

December 27, 2017

Allen Rather
Department of Environment and Conservation
Division of Water Resources
312 Rosa L. Parks Ave, 11th Floor
Nashville, Tennessee 37243

TN DEPT. OF ENV. & CONSERVATION

DEC 29 2017

DIVISION OF WATER RESOURCES

Dear Allen:

Please find enclosed one check in the amount of \$10,150 for review of the following SOP Renewal Applications:

SOP #	Site	Flow (GPM)	Check Amount
05067	Rivers Edge II - TWS	3,750	\$500
02049	The Highlands Chalet Resort - TWS	3,600	\$500
07057	Mountain Folks Community - TWS	6,900	\$500
01048	Horseshoe Bend Condos - TWS	7,000	\$500
07055	Greenbriar Subdivision - TWS	15,300	\$500
05030	Fanning Bend - TWS	75,000	\$1,000
98050	Windsor Pointe - TWS	25,000	\$750
98041	Lewis Gardens - TWS	55,000	\$1,000
01028	Maple Green Reclamation Facility - TWS	90,000	\$1,150
02020	Cedar Hill Baptist Church - TWS	1,500	\$500
02021	McLemore Farms - TWS	15,000	\$500
05033	Smoky Village Subdivision - TWS	5,600	\$500
00019	Starr Crest Resort - TWS	8,000	\$500
05030	Fanning Bend Treatment Facility - TWS	75,000	\$1,000
07059	Clarkrange Treatment Facility - TWS	42,600	\$750

If you have any questions, please contact me at this office.

Sincerely,



David Foster
Adenus Solutions Group

Took check # 7624 to Shelia

Tennessee Wastewater Systems, Inc.

851 Aviation Parkway
Smyrna, TN 37167
615-220-7200

PINNACLE NATIONAL BANK
NASHVILLE, TN
87-863/640

7624

12/27/2017

PAY TO THE ORDER OF Treasurer, State of Tennessee

\$ **10,150.00

Ten Thousand One Hundred Fifty and 00/100***** DOLLARS

PROTECTED AGAINST FRAUD



TN Dept of Environment & Conservation
William R. Snodgrass TN tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, TN 37243-1102



SOP Renewal Applications (see details)



Tennessee Wastewater Systems, Inc.

7624

Treasurer, State of Tennessee

12/27/2017

401 · Operating Expenses:775 · Miscella	SOP - 05067 - River's Edge II	500.00
401 · Operating Expenses:775 · Miscella	SOP - 02049 - The Highlands Chalet Resort	500.00
401 · Operating Expenses:775 · Miscella	SOP - 07057 - Mountain Folks Community	500.00
401 · Operating Expenses:775 · Miscella	SOP - 01048 - Horseshoe Bend Condos	500.00
401 · Operating Expenses:775 · Miscella	SOP - 07055 - Greenbriar Subdivision	500.00
401 · Operating Expenses:775 · Miscella	SOP - 05030 - Fanning Bend	1,000.00
401 · Operating Expenses:775 · Miscella	SOP - 98050 - Windsor Pointe	750.00
401 · Operating Expenses:775 · Miscella	SOP - 98041 - Lewis Gardens	1,000.00
401 · Operating Expenses:775 · Miscella	SOP - 01028 - Maple Green Reclamation Facility	1,150.00
401 · Operating Expenses:775 · Miscella	SOP - 02020 - Cedar Hill Baptist Church	500.00
401 · Operating Expenses:775 · Miscella	SOP - 02021 - McLemore Farms	500.00
401 · Operating Expenses:775 · Miscella	SOP - 05033 - Smoky Village Subdivision	500.00
401 · Operating Expenses:775 · Miscella	SOP - 00019 - Starr Crest Resort	500.00
401 · Operating Expenses:775 · Miscella	SOP - 05030 - Fanning Bend Treatment Facility	1,000.00
401 · Operating Expenses:775 · Miscella	SOP - 07059 - Clarkrange Treatment Facility	750.00

Pinnacle Checking SOP Renewal Applications (see details) 10,150.00

TN DEPT. OF ENV. & CONSERVATION
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 DIVISION OF WATER RESOURCES



Tennessee Department of Environment and Conservation
Division of Water Pollution Control
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, Tennessee 37243
(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 **Tennessee Wastewater Systems, Inc.**
(applicant):

