Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

RECEIVED AUG - 1 2012 JOHNSON CITY ENVIRONMENTAL FIELD OFFICE

I. EPA I.D. NUMBER: TN0025178

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

TN0025178
AKARD
JUBAL YENNIE, DIRECTOR
P.O. BOX 306
BLOUNTVILLE, TN 37617

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge to waters of the U.S.**? (FORM 2A)	X			B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

SKIP: AKARD ELEM. SCHOOL

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*: TESTER DAVID LABTECH OPERATOR

B. PHONE *(area code & no.)*: (423) 354-1160

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: P. O. BOX 306

B. CITY OR TOWN: BLOUNTVILLE

C. STATE: TN

D. ZIP CODE: 37617

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 222 MOUNT AREA DR.

B. COUNTY NAME: SULIVAN

C. CITY OR TOWN: BLOUNTVILLE

D. STATE: TN

E. ZIP CODE: 37617

F. COUNTY CODE *(if known)*:

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
C 7 *(specify)*	C 7 *(specify)*
C. THIRD	**D. FOURTH**
C 7 *(specify)*	C 7 *(specify)*

VIII. OPERATOR INFORMATION

A. NAME: C 8 S U L L I V A N COUNTY DEPT. OF EDUCATION

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

M *(specify)*

D. PHONE *(area code & no.)*: C A (423) 354-1000

E. STREET OR P.O. BOX: P.O. BOX 306

F. CITY OR TOWN: C B B L O U N T V I L L E

G. STATE: TN

H. ZIP CODE: 37617

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*: C T I 9 N T N 0025178	D. PSD *(Air Emissions from Proposed Sources)*: C T I 9 P
B. UIC *(Underground Injection of Fluids)*: C T I 9 U	E. OTHER *(specify)*: C T I 9 *(specify)*
C. RCRA *(Hazardous Wastes)*: C T I 9 R	E. OTHER *(specify)*: C T I 9 *(specify)*

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

School

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
Jubal Yennie Director of Schools	Jubal C. Yennie	7/27/12

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only.	EPA ID Number (copy from Item 1 of Form 1)	Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

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AUG 1 2012
JOHNSON CITY ENVIRONMENTAL FIELD OFFICE

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
1	36	33	48	82	15	39	Unnamed tributary at mile 0.7 into Back Creek

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II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

- ☑ Sanitary Wastes
- ☐ Restaurant or Cafeteria Wastes
- ☐ Noncontact Cooling Water
- ☐ Other Nonprocess Wastewater (Identify)

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3) Number of Measurements Taken (last year)	(or) (4) Source of Estimate (if new discharger)
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	36mg/L	0.92 lbs/day	16.9mg/L	0.43 lbs/day	11.00	
Total Suspended Solids (TSS)	230mg/L	5.91 lbs/day	31.58mg/L	0.82 lbs/day	11.00	
Fecal Coliform (if believed present or if sanitary waste is discharged)	3010cl/100m		6380cl/100ml		11.00	
Total Residual Chlorine (if chlorine is used)	0.65mg/L		1.96mg/L		78.00	
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia (as N)						
Discharge Flow	Value 0.0031 MGD		0.0128 MGD		196.00	
pH (give range)	Value					
Temperature (Winter)	°C		°C			
Temperature (Summer)	°C		°C			

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?

If yes, briefly describe the frequency of flow and duration.

☑ Yes ☐ No

We have periods of flow with mostly rain due to downspouts hooked into the colectiion system.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

1. Preliminary Treatment
2. Primary Treatment
3. Secondary Treatment
4. Disinfection Treatment

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Old SCHOOL Building

VIII. CERTIFICATION

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 gather and evaluate 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
Jubal Yennie (Director of Schools)	(423) 354-1000
C. Signature	D. Date Signed
Jubal Yennie	7/27/12