

STATE OF MISSOURI

DEPARTMENT OF NATURAL RESOURCES

MISSOURI CLEAN WATER COMMISSION



MISSOURI STATE OPERATING PERMIT

In compliance with the Missouri Clean Water Law, (Chapter 644 R.S. Mo. as amended, hereinafter, the Law), and the Federal Water Pollution Control Act (Public Law 92-500, 92<sup>nd</sup> Congress) as amended,

Permit No. MO-0039136

Owner: City of Carthage  
Address: 326 Grant Street; Carthage, MO 64836

Continuing Authority: Same as above  
Address: Same as above

Facility Name: Carthage Wastewater Treatment Plant  
Facility Address: 1701 West Mound Road; Carthage, MO 64836

Legal Description: SW¼, NW¼, NE ¼, Sec. 05, T28N, R31W, Jasper County  
UTM Coordinates: X= 381524, Y= 4115804

Receiving Stream: Spring River P  
First Classified Stream and ID: Spring River P (3160) 303(d)  
USGS Basin & Sub-watershed No.: 11070207-0505

is authorized to discharge from the facility described herein, in accordance with the effluent limitations and monitoring requirements as set forth herein:

FACILITY DESCRIPTION

See Page 2

This permit authorizes only wastewater discharges under the Missouri Clean Water Law and the National Pollutant Discharge Elimination System; it does not apply to other regulated areas. This permit may be appealed in accordance with Section 621.250 RSMo, Section 640.013 RSMo and Section 644.051.6 of the Law.

June 1, 2013                      March 19, 2014  
Effective Date                      Modification Date

Sara Parker Pauley, Director, Department of Natural Resources

March 31, 2018  
Expiration Date

John Madros, Director, Water Protection Program

**FACILITY DESCRIPTION (continued):**

Outfall #001 – POTW – SIC #4952

The use or operation of this facility shall be by or under the supervision of a Certified “B” Operator.

Oxidation ditch, ultraviolet disinfection, aerobic sludge digestion and land application.

Design population equivalent is 74,700.

Design flow is 7.0 million gallons per day.

Actual flow is 5.19 million gallons per day.

Design sludge production is 2,390 dry tons/year.

Outfall #002 – Discharges from this outfall is no longer authorized, and shall be subject to 40 CFR 122.41(m) and reported according to 40 CFR 122.41(m)(3)(i) & (ii).

Instream Monitoring Point S1 - Eliminated

Monitoring at this point is no longer required.

Instream Monitoring Point S2 - Eliminated

Monitoring at this point is no longer required.

<b>OUTFALL #001</b>	<b>TABLE A. FINAL EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS</b>	PAGE NUMBER 3 of 8
		PERMIT NUMBER: MO-0039136

The permittee is authorized to discharge from outfall(s) with serial number(s) as specified in the application for this permit. The final effluent limitations shall become effective upon issuance and remain in effect until expiration of the permit. Such discharges shall be controlled, limited and monitored by the permittee as specified below:

EFFLUENT PARAMETER(S)	UNITS	FINAL EFFLUENT LIMITATIONS			MONITORING REQUIREMENTS	
		DAILY MAXIMUM	WEEKLY AVERAGE	MONTHLY AVERAGE	MEASUREMENT FREQUENCY	SAMPLE TYPE
Flow	MGD	*		*	once/weekday***	24 hr. total
Carbonaceous Biochemical Oxygen Demand <sub>5</sub>	mg/L		15	15	twice/week	24 h comp**
Total Suspended Solids	mg/L		45	30	twice/week	24 h comp**
<i>E. coli</i> (Note 1, Page 5)	#/100 ml		630	126	once/week	grab
pH – Units	SU	***		***	once/month	grab
Ammonia as N (April 1 – Sept 30) (Oct 1 – March 31)	mg/L	*		*	once/month	grab
Oil & Grease	mg/L	15		10	once/month	grab

MONITORING REPORTS SHALL BE SUBMITTED MONTHLY; THE FIRST REPORT IS DUE JULY 28, 2013. THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

EFFLUENT PARAMETER(S)	UNITS	DAILY MAXIMUM	WEEKLY AVERAGE MAXIMUM	MONTHLY AVERAGE MAXIMUM	MEASUREMENT FREQUENCY	SAMPLE TYPE
Cadmium, Total Recoverable	µg/L	1.2		0.6	once/quarter****	24 h comp**
Chromium VI, Total Recoverable	µg/L	*		*	once/quarter****	grab
Chromium III, Total Recoverable	µg/L	*		*	once/quarter****	24 h comp**
Copper, Total Recoverable	µg/L	23.2		11.5	once/quarter****	24 h comp**
Lead, Total Recoverable	µg/L	17.6		8.8	once/quarter****	24 h comp**
Nickel, Total	µg/L	*		*	once/quarter****	24 h comp**
Silver, Total Recoverable	µg/L	9.2		4.5	once/quarter****	24 h comp**
Zinc, Total Recoverable	µg/L	*		*	once/quarter****	24 h comp**
Cyanide, Amenable to Chlorination	µg/L	13.7		8.0	once/quarter****	grab

MONITORING REPORTS SHALL BE SUBMITTED QUARTERLY; THE FIRST REPORT IS DUE OCTOBER 28, 2013.

Whole Effluent Toxicity (WET) test	% Survival	See Special Condition # 20	once/year	24 h comp**
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WET TEST REPORTS SHALL BE SUBMITTED ANNUALLY; THE FIRST REPORT IS DUE JANUARY 28, 2014.

- \* Monitoring requirement only.
- \*\* A 24-hour composite sample is composed of 48 aliquots (subsamples) collected at 30 minute intervals by an automatic sampling device.
- \*\*\* pH is measured in pH units and is not to be averaged. The pH is limited to the range of 6.5-9.0 pH units.
- \*\*\*\* See table below for quarterly sampling

Minimum Sampling Requirements			
Quarter	Months	Effluent Parameters	Report is Due
First	January, February, March	Sample at least once during any month of the quarter	April 28 <sup>th</sup>
Second	April, May, June	Sample at least once during any month of the quarter	July 28 <sup>th</sup>
Third	July, August, September	Sample at least once during any month of the quarter	October 28 <sup>th</sup>
Fourth	October, November, December	Sample at least once during any month of the quarter	January 28 <sup>th</sup>

Note 1 - Effluent limitations and monitoring requirements for *E. coli* are applicable only during the recreational season from April 1 through October 31. The Monthly Average Limit for *E. coli* is expressed as a geometric mean. The Weekly Average for *E. coli* will be expressed as a geometric mean if more than one (1) sample is collected during a calendar week (Sunday through Saturday).

**TABLE B.**  
**INFLUENT MONITORING REQUIREMENTS**

The facility is required to meet a removal efficiency of 85% or more as a monthly average. The monitoring requirements shall become effective upon issuance and remain in effect until expiration of the permit. To determine removal efficiencies, the influent wastewater shall be monitored by the permittee as specified below:

SAMPLING LOCATION AND PARAMETER(S)	UNITS	MONITORING REQUIREMENTS	
		MEASUREMENT FREQUENCY	SAMPLE TYPE
Carbonaceous Biochemical Oxygen Demand <sub>5</sub>	mg/L	once/month	grab
Total Suspended Solids	mg/L	once/month	grab

MONITORING REPORTS SHALL BE SUBMITTED MONTHLY; THE FIRST REPORT IS DUE JULY 28, 2013.