Permittee
Address: **849 Aviation Parkway Smyrna, TN 37167**

Official Contact:
Charles Hyatt

Title or Position:
President

Mailing Address:
849 Aviation Parkway

City:
Smyrna

State:
TN

Zip:
37167

Phone number(s):
615-220-7200

E-mail:

Optional Contact:
Brandon Dotson

Title or Position:
Operator

Address:
849 Aviation Parkway

City:
Smyrna

State:
TN

Zip:
37167

Phone number(s):
615-220-7200

E-mail:

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

Signature

Date

Charles Hyatt, President

12-27-17

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Facility Identification:		Existing Permit No.	02049
Facility Name:	The Highlands Chalet Resort		County: Sevier
Facility Address or Location:	Sevierville, TN 37876		Latitude: 35.746944
			Longitude: -83.487222
Name and distance to nearest receiving waters: 500' to unnamed tributary to Horse Branch (Approx. 2 miles)			
If any other State or Federal Water/Wastewater Permits have been obtained for this site, list their permit numbers:			
Name of company or governmental entity that will operate the permitted system: Tennessee Wastewater Systems, Inc.			
Operator address: 849 Aviation Parkway, Smyrna, TN 37167			
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. N/A			
Complete the following information explaining the entity type, number of design units, and daily design wastewater flow:			
<u>Entity Type</u>	<u>Number of Design Units</u>		<u>Flow (gpd)</u>
<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: 0	
<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 checked="" type="checkbox"/> Resort	No. of units: 6	Log Cabins of Various sizes	3,600 gpd
<input type="checkbox"/> Camp	No. of hookups:		
<input type="checkbox"/> RV Park	No. of hookups:	No. of dump stations:	
<input type="checkbox"/> Car Wash	No. of bays:		
<input type="checkbox"/> Other			
Describe the type and frequency of activities that result in wastewater generation. Resort Community			DEC 29 2017 TN DEPT. OF ENV. & CONSERVATION DIVISION OF WATER RESOURCES

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 website for more information) <input type="checkbox"/> Attached, or <input checked="" type="checkbox"/> Previously submitted and entitled: The Highlands Chalet Engineering Report Approved? <input checked="" type="checkbox"/> Yes. Date: 1/1/03 <input type="checkbox"/> No	

Wastewater Collection System:		<input type="checkbox"/> N/A
System type (i.e., gravity, low pressure, vacuum, combination, etc.): STEP/STEG small diameter sewer system		
System Description: STEP/STEG small diameter sewer system		
Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.): Each STEP/STEG tank has a min. 24-36 hrs storage. Heavy rains have a minimal impact on a water tight collection system. Small generators can be connected to pump stations and treatment system as necessary during an extended power outage.		
In the event of a system failure describe means of operator notification: 24 hour phone contacts provided.		
List the emergency contact(s) (name/phone): Brian Carter – 615-220-7200		
For low-pressure systems, who is responsible for maintenance of STEP/STEG tanks and pumps or grinder pumps (list all contact information)? No grinder pumps. Notifications come to TWSI 615-220-7200		
Approximate length of sewer (excluding private service lateral): 950 LF		
Number/hp of lift stations:	0 / 0	Number/hp of lift pumps 0/0
Number/volume of low pressure and or grinder pump tanks	0/0	
Number/volume septic tanks	6 /	varies
Attach a schematic of the collection system. <input type="checkbox"/> Attached Previously submitted and approved		
If this is a satellite sewer and you are tying in to another sewer system complete the following section, listing tie-in points to the sewer system and their location (attach additional sheets as necessary):		
<u>Tie-in Point</u>	<u>Latitude (xx.xxxx°)</u>	<u>Longitude (xx.xxxx°)</u>
N/A		

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Land Application Treatment System:	<input 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.): Advantex Recirculating Packed Bed Filter	
Attach a treatment schematic. <input type="checkbox"/> Attached Previously submitted and approved	
Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.): Same as above	
For New or Modified Projects:	
Name of Developer for the project: Existing permit	
Developer address and phone number: Existing permit	
For land application, list:	Proposed acreage involved: 0.46 +/- acres Inches/week gpd/sq.ft loading rate to be applied: 2.0 inchs/week
Is wastewater disinfection proposed?	
<input type="checkbox"/> Yes Describe land application area access:	
<input checked="" type="checkbox"/> No Describe how access to the land application area will be restricted: U.V. Disinfection	
Attach required additional Engineering Report Information (see website 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 quadrangle(s) name(s) GPS coordinates, and 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 a Water Pollution Control (WPC) Soils Map per Chapter 16 and 17 State of Tennessee Design Criteria for Sewage Work. 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 ten foot contours presented at a minimum size of 24 inches by 24 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.	

