

23-00055

From: [Cole McCormick](#)
To: [TPUC DocketRoom](#)
Subject: FW: [EXTERNAL] Commission Docket #2355, Supplemental Information Provided Oct. 20th, 2023
Date: Friday, October 20, 2023 4:39:18 PM
Attachments: [CN-1251 sop application - HPUD-Paradise Pointe-UNION CO-IRM-signed \(1\).pdf](#)
[IRMUtilityStatementofCashFlows.pdf](#)

Hello Tory,

IRM Utility, Inc. is supplementing the data response provided earlier today, Friday October 20, 2023.

Please file his email to me as well as the attached documents in the docket file for 23-00055.

Sincerely,
Cole

From: Integrated Resource Management [IRM] <irmutility@gmail.com>
Sent: Friday, October 20, 2023 4:31 PM
To: Cole McCormick <Cole.McCormick@tn.gov>
Subject: [EXTERNAL] Commission Docket #2355, Supplemental Information Provided Oct. 20th, 2023

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

Cole,

Please see attached supplemental information of discovery requests for the Paradise Pointe CCN.

Thank you for your assistance,

Bill Cox

President - IRM Utility
Certified Wastewater & Collection System Operator
Phone (865)712-4307





Tennessee 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

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 Intergrated Resource Management, Inc.
(applicant):

Permittee P.O. BOX 71526
Address: Knoxville, TN 37938

Official Contact:	JEFFREY (BILL) COX, Jr.	Title or Position:	OWNER		
Mailing Address:	P.O. BOX 71526	City:	KNOXVILLE	State:	TN Zip: 37938
Phone number(s):	865.712.4307	E-mail:	jeffreywcox7@gmail.com		

Optional Contact:	MATT McQUEEN	Title or Position:	OWNER / DEVELOPER		
Address:	296 BOYD SCHOOL ROAD	City:	MORRISTOWN	State:	TN Zip: 37813
Phone number(s):	423.360.4746	E-mail:	mcqueenconstruction4746@gmail.com		

Application Certification (must be signed in accordance with the requirements of Rule 0400-40-05-.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. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

Name and title; print or type	Signature	Date
JEFFREY (BILL) COX, Jr, OWNER / OPERATOR	X	05-22-2023

Facility Identification:		Existing Permit No.	
Facility Name: PARADISE POINTE SUBDIVISION		County: UNION	
Facility Address or Location: SHARPS CHAPEL ROAD- 1200 Ft. SW of DR. DAVIS RD. (approx. address is 1701 SHARPS CHAPEL ROAD)		Latitude: 36.338854	
		Longitude: -83.804298	
Name and distance to nearest receiving waters: NORRIS LAKE - ADJACENT TO SITE			
If any other State or Federal Water/Wastewater Permits have been obtained for this site, list their permit numbers: CGP- TNR136			
Name of company or governmental entity that will operate the permitted system: IRM, Inc.			
Operator address: P.O. BOX 71526 KNOXVILLE, TN 37938			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
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. IRM, Inc takes over the system upon construction completion. An annual contract will be the method for renewal. See P.E.R. for ownership transferral and payment arrangements.			
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 checked="" type="checkbox"/> Subdivision	No. of homes: 35	Avg. No. bedrooms per home: 3	10,500
<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 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. STANDARD DAILY FLOW FROM SINGLE-FAMILY RESIDENTIAL HOME USE			

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 0400-40-05-.03 and Section 1.2 of the State of Tennessee Design Criteria for Sewage Works	
<input checked="" type="checkbox"/> Attached, or	
<input type="checkbox"/> Previously submitted and entitled:	Approved? <input type="checkbox"/> Yes. Date: <input type="checkbox"/> No
Operation and Maintenance Inspection Schedule Submitted:	Approved? <input type="checkbox"/> Yes. Date: <input type="checkbox"/> No

Wastewater Collection System:	<input type="checkbox"/> N/A
System type (i.e., gravity, low pressure, vacuum, combination, etc.): STEP	
System Description: pump effluent from 37 lots to a central location of pump / dosing tanks and then an LPP piping system	
Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.): alarm systems provide notification and excess volumes in tanks provide time for utility response	
In the event of a system failure describe means of operator notification: alarm systems and phone contact	
List the emergency contact(s) (name/phone): Tony Younce 865.663.7577	
For low-pressure systems, who is responsible for maintenance of STEP/STEG tanks and pumps or grinder pumps (list all contact information)?	
IRM, Inc. 865.712.4307 Jeffrey (Bill) Cox, Jr.	
Approximate length of sewer (excluding private service lateral): 1600 LF of the longest run	
Number/hp of lift stations: 37 pumps (1 at ea. hous)/	Number/hp of lift pumps 37 / 1/2 HP
Number/volume of low pressure and or grinder pump tanks /	
Number/volume septic tanks 35 /	1,000
Attach a schematic of the collection system. <input checked="" type="checkbox"/> Attached	
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	

Land Application Treatment System:	<input checked="" type="checkbox"/> N/A
Type of Land Application Treatment System: <input 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.):	
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, heavy rains, etc.):	
For New or Modified Projects: Name of Developer for the project:	
Developer address and phone number:	
For land application, list: Proposed acreage involved: Inches/week gpd/sq.ft loading rate to be applied:	
Is wastewater disinfection proposed?	
<input type="checkbox"/> Yes Describe land application area access:	
<input type="checkbox"/> No Describe how access to the land application area will be restricted:	
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 Resources 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.	