C. STANDARD CONDITIONS

In addition to specified conditions stated herein, this permit is subject to the attached Parts I, II, & III standard conditions dated November 1, 2013, May 1, 2013, and August 15, 1994, and hereby incorporated as though fully set forth herein.

D. SPECIAL CONDITIONS

1. This permit establishes final ammonia limitations based on Missouri's current Water Quality Standard. On August 22, 2013, the U.S. Environmental Protection Agency (EPA) published a notice in the Federal Register announcing of the final national recommended ambient water quality criteria for protection of aquatic life from the effects of ammonia in freshwater. The EPA's guidance, Final Aquatic Life Ambient Water Quality Criteria for Ammonia – Fresh Water 2013, is not a rule, nor automatically part of a state's water quality standards. States must adopt new ammonia criteria consistent with EPA's published ammonia criteria into their water quality standards that protect the designated uses of the water bodies. The Department of Natural Resources intends to adopt the new ammonia criteria during the next water quality standards triennial review. Also, refer to Section VI of this permit's factsheet for further information including estimated future effluent limits for this facility. It is recommended the permittee view the Department's 2013 EPA criteria Factsheet located at <http://dnr.mo.gov/pubs/pub2481.htm>.
2. This permit may be reopened and modified, or alternatively revoked and reissued, to:
  - (a) Comply with any applicable effluent standard or limitation issued or approved under Sections 301(b)(2)(C) and (D), 304(b)(2), and 307(a) (2) of the Clean Water Act, if the effluent standard or limitation so issued or approved:
    - (1) contains different conditions or is otherwise more stringent than any effluent limitation in the permit; or
    - (2) controls any pollutant not limited in the permit.
  - (b) Incorporate new or modified effluent limitations or other conditions, if the result of a waste load allocation study, toxicity test or other information indicates changes are necessary to assure compliance with Missouri's Water Quality Standards.
  - (c) Incorporate new or modified effluent limitations or other conditions if, as the result of a watershed analysis, a Total Maximum Daily Load (TMDL) limitation is developed for the receiving waters which are currently included in Missouri's list of waters of the state not fully achieving the state's water quality standards, also called the 303(d) list.

The permit as modified or reissued under this paragraph shall also contain any other requirements of the Clean Water Act then applicable.

D. SPECIAL CONDITIONS (continued)

3. All outfalls must be clearly marked in the field.
4. Permittee will cease discharge by connection to a facility with an area-wide management plan per 10 CSR 20-6.010(3)(B) within 90 days of notice of its availability.
5. Water Quality Standards
  - (a) Discharges to waters of the state shall not cause a violation of water quality standards rule under 10 CSR 20-7.031, including both specific and general criteria
  - (b) General Criteria. The following general water quality criteria shall be applicable to all waters of the state at all times including mixing zones. No water contaminant, by itself or in combination with other substances, shall prevent the waters of the state from meeting the following conditions:
    - (1) Waters shall be free from substances in sufficient amounts to cause the formation of putrescent, unsightly or harmful bottom deposits or prevent full maintenance of beneficial uses;
    - (2) Waters shall be free from oil, scum and floating debris in sufficient amounts to be unsightly or prevent full maintenance of beneficial uses;
    - (3) Waters shall be free from substances in sufficient amounts to cause unsightly color or turbidity, offensive odor or prevent full maintenance of beneficial uses;
    - (4) Waters shall be free from substances or conditions in sufficient amounts to result in toxicity to human, animal or aquatic life;
    - (5) There shall be no significant human health hazard from incidental contact with the water;
    - (6) There shall be no acute toxicity to livestock or wildlife watering;
    - (7) Waters shall be free from physical, chemical or hydrologic changes that would impair the natural biological community;
    - (8) Waters shall be free from used tires, car bodies, appliances, demolition debris, used vehicles or equipment and solid waste as defined in Missouri's Solid Waste Law, section 260.200, RSMo, except as the use of such materials is specifically permitted pursuant to section 260.200-260.247.
6. Changes in Discharges of Toxic Substances

The permittee shall notify the Director as soon as it knows or has reason to believe:

  - (a) That any activity has occurred or will occur which would result in the discharge of any toxic pollutant which is not limited in the permit, if that discharge will exceed the highest of the following "notification levels:"
    - (1) One hundred micrograms per liter (100 µg/L);
    - (2) Two hundred micrograms per liter (200 µg/L) for acrolein and acrylonitrile; five hundred micrograms per liter (500 µg/L) for 2,5 dinitrophenol and for 2-methyl-4, 6-dinitrophenol; and one milligram per liter (1 mg/L) for antimony;
    - (3) Five (5) times the maximum concentration value reported for the pollutant in the permit application;
    - (4) The level established by the Director in accordance with 40 CFR 122.44(f).
  - (b) That they have begun or expect to begin to use or manufacture as an intermediate or final product or byproduct any toxic pollutant, which was not reported in the permit application.
7. Report as no-discharge when a discharge does not occur during the report period.
8. It is a violation of the Missouri Clean Water Law to fail to pay fees associated with this permit (644.055 RSMo).
9. The permittee shall comply with any applicable requirements listed in 10 CSR 20-9, unless the facility has received written notification that the Department has approved a modification to the requirements. The monitoring frequencies contained in this permit shall not be construed by the permittee as a modification of the monitoring frequencies listed in 10 CSR 20-9. If a modification of the monitoring frequencies listed in 10 CSR 20-9 is needed, the permittee shall submit a written request to the Department for review and, if deemed necessary, approval.
10. The permittee shall submit a report annually in January to the Southwest Regional Office with the Discharge and Monitoring reports which address measures taken to locate and eliminate sources of infiltration and inflow into the collection system serving the facility for the previous year.
11. Bypasses are not authorized at this facility and are subject to 40 CFR 122.41(m). If a bypass occurs, the permittee shall report in accordance to 40 CFR 122.41(m)(3)(i), and with Standard Condition Part I, Section B, subsection 2.b. Bypasses are to be reported to the Southwest Regional Office.

D. SPECIAL CONDITIONS (continued)

12. The facility must be sufficiently secured to restrict entry by children, livestock and unauthorized persons as well as to protect the facility from vandalism.
13. A least one gate must be provided to access the wastewater treatment facility and provide for maintenance and mowing. The gate shall remain closed except when temporarily opened by; the permittee to access the facility, perform operational monitoring, sampling, maintenance, mowing, or for inspections by the Department. The gate shall be closed and locked when the facility is not staffed.
14. At least one (1) warning sign shall be placed on each side of the facility enclosure in such positions as to be clearly visible from all directions of approach. There shall also be one (1) sign placed for every five hundred feet (500') (150 m) of the perimeter fence. A sign shall also be placed on each gate. Minimum wording shall be SEWAGE TREATMENT FACILITY—KEEP OUT. Signs shall be made of durable materials with characters at least two inches (2") high and shall be securely fastened to the fence, equipment or other suitable locations.
15. An Operation and Maintenance (O & M) manual shall be maintained by the permittee and made available to the operator. The O & M manual shall include key operating procedures and a brief summary of the operation of the facility.
16. An all-weather access road shall be provided to the treatment facility.
17. The discharge from the wastewater treatment facility shall be conveyed to the receiving stream via a closed pipe or a paved or rip-rapped open channel. Sheet or meandering drainage is not acceptable. The outfall sewer shall be protected against the effects of floodwater, ice or other hazards as to reasonably insure its structural stability and freedom from stoppage. The outfall shall be maintained so that a sample of the effluent can be obtained at a point after the final treatment process and before the discharge mixes with the receiving waters.
18. Land application of biosolids shall be conducted in accordance with Standard Conditions III and a Department approved biosolids management plan. Land application of biosolids during frozen, snow covered, or saturated soil conditions in accordance with the additional requirements specified in WQ426 shall occur only with prior notification to the Southwest Regional Office.
19. The permittee shall implement and enforce its approved pretreatment program in accordance with the requirements of 10 CSR 20-6.100. The approved pretreatment program is hereby incorporated by reference.