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For Drip Dispersal Systems Only: Unless otherwise determined by the Department, sewage treatment effluent wells, i.e., large capacity treatment/drip dispersal systems after approval of the SOP Application, will be issued an UIC tracking number and will be authorized as Permit by Rule per UIC Rule 1200-4-6-.14(2) and upon issue of a State Operating Permit and Sewage System Construction Approval by the Department.

☒ N/A

Describe the following:

The area of review (AOR) for each Drip Dispersal System shall, unless otherwise specified by the Department, consist of the area lying within a one mile radius or an area defined by using calculations under 1200-4-6-.09 of the Drip Dispersal System site or facility, and shall include, but not be limited to general surface geographic features, general subsurface geology, and general demographic and cultural features within the area. Attach to this part of the application a general characterization of the AOR, including the following: (This can be in narrative form)

- ☐ A general description of all past and present groundwater uses as well as the general groundwater flow direction and general water quality.
- ☐ A general description of the population and cultural development within the AOR (i.e. agricultural, commercial, residential or mixed)
- ☐ Nature of injected fluid to include physical, chemical, biological or radiological characteristics.
- ☐ If groundwater is used for drinking water within the area of review, then identify and locate on a topographic map all groundwater withdrawal points within the AOR, which supply public or private drinking water systems. Or supply map showing general location of publicly supplied water for the area (this can be obtained from the water provider)
- ☐ If the proposed system is located within a wellhead protection area or source water protection area designated by Rule 1200-5-1-.34, show the boundary of the protection area on the facility site plan.
- ☐ Description of system, Volume of injected fluid in gallons per day based upon design flow, including any monitoring wells
- ☐ Nature and type of system, including installed dimensions of wells and construction materials

Pump and Haul:

☒ 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.):

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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	
<i>If so, provide a design drawing of structure.</i>	
Are monitoring wells or lysimeters installed near or around the pond(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If so, provide location information and describe monitoring protocols (attach additional sheets as necessary):</i>	

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Mobile Wash Operations:		<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Individual Operator <input type="checkbox"/> Fleet Operation Operator		
Indicate the type of equipment, vehicle, or structure to be washed during normal operations (check all that apply):		
<input type="checkbox"/> Cars <input type="checkbox"/> Trucks <input type="checkbox"/> Trailers (Interior washing of dump-trailers, or tanks, is prohibited.) <input type="checkbox"/> Other (describe):	<input type="checkbox"/> Parking Lot(s): sq. ft. <input type="checkbox"/> Windows: sq. ft. <input type="checkbox"/> Structures (describe):	
Wash operations take place at (check all that apply):		
<input type="checkbox"/> Car sales lot(s) <input type="checkbox"/> Private industry lot(s) <input type="checkbox"/> County(ies), list:	<input type="checkbox"/> Public parking lot(s) <input type="checkbox"/> Private property(ies) <input type="checkbox"/> Statewide	
Wash equipment description:		
<input type="checkbox"/> Truck mounted <input type="checkbox"/> Rinse tank size(s) (gal.): <input type="checkbox"/> Collection tank size(s) (gal.):	<input type="checkbox"/> Trailer mounted <input type="checkbox"/> Mixed tanks size(s) (gal.): Number of tanks per vehicle:	
Pressure washer: psi (rated) gpm (rated) <input type="checkbox"/> gas powered <input type="checkbox"/> electric		
Vacuum system manufacturer/model:		Vacuum system capacity: inches Hg
Describe any other method or system used to contain and collect wastewater:		
List the public sewer system where you are permitted or have written permission to discharge waste wash water (include a copy of the permit or permission letter):		
Are chemicals pre-mixed, prior to arriving at wash location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe all soaps, detergents, or other chemicals used in the wash operation (attach additional sheets as necessary):		
Chemical name:	Manufacturer:	Primary CAS No. or Product No.

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