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 0400-45-06-.14(2) and upon issue of a State Operating Permit and Sewage System Construction Approval by the Department. Describe the following:	<input checked="" type="checkbox"/> N/A
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 0400-45-06-.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)	
<input type="checkbox"/> A general description of all past and present groundwater uses as well as the general groundwater flow direction and general water quality.	
<input type="checkbox"/> A general description of the population and cultural development within the AOR (i.e. agricultural, commercial, residential or mixed)	
<input type="checkbox"/> Nature of injected fluid to include physical, chemical, biological or radiological characteristics.	
<input type="checkbox"/> 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)	
<input type="checkbox"/> If the proposed system is located within a wellhead protection area or source water protection area designated by Rule 0400-45-01-.34, show the boundary of the protection area on the facility site plan.	
<input type="checkbox"/> Description of system, Volume of injected fluid in gallons per day based upon design flow, including any monitoring wells	
<input type="checkbox"/> Nature and type of system, including installed dimensions of wells and construction materials	

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	
<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>	

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"/> Parking Lot(s): sq. ft.		
<input type="checkbox"/> Trucks <input type="checkbox"/> Windows: sq. ft.		
<input type="checkbox"/> Trailers (Interior washing of dump-trailers, or tanks, is prohibited.) <input type="checkbox"/> Structures (describe):		
<input type="checkbox"/> Other (describe):		
Wash operations take place at (check all that apply):		
<input type="checkbox"/> Car sales lot(s) <input type="checkbox"/> Public parking lot(s)		
<input type="checkbox"/> Private industry lot(s) <input type="checkbox"/> Private property(ies)		
<input type="checkbox"/> County(ies), list: <input type="checkbox"/> Statewide		
Wash equipment description:		
<input type="checkbox"/> Truck mounted <input type="checkbox"/> Trailer mounted		
<input type="checkbox"/> Rinse tank size(s) (gal.): <input type="checkbox"/> Mixed tanks size(s) (gal.):		
<input type="checkbox"/> Collection tank 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.

APPLICATION FOR A STATE OPERATION PERMIT (SOP) INSTRUCTIONS

Purpose of this form A completed SOP application must be submitted to obtain SOP coverage. This permit is required to operate a sewage, industrial waste or other waste collection and/or treatment system that does not have a point source discharge to any surface or subsurface waters. This form must be submitted at least 180 days before starting any new activity, before an existing permit expires, or when renewing a permit.

Complete the form Type or print clearly, using black or blue ink; not markers or pencil. Answer each item or enter "N/A," for not applicable. If you need additional space, attach a separate piece of paper to the SOP application. Applicants may be required to submit engineering reports, plans and specifications. Contact the division for the applicable items, or refer to Appendix 1-D of the state [Design Criteria for Sewage Works](#) for more information. **The application will be considered incomplete without supplying all of the required information, Engineering Reports, and an original signature.**

Permittee Identification/Facility Identification Describe and locate the project, use the legal or official name of the facility or site. Provide the latitude and longitude (expressed in decimal degrees) of the center of the site, which can be located on USGS quadrangle maps. The quadrangle maps can be obtained at 1-800-USA-MAPS, or at the Census Bureau world wide web site: <http://www.census.gov/cgi-bin/gazetteer>. Attach a copy of a portion of a 7.5 minute quad map, showing location of site, with boundaries at least one mile outside the site boundaries. If business is mobile give the owner of operations' home, or business office address, and list all current areas of operation by city and county.

Wastewater Collection System These types of systems require engineering reports, refer to Appendix 1-D of the state [Design Criteria for Sewage Works](#) for more information.

Land Application Treatment System These types of systems require engineering reports, refer to Appendix 1-D of the state [Design Criteria for Sewage Works](#) for more information. Public access to the treatment area must be restricted, if disinfection is not part of the treatment. Applicants completing this section of the application must also complete the Wastewater Collection System section.

Pump and Haul These types of systems may require engineering reports, refer to Appendix 1-D of the state [Design Criteria for Sewage Works](#) for more information.