The permittee shall submit to the Department on or before March 31<sup>st</sup> of each year a report briefly describing its pretreatment activities during the previous calendar year. At a minimum, the report shall include the following:

- (a) An updated list of the Permittee's Industrial Users, including their names and addresses, or a list of deletions and additions keyed to a previously submitted list. The Permittee shall provide a brief explanation of each deletion. This list shall identify which Industrial Users are subject to categorical pretreatment Standards and specify which Standards are applicable to each Industrial User. The list shall indicate which Industrial Users are subject to local standards that are more stringent than the categorical Pretreatment Standards. The Permittee shall also list the Industrial Users that are subject only to local Requirements;
- (b) A summary of the status of Industrial User compliance over the reporting period;
- (c) A summary of compliance and enforcement activities (including inspections) conducted by the Permittee during the reporting period; and
- (d) Any other relevant information requested by the Department.

Pursuant to 40 CFR 122.44(j)(2)(ii), the permittee shall submit to the department a written technical evaluation of the need to revise local limits under 40 CFR 403.5(c)(1) along with the application for renewal of this permit.

D. SPECIAL CONDITIONS (continued)

20. Whole Effluent Toxicity (WET) Test shall be conducted as follows:

SUMMARY OF ACUTE WET TESTING FOR THIS PERMIT				
OUTFALL	AEC	FREQUENCY	SAMPLE TYPE	MONTH
001	100 %	Once per year	24 hr. composite*	Any

\* A 24-hour composite sample is composed of 48 aliquots (subsamples) collected at 30 minute intervals by an automatic sampler.

Dilution Series							
AEC%= 100	100% effluent	50% effluent	25% effluent	12.5% effluent	6.25% effluent	(Control) 100% upstream, if available	(Control) 100% Lab Water, also called synthetic water

(a) Test Schedule and Follow-Up Requirements

- (1) Perform a MULTIPLE-dilution acute WET test in the months and at the frequency specified above. For tests which are successfully passed, submit test results using the Department's WET test report form #MO-780-1899 along with complete copies of the test reports as received from the laboratory, including copies of chain-of-custody forms within 30 calendar days of availability to the WATER PROTECTION PROGRAM, P.O. Box 176, Jefferson City, MO 65102. If the effluent passes the test, do not repeat the test until the next test period.
  - (i) Chemical and physical analysis of the upstream control and effluent sample shall occur immediately upon being received by the laboratory, prior to any manipulation of the effluent sample beyond preservation methods consistent with federal guidelines for WET testing that are required to stabilize the sample during shipping.
  - (ii) Any and all chemical or physical analysis of the effluent sample performed in conjunction with the WET test shall be performed at the 100% Effluent concentration in addition to analysis performed upon any other effluent concentration.
  - (iii) All chemical analyses included in the Missouri Department of Natural Resources WET test report form #MO-780-1899 shall be performed and results shall be recorded in the appropriate field of the report form.
- (2) The WET test will be considered a failure if mortality observed in effluent concentrations for either specie, equal to or less than the AEC, is significantly different (at the 95% confidence level;  $p = 0.05$ ) than that observed in the upstream receiving-water control sample. Where upstream receiving water is not available, synthetic laboratory control water may be used.
- (3) All failing test results along with complete copies of the test reports as received from the laboratory, INCLUDING THOSE TESTS CONDUCTED UNDER CONDITION (3) BELOW, shall be reported to the WATER PROTECTION PROGRAM, P.O. Box 176, Jefferson City, MO 65102 within 14 calendar days of the availability of the results.
- (4) If the effluent fails the test for BOTH test species, a multiple dilution test shall be performed for BOTH test species within 30 calendar days and biweekly thereafter (for storm water, tests shall be performed on the next and subsequent storm water discharges as they occur, but not less than 7 days apart) until one of the following conditions are met: Note: Written request regarding single species multiple dilution accelerated testing will be address by THE WATER PROTECTION PROGRAM on a case by case basis.
  - (i) THREE CONSECUTIVE MULTIPLE-DILUTION TESTS PASS. No further tests need to be performed until next regularly scheduled test period.
  - (ii) A TOTAL OF THREE MULTIPLE-DILUTION TESTS FAIL.
- (5) Follow-up tests do not negate an initial failed test.
- (6) The permittee shall submit a summary of all test results for the test series along with complete copies of the test reports as received from the laboratory to the WATER PROTECTION PROGRAM, P.O. Box 176, Jefferson City, MO 65102 within 14 calendar days of the third failed test.
- (7) Additionally, the following shall apply upon failure of the third follow up MULTIPLE DILUTION test The permittee should contact THE WATER PROTECTION PROGRAM within 14 calendar days from availability of the test results to ascertain as to whether a TIE or TRE is appropriate. If the permittee does not contact THE WATER PROTECTION PROGRAM upon the third follow up test failure, a toxicity identification evaluation (TIE) or toxicity reduction evaluation (TRE) is automatically triggered. The permittee shall submit a plan for conducting a TIE or TRE to the WATER PROTECTION PROGRAM within 60 calendar days of the date of the automatic trigger or DNR's direction to perform either a TIE or TRE. This plan must be approved by DNR before the TIE or TRE is begun. A schedule for completing the TIE or TRE shall be established in the plan approval.
- (8) Upon DNR's approval, the TIE/TRE schedule may be modified if toxicity is intermittent during the TIE/TRE investigations. A revised WET test schedule may be established by DNR for this period.

D. SPECIAL CONDITIONS (continued)

- (9) If a previously completed TIE has clearly identified the cause of toxicity, additional TIEs will not be required as long as effluent characteristics remain essentially unchanged and the permittee is proceeding according to a DNR approved schedule to complete a TRE and reduce toxicity. Regularly scheduled WET testing as required in the permit, without the follow-up requirements, will be required during this period.
- (10) When WET test sampling is required to run over one DMR period, each DMR report shall contain a copy of the Department's WET test report form that was generated during the reporting period.
- (11) Submit a concise summary in tabular format of all WET test results with the annual report.

(b) Test Conditions

- (1) Test Type: Acute Static non-renewal
- (2) All tests, including repeat tests for previous failures, shall include both test species listed below unless approved by the Department on a case by case basis.
- (3) Test species: *Ceriodaphnia dubia* and *Pimephales promelas* (fathead minnow). Organisms used in WET testing shall come from cultures reared for the purpose of conducting toxicity tests and cultured in a manner consistent with the most current USEPA guidelines. All test animals shall be cultured as described in the most current edition of Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms.
- (4) Test period: 48 hours at the "Allowable Effluent Concentration" (AEC) specified above.
- (5) Upstream receiving stream water shall be used as dilution water. If upstream water is unavailable or if mortality in the upstream water exceeds 10%, "reconstituted" water will be used as dilution water. Procedures for generating reconstituted water will be supplied by the MDNR upon request.
- (6) Tests will be run with 100% receiving-stream water (if available), collected upstream of the outfall at a point beyond any influence of the effluent, and reconstituted water.
- (7) If reconstituted-water control mortality for a test species exceeds 10%, the entire test will be rerun.
- (8) If upstream control mortality exceeds 10%, the entire test will be rerun using reconstituted water as the dilutant.
- (9) Whole-effluent-toxicity test shall be consistent with the most current edition of Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms

**Missouri Department of Natural Resources**  
**Statement of Basis**  
**#MO-0103039**  
**Carthage Wastewater Treatment System**

This Statement of Basis (Statement) gives pertinent information regarding minor/simple modification(s) to the above listed operating permit without the need for a public comment process.

