction reduction Options 1 - 5 is selected, do the biosolids meet Class A pathogen reduction requirements prior to or at the same time as meeting the vector attraction reduction requirements?

☐ Yes      ☒ No

Provide a detailed description of the vector attraction reduction treatment process. Attach laboratory analytical and/or process monitoring results, as appropriate, that demonstrate vector attraction reduction is being achieved:

**Aerobic Digestion**

**F.** If one of the vector attraction reduction Options 1 - 8 above was not performed, indicate how the vector attraction reduction will be performed on the field as part of the land application process:

- ☐ Option 9 (Subsurface Injection)      ☐ Option 10 (Incorporation)

**N/A**

**G. SAMPLING PLAN:** Include a detailed copy of the biosolids sampling plan as specified in the instructions. The sampling plan must address sampling protocols for contaminants, pathogen reduction, and vector attraction reduction quality criteria.

**H. LAND APPLICATION AREA(s):** Include a list of land application area(s) that will be used for disposal of biosolids. Attach a detailed map showing appropriate buffers in accordance with section 3.2.1 (add additional pages if necessary)

Area Number	Area (acres)	Application Rate (tons/acre) per section 3.2.2	Latitude (decimal)	Longitude (decimal)
1	9		N35.821118	W087.278233
2	9		N35.781705	W087.466596
3	8.6		N35.781705	W087.466596
4	5.4		N35.822749	W087.273920
5	8.6		N35.823078	W087.279699
6	10.4		N35.781276	W087.466278
7	3.8		N34.781276	W087.466278

**I. CERTIFICATION:** I certify, under penalty of law, that contaminant concentrations in the biosolids, pathogen reduction, vector attraction reduction, and other quality criteria of the biosolids stated in the regulations have been met or, if appropriate, will be met prior to land application of biosolids. I further certify that other information in 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 own knowledge as well as the inquiry of the person(s) who manage the system, or those directly responsible for gathering the information, the information submitted, to the best of my knowledge and belief, is true, accurate and complete. I further acknowledge that the facility or generator of biosolids described above is eligible for coverage under TDEC's General Permit for the Land Application of Biosolids. I am aware that there are significant penalties for submitting false information, including possibility of fines 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.

Name: **Gary Jacobs**

Title: **Mayor**

Signature: \_\_\_\_\_

Telephone: **(931) 229-4246**

Date Signed: **01/03/2019**

**NOTE:** In evaluating NOI forms, TDEC may request additional information to complete its review to determine the eligibility for coverage under TDEC's General Permit.

Submit the original completed and signed form to [Water.Permits@tn.gov](mailto:Water.Permits@tn.gov) or:  
 Biosolids NOI Processing - Division of Water Resources  
 William R. Snodgrass - Tennessee Tower, 312 Rosa L. Parks Avenue, 11th Floor  
 Nashville, TN 37243-1102

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☐ Option 5      ☐ Option 6      ☐ Option 7      ☐ Option 8

If one of the vector attraction reduction Options 1 - 5 is selected, do the biosolids meet Class A pathogen reduction requirements prior to or at the same time as meeting the vector attraction reduction requirements?

☐ Yes      ☒ No

Provide a detailed description of the vector attraction reduction treatment process. Attach laboratory analytical and/or process monitoring results, as appropriate, that demonstrate vector attraction reduction is being achieved:

Aerobic Digestion

**F.** If one of the vector attraction reduction Options 1 - 8 above was not performed, indicate how the vector attraction reduction will be performed on the field as part of the land application process:

- ☐ Option 9 (Subsurface Injection)      ☐ Option 10 (Incorporation)

N/A

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Area Number	Area (acres)	Application Rate (tons/acre) per section 3.2.2	Latitude (decimal)	Longitude (decimal)
8	10.7		N35.781276	W087.466278
9	6.3		N35.78126	W087.466278
10	5.8		N35.827706	W087.283717
11	1.4		N35.831271	W087.287030

**I. CERTIFICATION:** I certify, under penalty of law, that contaminant concentrations in the biosolids, pathogen reduction, vector attraction reduction, and other quality criteria of the biosolids stated in the regulations have been met or, if appropriate, will be met prior to land application of biosolids. I further certify that other information in 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 own knowledge as well as the inquiry of the person(s) who manage the system, or those directly responsible for gathering the information, the information submitted, to the best of my knowledge and belief, is true, accurate and complete. I further acknowledge that the facility or generator of biosolids described above is eligible for coverage under TDEC's General Permit for the Land Application of Biosolids. I am aware that there are significant penalties for submitting false information, including possibility of fines 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.

Name: Gary Jacobs Title: Mayor

Signature: 

Telephone: 615-31-725-4246 Date Signed: 01/03/2019

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