Holding Ponds Given that annual rainfall onto open ponds exceeds annual evaporation (in Tennessee), the permittee must develop a written plan (to be retained on site and be available to the division upon request) that addresses how excess rainfall will be disposed of in compliance with the no discharge requirement of this permit. Treatment ponds are not to be used for stormwater treatment or storage. All new and existing point source industrial stormwater discharges associated with industrial activity require coverage under the

APPLICATION FOR A STATE OPERATION PERMIT (SOP)
INSTRUCTIONS - CONTINUED

Tennessee industrial stormwater multi-sector general permit TMSP, refer to the [website](#) for more information. Describe the system for re-routing surface runoff away from ponds in the rainfall disposal plan.

Mobile Wash Operations Indicate whether the operation is run by an individual or a corporation with a fleet of vehicles equipped to wash and collect waste waters. If a corporation, indicate the home office as the "Official Contact". Indicate if operations take place at specific sites and list those counties that apply. Note that this permit covers operations for all of Tennessee. Operations indicated as "statewide" generally apply as a fleet type operation and each office location shall be individually permitted. Equipment may be truck or trailer-mounted, or both, indicate all that applies. Soaps, detergents, and other chemicals used should be non-toxic and biodegradable. All "chemically enhanced" (soaps, detergents, and other chemicals) waste-wash waters must be collected for proper disposal. If no chemically enhanced washwaters are used, clear-wash waters may travel by sheet flow to a gravel or grassy area where there is no opportunity to enter waters of the state. There should be no discharge to a storm water inlet, ditch, conveyance, stream, etc. If you are unsure of your wash area drainage, contact the area Environmental Field Office (EFO) prior to setting up your wash operation.

Fees Refer to the TDEC-DWR Environmental Protection Fund Fee Rule 0400-40-11-.02. Links to publications are available on Department of Environment and Conservation, Division of Water Resources webpage and the webpage for the Tennessee Secretary of State.

Submitting the form and obtaining more information Note that this form must be signed by the chief executive officer, owner, or highest ranking elected official. For more information, contact your local EFO at the toll-free number 1-888-891-8332 (TDEC). Submit a complete application electronically to water.permits@tn.gov (preferred) or to the appropriate EFO for the county(ies) where the facility is located, addressed to **Attention: DWR, Permit Section**. Please keep a copy for your records.

EFO	Street Address	Zip Code	EFO	Street Address	Zip Code
Memphis	8383 Wolf Lake Drive, Bartlett	38133	Cookeville	1221 South Willow Ave.	38506
Jackson	1625 Hollywood Dr	38305-4316	Chattanooga	1301 Riverfront Parkway Suite 206	37402
Nashville	711 R S Gass Boulevard	37243	Knoxville	3711 Middlebrook Pike	37921
Columbia	1421 Hampshire Pike	38401	Johnson City	2305 Silverdale Road	37601

APPLICATION FOR A STATE OPERATION PERMIT (SOP)
INSTRUCTIONS - CONTINUED

Upon receipt of the required items, the division conducts a review of the material, and the applicant is notified of any deficiencies. When all the deficiencies have been corrected, the division makes a determination of whether to publish a draft permit. When a draft permit is generated, a public notice is issued and published in a local newspaper. The draft permit is then reviewed by the applicant, and division field staff. The general public also has an opportunity to review the permit. Based on public response, a public hearing may be held. After considering public comments and a final review, the permit may be issued. The entire process normally takes from five (5) to nine (9) months. Permits are normally valid for five (5) years, except those for pump and haul systems, which are generally valid for one (1) year.

The division has the right to inspect a facility when deemed necessary. In addition, the division has the right to revoke or suspend any permit for violation of permit conditions or any other provisions of the Tennessee Water Quality Control Act and other water pollution control rules.

The division is responsible for regulating any activity, which involves a potential discharge in order to protect waters of the State from pollution and to maintain the highest possible standards in water quality.

Integrated Resource Mangement, Inc.
Statement of Cash Flows
January through December 2022

	<u>Jan - Dec 22</u>
OPERATING ACTIVITIES	
Net Income	-53,141.91
Adjustments to reconcile Net Income to net cash provided by operations:	
255.00 · Loan to/from IRM C & C	54,944.25
231 · Accounts Payable	9,087.42
131.09 · IRM Visa Payable	1,256.39
195.00 · Loan from J Cox	-3.92
235 · Customer Deposits	480.00
Net cash provided by Operating Activities	12,622.23
INVESTING ACTIVITIES	
101T · Utility Plant in Service:108T · Accumulated Depreciation	35,998.00
Net cash provided by Investing Activities	35,998.00
FINANCING ACTIVITIES	
272 · Accum Amort. of Contributions	-35,998.00
Net cash provided by Financing Activities	-35,998.00
Net cash increase for period	12,622.23
Cash at beginning of period	262,032.10
Cash at end of period	<u><u>274,654.33</u></u>