A Statement is not an enforceable part of a Missouri State Operating Permit.

**Part I – Facility Information**

Facility Type: Municipality  
Facility SIC Code(s): #4952

Outfall #001 - WWTF - SIC #4952 - POTW

Oxidation ditch, ultraviolet disinfection, aerobic sludge digestion and land application.

Design population equivalent is 74,700.

Design flow is 7.0 million gallons per day.

Actual flow is 5.19 million gallons per day.

Design sludge production is 2,390 dry tons/year.

**Part II – Modification Rationale**

- This operating permit has been modified to correct a technical error in Table A of the permit. The effluent limits for Cyanide should be 13.7 mg/L for a daily max and 8.0 mg/L as the monthly average.
- Special Condition 1 was added to the permit and Part VI was added to the fact sheet to reflect the most recent department language.
- The latest version of Standard Conditions Part I was incorporated into the permit.

No other changes were made at this time.

**Part III – Administrative Requirements**

On the basis of preliminary staff review and the application of applicable standards and regulations, the Department, as administrative agent for the Missouri Clean Water Commission, proposes to issue a permit(s) subject to certain effluent limitations, schedules, and special conditions contained herein and within the operating permit.

**Date of Statement of Basis:** January 23, 2014

Submitted by

Lacey Hirschvogel, Environmental Specialist  
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**MISSOURI DEPARTMENT OF NATURAL RESOURCES  
FACT SHEET  
FOR THE PURPOSE OF RENEWAL  
OF  
MO-0039136  
CARTHAGE WASTEWATER TREATMENT PLANT**

The Federal Water Pollution Control Act ("Clean Water Act" Section 402 Public Law 92-500 as amended) established the National Pollution Discharge Elimination System (NPDES) permit program. This program regulates the discharge of pollutants from point sources into the waters of the United States, and the release of storm water from certain point sources. All such discharges are unlawful without a permit (Section 301 of the "Clean Water Act"). After a permit is obtained, a discharge not in compliance with all permit terms and conditions is unlawful. Missouri State Operating Permits (MSOPs) are issued by the Director of the Missouri Department of Natural Resources (Department) under an approved program, operating in accordance with federal and state laws (Federal "Clean Water Act" and "Missouri Clean Water Law" Section 644 as amended). MSOPs are issued for a period of five (5) years unless otherwise specified.

As per [40 CFR Part 124.8(a)] and [10 CSR 20-6.020(1)2.] a Factsheet shall be prepared to give pertinent information regarding the applicable regulations, rationale for the development of effluent limitations and conditions, and the public participation process for the Missouri State Operating Permit (operating permit) listed below.

A Factsheet is not an enforceable part of an operating permit.

This Factsheet is for a Major

**Part I – Facility Information**

Facility Type: POTW - SIC #4952

Facility Description:

Outfall #001 – POTW – SIC #4952

The use or operation of this facility shall be by or under the supervision of a Certified "B" Operator.

Oxidation ditch, ultraviolet disinfection, aerobic sludge digestion and land application.

Design population equivalent is 74,700.

Design flow is 7.0 million gallons per day.

Actual flow is 5.19 million gallons per day.

Design sludge production is 2,390 dry tons/year.

Have any changes occurred at this facility or in the receiving water body that effects effluent limit derivation?

- Yes; the facility added approximately 500 lineal feet of 24 inch (24") Ductile Iron pipe to extend the effluent structure to Spring River and includes all necessary appurtenances to make a complete and usable discharge pipe.

Application Date: 07/06/2009

Expiration Date: 01/20/2010

**OUTFALL(S) TABLE:**

OUTFALL	DESIGN FLOW (CFS)	TREATMENT LEVEL	EFFLUENT TYPE
#001	10.85	Secondary	Treated Municipal, Industrial

Facility Performance History:

The facility will be discharging directly to Spring River (P). Spring River (P) is on the 2008 Missouri 303(d) List for bacteria. It is believed that non-point sources (NPS) are the cause of this impairment. There is no indication that a UAA has been conducted for this stream or that a TMDL has been or is under development.

The date of the last inspection completed was 07/27/2010.

**Part II – Operator Certification Requirements**

Applicable ; This facility is required to have a certified operator.

As per [10 CSR 20-6.010(8) Terms and Conditions of a Permit], permittees shall operate and maintain facilities to comply with the Missouri Clean Water Law and applicable permit conditions and regulations. Operators or supervisors of operations at regulated wastewater treatment facilities shall be certified in accordance with [10 CSR 20-9.020(2)] and any other applicable state law or regulation. As per [10 CSR 20-9.020(2)(A)], requirements for operation by certified personnel shall apply to all wastewater treatment systems, if applicable, as listed below:

Check boxes below that are applicable to the facility;

- Owned or operated by or for:
  - Municipalities
  - Public Sewer District:
  - County
  - Public Water Supply Districts:
  - Private sewer company regulated by the Public Service Commission:
  - State or Federal agencies:

Each of the above entities are only applicable if they have a Population Equivalent greater than two hundred (200) and/or fifty (50) or more service connections.

This facility currently requires an operator with a **B** Certification Level. Please see **Appendix - Classification Worksheet**. Modifications made to the wastewater treatment facility may cause the classification to be modified.

Operator’s Name: Glen Chambers  
 Certification Number: 794  
 Certification Level: A

The listing of the operator above only signifies that staff drafting this operating permit have reviewed appropriate Department records and determined that the name listed on the operating permit application has the correct and applicable Certification Level.

**Part III– Operational Monitoring**

As per [10 CSR 20-9.010(4)], the facility is required to conduct operational monitoring.

**Part IV – Receiving Stream Information**

10 CSR 20-7.031 Missouri Water Quality Standards, the Department defines the Clean Water Commission water quality objectives in terms of "water uses to be maintained and the criteria to protect those uses." The receiving stream and/or 1<sup>st</sup> classified receiving stream’s beneficial water uses to be maintained are located in the Receiving Stream Table located below in accordance with [10 CSR 20-7.031(3)].

**RECEIVING STREAM(S) TABLE: OUTFALL #001**

WATER-BODY NAME	CLASS	WBID	DESIGNATED USES*	12-DIGIT HUC	DISTANCE TO CLASSIFIED SEGMENT (MI)
Spring River	P	3160	AQL , CLF , IND , IRR , LWW , SCR , WBC (A)	11070207-0505	0.0

\* - Irrigation (IRR), Livestock & Wildlife Watering (LWW), Protection of Warm Water Aquatic Life and Human Health-Fish Consumption (AQL), Cool Water Fishery(CLF), Cold Water Fishery (CDF), Whole Body Contact Recreation (WBC), Secondary Contact Recreation (SCR), Drinking Water Supply (DWS), Industrial (IND), Groundwater (GRW).

