United States Environmental Protection Agency
Washington, D. C. 20460

Water Compliance Inspection Report

Section A: National Data Coding (i.e., PCS)

Transaction	Code	NPDES	yr / mo / dy	Inspection Type	Inspector	FacType
1 N	2 5	3 TN0005231 11	12 090521 17	18 C	19 S	20 1

Remarks

21 Cookeville WTP (individual) 66

Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA	Reserved
67 1 69	70 4	71	72 N	73 74 75 80

Section B: Facility Data

Name and Location of Facility Inspected (*For industrial users discharging to POTW, also include POTW name and NPDES permit number*)	Entry Time / Date	Permit Effective Date
Cookeville Water Treatment Plant 9722 Water Plant Rd Baxter, TN 38544	≈ 8:45 05/21/09	Nov. 1st, 2008
	Exit Time / Date	Permit Expiration Date
	≈ 10:45 05/21/09	Sept. 29th, 2013

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)

Roger Phillips – Operator In Charge (931) 858-2646
Bill Clemons – Operator Fax: (931) 526-5376

Name, Address of Responsible Official/Title/Phone and Fax Number

Mr. Ronnie Kelly, Director
P.O. Box 998
Cookeville, TN 38503 (931) 520-5259

Contacted
☐ Yes ☒ No
Fax: (931) 526-5376

Other Facility Data (*e.g., SIC NAICS, and other descriptive information*)

3 new lagoons in use. Old lagoon still in use as intermediate step to new lagoons. Pump cooling water and laboratory sink (finish) water discharged to old lagoon along with filter backwash water and then pumped to new lagoons.

Section C: Areas Evaluated During Inspection (*Check only those areas evaluated*)

X	Permit	X	Self-monitoring Program		Pretreatment Program		MS4
X	Records / Reports		Compliance Schedule		Pollution Prevention		
X	Facility Site Review	X	Laboratory		Storm Water		
X	Effluent / Receiving Waters	X	Operation & Maintenance		Combined Sewer Overflow		
	Flow Measurement		Sludge Handling / Disposal		Sanitary Sewer Overflow		

Section D: Summary of Findings/Comments

(*Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary*)

Improvement of lab bench sheet(s) needed (sample collection times and measurement times). Recommend documented program of periodic review/audit of approved lab methods. Facility and lab well-maintained, in good working order.

Name (s) and Signature(s) of Inspector(s)	Agency / Office / Phone and Fax Numbers	Date
Martin Smith Martin Smith	Tennessee Division of Water Pollution Control Cookeville Environmental Field Office 931/432-4015 / 931/432-6952 (FAX)	06-19-09
Signature of Management Q A Reviewer	**Agency / Office / Phone and Fax Numbers**	**Date**
Robert Howard Robert Howard	Tennessee Division of Water Pollution Control Cookeville Environmental Field Office 931/432-4015 / 931/432-6952 (FAX)	06-19-09