\*\* - Ecological Drainage Unit

**RECEIVING STREAM(S) LOW-FLOW VALUES:**

RECEIVING STREAM (U, C, P)	LOW-FLOW VALUES (CFS)		
	1Q10	7Q10	30Q10
Spring River (P)	23.9	36.8	45.1

**MIXING CONSIDERATIONS TABLE:**

MIXING ZONE (CFS) [10 CSR 20-7.031(4)(A)4.B.(II)(a)]			ZONE OF INITIAL DILUTION (CFS) [10 CSR 20-7.031(4)(A)4.B.(II)(b)]	
1Q10	7Q10	30Q10	1Q10	7Q10
6.0	9.2	11.3	0.60	0.92

Receiving Water Body's Water Quality

Spring River is currently on Missouri's 2012 EPA approved 303(d) list for *E.coli*. The facility is not considered to be a source of the above listed pollutant or considered to contribute to the impairment of the reference water body.

**Part V – Rationale and Derivation of Effluent Limitations & Permit Conditions**

**ALTERNATIVE EVALUATIONS FOR NEW FACILITIES:**

As per [10 CSR 20-7.015(4)(A)], discharges to losing streams shall be permitted only after other alternatives including land application, discharges to a gaining stream and connection to a regional wastewater treatment facility have been evaluated and determined to be unacceptable for environmental and/or economic reasons.

Not Applicable ; The facility does not discharge to a Losing Stream as defined by [10 CSR 20-2.010(36)] & [10 CSR 20-7.031(1)(N)], or is an existing facility.

**ANTI-BACKSLIDING:**

A provision in the Federal Regulations [CWA §303(d)(4); CWA §402(c); 40 CFR Part 122.44(I)] that requires a reissued permit to be as stringent as the previous permit with some exceptions.

- All limits in this operating permit are at least as protective as those previously established; therefore, backsliding does not apply.

**ANTIDEGRADATION:**

In accordance with Missouri's Water Quality Standard [10 CSR 20-7.031(2)], the Department is to document by means of Antidegradation Review that the use of a water body's available assimilative capacity is justified. Degradation is justified by documenting the socio-economic importance of a discharging activity after determining the necessity of the discharge.

- No degradation proposed and no further review necessary. Facility did not apply for authorization to increase pollutant loading or to add additional pollutants to their discharge.

**AREA-WIDE WASTE TREATMENT MANAGEMENT & CONTINUING AUTHORITY:**

As per [10 CSR 20-6.010(3)(B)], ...An applicant may utilize a lower preference continuing authority by submitting, as part of the application, a statement waiving preferential status from each existing higher preference authority, providing the waiver does not conflict with any area-wide management plan approved under section 208 of the Federal Clean Water Act or any other regional sewage service and treatment plan approved for higher preference authority by the Department.

**BIOSOLIDS & SEWAGE SLUDGE:**

Biosolids are solid materials resulting from domestic wastewater treatment that meet federal and state criteria for beneficial uses (i.e. fertilizer). Sewage sludge is solids, semi-solids, or liquid residue generated during the treatment of domestic sewage in a treatment works; including but not limited to, domestic septage; scum or solids removed in primary, secondary, or advanced wastewater treatment process; and a material derived from sewage sludge. Sewage sludge does not include ash generated during the firing of sewage sludge in a sewage sludge incinerator or grit and screening generated during preliminary treatment of domestic sewage in a treatment works. Additional information regarding biosolids and sludge is located at the following web address:  
<http://dnr.mo.gov/env/wpp/pub/index.html>, items WQ422 through WQ449.

- Permittee land applies biosolids in accordance with Standard Conditions III and a Department approved biosolids management plan.

**COMPLIANCE AND ENFORCEMENT:**

Enforcement is the action taken by the Water Protection Program (WPP) to bring an entity into compliance with the Missouri Clean Water Law, its implementing regulations, and/or any terms and conditions of an operating permit. The primary purpose of the enforcement activity in the WPP is to resolve violations and return the entity to compliance.

Not Applicable ; The permittee/facility is not currently under Water Protection Program enforcement action.

**PRETREATMENT PROGRAM:**

The reduction of the amount of pollutants, the elimination of pollutants, or the alteration of the nature of pollutant properties in wastewater prior to or in lieu of discharging or otherwise introducing such pollutants into a Publicly Owned Treatment Works [40 CFR Part 403.3(q)].

Pretreatment programs are required at any POTW (or combination of POTW operated by the same authority) and/or municipality with a total design flow greater than 5.0 MGD and receiving industrial wastes that interfere with or pass through the treatment works or are otherwise subject to the pretreatment standards. Pretreatment programs can also be required at POTWs/municipals with a design flow less than 5.0 MGD if needed to prevent interference with operations or pass through.

Several special conditions pertaining to the permittee's pretreatment program may be included in the permit, and are as follows:

- Implementation and enforcement of the program,
- Annual pretreatment report submittal,
- Submittal of list of industrial users,
- Technical evaluation of need to establish local limitations, and
- Submittal of the results of the evaluation

Applicable ; This permittee has an approved pretreatment program in accordance with the requirements of [40 CFR Part 403] and [10 CSR 20-6.100] and is expected to implement and enforce its approved program.

**REASONABLE POTENTIAL ANALYSIS (RPA):**

Federal regulation [40 CFR Part 122.44(d)(1)(i)] requires effluent limitations for all pollutants that are or may be discharged at a level that will cause or have the reasonable potential to cause or contribute to an in-stream excursion above narrative or numeric water quality standard.

In accordance with [40 CFR Part 122.44(d)(iii)] if the permit writer determines that any given pollutant has the reasonable potential to cause, or contribute to an in-stream excursion above the WQS, the permit must contain effluent limits for that pollutant.

Applicable ; A RPA was conducted on appropriate parameters. Please see **APPENDIX – RPA RESULTS**.

**REMOVAL EFFICIENCY:**

Removal efficiency is a method by which the Federal Regulations define Secondary Treatment and Equivalent to Secondary Treatment, which applies to Biochemical Oxygen Demand 5-day (BOD<sub>5</sub>) and Total Suspended Solids (TSS) for Publicly Owned Treatment Works (POTWs)/municipals.

Applicable ; Secondary Treatment is 85% removal [40 CFR Part 133.102(a)(3) & (b)(3)].

**SANITARY SEWER OVERFLOWS (SSO) AND INFLOW AND INFILTRATION (I&I):**

Sanitary Sewer Overflows (SSOs) are defined as an untreated or partially treated sewage release are considered bypassing under state regulation [10 CSR 20-2.010(11)] and should not be confused with the federal definition of bypass. SSO's have a variety of causes including blockages, line breaks, and sewer defects that allow excess storm water and ground water to (1) enter and overload the collection system, and (2) overload the treatment facility. Additionally, SSO's can be also be caused by lapses in sewer system operation and maintenance, inadequate sewer design and construction, power failures, and vandalism. SSOs also include overflows out of manholes and onto city streets, sidewalks, and other terrestrial locations.

Additionally, Missouri RSMo §644.026.1 mandates that the Department require proper maintenance and operation of treatment facilities and sewer systems and proper disposal of residual waste from all such facilities.

- In accordance with Missouri RSMo §644.026.1.(15) and 40 CFR Part 122.41(e), the permittee is required to develop and/or implement a program for maintenance and repair of the collection system and shall be required in this operating permit by either means of a Special Condition or Schedule of Compliance. In addition, the Department considers the development of this program as an implementation of this condition. Additionally, 40 CFR Part 403.3(o) defines a POTW to include any device and systems used in the storage, treatment, recycling and reclamation of municipal sewage or industrial wastes of liquid nature. It also includes sewers, pipes, and other conveyances only if they convey wastewater to a POTW Treatment Plant.

At this time, the Department recommends the US EPA's Guide for Evaluating Capacity, Management, Operation and Maintenance (CMOM) Programs At Sanitary Sewer Collection Systems (Document # EPA 305-B-05-002). The CMOM identifies some of the criteria used by the EPA to evaluate a collection system's management, operation, and maintenance and was intended for use by the EPA, state, regulated community, and/or third party entities. The CMOM is applicable to small, medium, and large systems; both public and privately owned; and both regional and satellite collection systems. The CMOM does not substitute for the Clean Water Act, the Missouri Clean Water Law, and both federal and state regulations, as it is not a regulation.

**SCHEDULE OF COMPLIANCE (SOC):**

A schedule of remedial measures included in a permit, including an enforceable sequence of interim requirements (actions, operations, or milestone events) leading to compliance with the Missouri Clean Water Law, its implementing regulations, and/or the terms and conditions of an operating permit.

Applicable : The time given for effluent limitations of this permit listed under Interim Effluent Limitation and Final Effluent Limitations were established in accordance with [10 CSR 20-7.031(10)]. The facility has been given a schedule of compliance to meet final effluent limits for copper, cadmium, lead, and silver. The Department has determined 2 years sufficient time to revise local limits and allow implementation via pretreatment plan.

**STORM WATER POLLUTION PREVENTION PLAN (SWPPP):**

In accordance with 40 CFR 122.44(k) *Best Management Practices (BMPs)* to control or abate the discharge of pollutants when: (1) Authorized under section 304(e) of the Clean Water Act (CWA) for the control of toxic pollutants and hazardous substances from ancillary industrial activities; (2) Authorized under section 402(p) of the CWA for the control of storm water discharges; (3) Numeric effluent limitations are infeasible; or (4) the practices are reasonably necessary to achieve effluent limitations and standards or to carry out the purposes and intent of the CWA.

In accordance with the EPA's *Developing Your Stormwater Pollution Prevention Plan, A Guide for Industrial Operators*, (Document number EPA 833-B-09-002) [published by the United States Environmental Protection Agency (USEPA) in February 2009], BMPs are measures or practices used to reduce the amount of pollution entering (regarding this operating permit) waters of the state. BMPs may take the form of a process, activity, or physical structure.

Additionally in accordance with the Storm Water Management, a SWPPP is a series of steps and activities to (1) identify sources of pollution or contamination, and (2) select and carry out actions which prevent or control the pollution of storm water discharges.

Not Applicable : At this time, the permittee is not required to develop and implement a SWPPP.

**VARIANCE:**

As per the Missouri Clean Water Law § 644.061.4, variances shall be granted for such period of time and under such terms and conditions as shall be specified by the commission in its order. The variance may be extended by affirmative action of the commission. In no event shall the variance be granted for a period of time greater than is reasonably necessary for complying with the Missouri Clean Water Law §§644.006 to 644.141 or any standard, rule or regulation promulgated pursuant to Missouri Clean Water Law §§644.006 to 644.141.

Not Applicable ; This operating permit is not drafted under premises of a petition for variance.

**WASTELOAD ALLOCATIONS (WLA) FOR LIMITS:**

As per [10 CSR 20-2.010(78)], the amount of pollutant each discharger is allowed by the Department to release into a given stream after the Department has determined total amount of pollutant that may be discharged into that stream without endangering its water quality.

Applicable ; Wasteload allocations were calculated where applicable using water quality criteria or water quality model results and the dilution equation below:

$$C_e = \frac{(Q_e + Q_s)C - (C_s \times Q_s)}{(Q_e)} \quad (\text{EPA/505/2-90-001, Section 4.5.5})$$

Where C = downstream concentration  
Cs = upstream concentration  
Qs = upstream flow  
Ce = effluent concentration  
Qe = effluent flow

Chronic wasteload allocations were determined using applicable chronic water quality criteria (CCC: criteria continuous concentration) and stream volume of flow at the edge of the mixing zone (MZ). Acute wasteload allocations were determined using applicable water quality criteria (CMC: criteria maximum concentration) and stream volume of flow at the edge of the zone of initial dilution (ZID).

Water quality based maximum daily and average monthly effluent limitations were calculated using methods and procedures outlined in USEPA's "Technical Support Document For Water Quality-based Toxics Control" (EPA/505/2-90-001).

Number of Samples "n":

Additionally, in accordance with the TSD for water quality-based permitting, effluent quality is determined by the underlying distribution of daily values, which is determined by the Long Term Average (LTA) associated with a particular Wasteload Allocation (WLA) and by the Coefficient of Variation (CV) of the effluent concentrations. Increasing or decreasing the monitoring frequency does not affect this underlying distribution or treatment performance, which should be, at a minimum, be targeted to comply with the values dictated by the WLA. Therefore, it is recommended that the actual planned frequency of monitoring normally be used to determine the value of "n" for calculating the AML. However, in situations where monitoring frequency is once per month or less, a higher value for "n" must be assumed for AML derivation purposes. Thus, the statistical procedure being employed using an assumed number of samples is "n = 4" at a minimum. For Total Ammonia as Nitrogen, "n = 30" is used.

**WLA MODELING:**

There are two general types of effluent limitations, technology-based effluent limits (TBELs) and water quality based effluent limits (WQBELs). If TBELs do not provide adequate protection for the receiving waters, then WQBEL must be used.

Not Applicable ; A WLA study was either not submitted or determined not applicable by Department staff.

**WATER QUALITY STANDARDS:**

Per [10 CSR 20-7.031(3)], General Criteria shall be applicable to all waters of the state at all times including mixing zones. Additionally, [40 CFR 122.44(d)(1)] directs the Department to establish in each NPDES permit to include conditions to achieve water quality established under Section 303 of the Clean Water Act, including State narrative criteria for water quality.

**WHOLE EFFLUENT TOXICITY (WET) TEST:**

A WET test is a quantifiable method of determining if a discharge from a facility may be causing toxicity to aquatic life by itself, in combination with or through synergistic responses when mixed with receiving stream water.

Applicable ; Under the federal Clean Water Act (CWA) §101(a)(3), requiring WET testing is reasonably appropriate for site-specific Missouri State Operating Permits for discharges to waters of the state issued under the National Pollutant Discharge Elimination System (NPDES). WET testing is also required by 40 CFR 122.44(d)(1). WET testing ensures that the provisions in the 10 CSR 20-6.010(8)(A)7. and the Water Quality Standards 10 CSR 20-7.031(3)(D),(F),(G),(I)2.A & B are being met. Under [10 CSR 20-6.010(8)(A)4], the Department may require other terms and conditions that it deems necessary to assure compliance with the Clean Water Act and related regulations of the Missouri Clean Water Commission. In addition the following MCWL apply: §§644.051.3 requires the Department to set permit conditions that comply with the MCWL and CWA; 644.051.4 specifically references toxicity as an item we must consider in writing permits (along with water quality-based effluent limits, pretreatment, etc...); and 644.051.5 is the basic authority to require testing conditions. WET test will be required by facilities meeting the following criteria:

- Facility is a designated Major.
- Facility continuously or routinely exceeds its design flow.
- Facility (industrial) that alters its production process throughout the year.
- Facility handles large quantities of toxic substances, or substances that are toxic in large amounts.
- Facility has Water Quality-based Effluent Limitations for toxic substances (other than NH<sub>3</sub>)
- Facility is a municipality or domestic discharger with a Design Flow ≥ 22,500 gpd.
- Other – please justify.

**40 CFR 122.41(M) - BYPASSES:**

The federal Clean Water Act (CWA), Section 402 prohibits wastewater dischargers from “bypassing” untreated or partially treated sewage (wastewater) beyond the headworks. A bypass is defined as an intentional diversion of waste streams from any portion of a treatment facility, [40 CFR 122.41(m)(1)(i)]. Additionally, Missouri regulation 10 CSR 20-2.010(11) defines a bypass as the diversion of wastewater from any portion of wastewater treatment facility or sewer system to waters of the state. Only under exceptional and specified limitations do the federal regulations allow for a facility to bypass some or all of the flow from its treatment process. Bypasses are prohibited by the CWA unless a permittee can meet all of the criteria listed in 40 CFR 122.41(m)(4)(i)(A), (B), & (C). Any bypasses from this facility are subject to the reporting required in 40 CFR 122.41(l)(6) and per Missouri’s Standard Conditions I, Section B, part 2.b. Additionally, Anticipated Bypasses include bypasses from peak flow basins or similar devices designed for peak wet weather flows.

- Outfall #002 is no longer authorized to discharge as it is a Bypass. The Department has developed a Voluntary Compliance Agreement (VCA) for communities that believe they need time to eliminate this discharge. The VCA requires communities to develop and submit bypass elimination plans, to make progress, and to report on this progress. The terms of the VCA is for five (5) years, and is renewable for another five (5) years assuming that adequate progress is being made. In return, the State of Missouri will not initiate enforcement actions for the terms contained in the VCA. The permittee has entered into a VCA.

**303(d) LIST & TOTAL MAXIMUM DAILY LOAD (TMDL):**

Section 303(d) of the federal Clean Water Act requires that each state identify waters that are not meeting water quality standards and for which adequate water pollution controls have not been required. Water quality standards protect such beneficial uses of water as whole body contact (such as swimming), maintaining fish and other aquatic life, and providing drinking water for people, livestock and wildlife. The 303(d) list helps state and federal agencies keep track of waters that are impaired but not addressed by normal water pollution control programs.

A TMDL is a calculation of the maximum amount of a given pollutant that a body of water can absorb before its water quality is affected. If a water body is determined to be impaired as listed on the 303(d) list, then a watershed management plan will be developed that shall include the TMDL calculation

Applicable ; Spring River is listed on the 2008 Missouri 303(d) List for bacteria.

– This facility is not considered to be a source of the above listed pollutant(s) or considered to contribute to the impairment of Spring River.

## **Part VI –2013 Water Quality Criteria for Ammonia**

Upcoming changes to the Water Quality Standard for ammonia may require significant upgrades to wastewater treatment facilities.

On August 22, 2013, the U.S. Environmental Protection Agency (EPA) finalized new water quality criteria for ammonia, based on toxicity studies of mussels and gill breathing snails. Missouri's current ammonia criteria are based on toxicity testing of several species, but did not include data from mussels or gill breathing snails. Missouri is home to 69 of North America's mussel species, which are spread across the state. According to the Missouri Department of Conservation nearly two-thirds of the mussel species in Missouri are considered to be "of conservation concern". Nine species are listed as federally endangered, with an additional species currently proposed as endangered and another species proposed as threatened.

The adult forms of mussels that are seen in rivers, lakes, and streams are sensitive to pollutants because they are sedentary filter feeders. They vacuum up many pollutants with the food they bring in and cannot escape to new habitats, so they can accumulate toxins in their bodies and die. But very young mussels, called glochidia, are exceptionally sensitive to ammonia in water. As a result of a citizen suit, the EPA was compelled to conduct toxicity testing and develop ammonia water quality criteria that would be protective if young mussels may be present in a waterbody. These new criteria will apply to any discharge with ammonia levels that may pose a reasonable potential to violate the standards. Nearly all discharging domestic wastewater treatment facilities (cities, subdivisions, mobile home parks, etc.), as well as certain industrial and stormwater dischargers with ammonia in their effluent, will be affected by this change in the regulations.

When new water quality criteria are established by the EPA, states must adopt them into their regulations in order to keep their authorization to issue permits under the National Pollutant Discharge Elimination System (NPDES). States are required to review their water quality standards every three years, and if new criteria have been developed they must be adopted. States may be more protective than the Federal requirements, but not less protective. Missouri does not have the resources to conduct the studies necessary for developing new water quality standards, and therefore our standards mirror those developed by the EPA; however, we will utilize any available flexibility based on actual species of mussels that are native to Missouri and their sensitivity to ammonia.

Many treatment facilities in Missouri are currently scheduled to be upgraded to comply with the current water quality standards. But these new ammonia standards may require a different treatment technology than the one being considered by the permittee. It is important that permittees discuss any new and upcoming requirements with their consulting engineers to ensure that their treatment systems are capable of complying with the new requirements. The Department encourages permittees to construct treatment technologies that can attain effluent quality that supports the EPA ammonia criteria.

Ammonia toxicity varies by temperature and by pH of the water. Assuming a stable pH value, but taking into account winter and summer temperatures, Missouri includes two seasons of ammonia effluent limitations. Current effluent limitations in this permit are monitoring only.

Under the new EPA criteria, where mussels of the family Unionidae are present or expected to be present, the estimated effluent limitations for a facility in a location such as this that discharges to a receiving stream with no mixing consideration will be:

Summer – 1.7 mg/L daily maximum, 0.6 mg/L monthly average.

Winter – 5.6 mg/L daily maximum, 2.1 mg/L monthly average.

Actual effluent limits will depend in part on the actual performance of the facility. The effluent limits for the City of Carthage may be different due to the large mixing zone for this facility.

Operating permits for facilities in Missouri must be written based on current statutes and regulations. It is expected that the new WQS will be adopted in the next review of our standards. Therefore permits will be written with the existing effluent limitations until the new standards are adopted. To aid permittees in decision making, an advisory will be added to permit Fact Sheets notifying permittees of the expected effluent limitations for ammonia. When setting schedules of compliance for ammonia effluent limitations, consideration will be given to facilities that have recently constructed upgraded facilities to meet the current ammonia limitations.

For more information on this topic feel free to contact the Missouri Department of Natural Resources, Water Protection Program, Water Pollution Control Branch, Operating Permits Section at (573) 751-1300.

**Part VII – Effluent Limits Determination**

**APPLICABLE DESIGNATIONS OF WATERS OF THE STATE:**

As per Missouri’s Effluent Regulations [10 CSR 20-7.015], the waters of the state are divided into the below listed seven (7) categories. Each category lists effluent limitations for specific parameters, which are presented in each outfall’s Effluent Limitation Table and further discussed in the Derivation & Discussion of Limits section.

- Missouri or Mississippi River [10 CSR 20-7.015(2)]:
- Lake or Reservoir [10 CSR 20-7.015(3)]:
- Losing [10 CSR 20-7.015(4)]:
- Metropolitan No-Discharge [10 CSR 20-7.015(5)]:
- Special Stream [10 CSR 20-7.015(6)]:
- Subsurface Water [10 CSR 20-7.015(7)]:
- All Other Waters [10 CSR 20-7.015(8)]:

**OUTFALL #001 – MAIN FACILITY OUTFALL**

Effluent limitations derived and established in the below Effluent Limitations Table are based on current operations of the facility. Future permit action due to facility modification may contain new operating permit terms and conditions that supersede the terms and conditions, including effluent limitations, of this operating permit.

**EFFLUENT LIMITATIONS TABLE:**

PARAMETER	Unit	Basis for Limits	Daily Maximum	Weekly Average	Monthly Average	Modified	Previous Permit Limitations
Flow	gpd	1	*	-	*	N	*
CBOD5	mg/L	1	-	15	15	N	15/15
TSS	mg/L	1	-	45	30	N	45/30
pH	SU	1	6.5-9.0	-	6.5-9.0	Y	6.0-9.0
Ammonia as N (May 1 – Oct 31)	mg/L	5	*	-	*	N	*
Ammonia as N (Nov 1 – Apr 30)	mg/L	5	*	-	*	N	*
E. coli	***	1,3	630	-	126	Y	
Oil & Grease (mg/L)	mg/L	1	15	-	10	-	15/10
Chromium (III), Total Recoverable	µg/L	2, 9	*	-	*	Y	*
Chromium (VI), Total Recoverable	µg/L	2, 9	*	-	*	Y	*
Copper, Total Recoverable	µg/L	2, 9	23.2	-	11.5	Y	48 / 48
Cadmium, Total Recoverable	µg/L	2, 9	1.2	-	0.6	Y	24 / 24
Nickel, Total Recoverable	µg/L	2, 9	*	-	*	Y	1050 / 1050
Silver, Total Recoverable	µg/L	2, 9	9.2	-	4.5	Y	10 / 10
Zinc, Total Recoverable	µg/L	2, 9	*	-	*	Y	418 / 418
Lead, Total Recoverable	µg/L	2, 9	17.6	-	8.8	Y	32 / 32
Cyanide (Amenable to Chlorination)	µg/L	2,9	13.7	-	8.0	Y	11/11
WHOLE EFFLUENT TOXICITY (WET) TEST	% Survival	11	Please see WET Test in the Derivation and Discussion Section below.				
MONITORING FREQUENCY	Please see Minimum Sampling and Reporting Frequency Requirements in the Derivation and Discussion Section below.						

\* - Monitoring requirement only.

\*\*\* - # of colonies/100mL; the Monthly Average for *E. coli* is a geometric mean.

**Basis for Limitations Codes:**

- 1. State or Federal Regulation/Law
- 2. Water Quality Standard (includes RPA)
- 3. Water Quality Based Effluent Limits
- 4. Lagoon Policy
- 5. Ammonia Policy
- 6. Antidegradation Review
- 7. Antidegradation Policy
- 8. Water Quality Model
- 9. Best Professional Judgment
- 10. TMDL or Permit in lieu of TMDL
- 11. WET Test Policy

**OUTFALL #001 – DERIVATION AND DISCUSSION OF LIMITS:**

- **Flow.** In accordance with [40 CFR Part 122.44(i)(1)(ii)] the volume of effluent discharged from each outfall is needed to assure compliance with permitted effluent limitations. If the permittee is unable to obtain effluent flow, then it is the responsibility of the permittee to inform the Department, which may require the submittal of an operating permit modification.
- **Carbonaceous Biochemical Oxygen Demand (BOD<sub>5</sub>).**
  - ☒ – Effluent limitations have been retained from previous state operating permit, please see the **APPLICABLE DESIGNATION OF WATERS OF THE STATE** sub-section of the **Receiving Stream Information.**
- **Total Suspended Solids (TSS).**
  - ☒ – Effluent limitations have been retained from previous state operating permit, please see the **APPLICABLE DESIGNATION OF WATERS OF THE STATE** sub-section of the **Receiving Stream Information.**
- **pH.** Effluent limitation range is 6.5 – 9.0 Standard pH Units (SU), as per the applicable section of 10 CSR 20-7.015. pH is not to be averaged.
- **Total Ammonia Nitrogen.** The RPA indicated that the facility has no reasonable potential to cause an excursion above water quality standards in the receiving stream. Therefore, a monitoring only requirement has been placed in the permit. Ammonia effluent limits will be reevaluated next permit cycle.
- **Escherichia coli (E. coli).** Monthly average of 126 per 100 ml as a geometric mean and Weekly Average of 630 during the recreational season (April 1 – October 31), to protect Whole Body Contact Recreation (A) designated use of the receiving stream, as per 10 CSR 20-7.031(4)(C). An effluent limit for both monthly average and weekly average is required by 40 CFR 122.45(d).
- **Oil & Grease.** Conventional pollutant, effluent limitation for protection of aquatic life; 10 mg/L monthly average, 15 mg/L daily maximum.

**Metals**

Effluent limitations for total recoverable metals were developed using methods and procedures outlined in the “Technical Support Document For Water Quality-based Toxic Controls” (EPA/505/2-90-001) and “The Metals Translator: Guidance For Calculating A Total Recoverable Permit Limit From A Dissolved Criterion” (EPA 823-B-96-007). General warm-water fishery criteria apply and a water hardness of 162 mg/L is used in the conversion below.

Due to the absence of contemporaneous effluent and instream data for total recoverable metals, dissolved metals, hardness, and total suspended solids with which to calculate metals translators, partitioning between the dissolved and absorbed phases was assumed to be minimal (Section 5.7.3, EPA/505/2-90-001). Freshwater criteria conversion factors for dissolved metals were used as the metals translator as recommended in guidance (Section 1.3, 1.5.3, and Table 1, EPA 823-B-96-007). If concurrent site-specific data for total recoverable metals, dissolved metals, hardness, and total suspended solids are provided to the Department, partitioning evaluations may be considered and site-specific translators developed.

METAL	CONVERSION FACTORS	
	ACUTE	CHRONIC
Cadmium	0.924	0.889
Copper	0.960	0.960
Lead	0.721	0.721
Silver	NA	0.850

Conversion factors for Cd and Pb are hardness dependent. Values calculated using equation found in Section 1.3 of EPA 823-B-96-007 and hardness = 162 mg/L.

**MIXING CONSIDERATIONS TABLE:**

MIXING ZONE (CFS) [10 CSR 20-7.031(4)(A)4.B.(II)(a)]			ZONE OF INITIAL DILUTION (CFS) [10 CSR 20-7.031(4)(A)4.B.(II)(b)]	
1Q10	7Q10	30Q10	1Q10	7Q10
6.0	9.2	11.3	0.60	0.92

- **Cadmium, Total Recoverable.** Protection of Aquatic Life Chronic Criteria = 0.39 µg/L, Acute Criteria = 8.23 µg/L. Due to the fact that the number of samples is less than 10, the default CV of 0.6 was used to calculate the new effluent limits. This will provide limits that are protective of water quality standards while not placing an extra burden on the permittee.  
Chronic =  $0.34/0.889 = 0.39$  µg/L  
Acute =  $7.6/0.924 = 8.23$  µg/L

Chronic WLA:  $C_e = ((10.85 + 9.2)0.39 - (9.2 * 0.0))/10.85$   
 $C_e = 0.72$  µg/L

Acute WLA:  $C_e = ((10.85 + 0.60)8.23 - (0.60 * 0.0))/10.85$   
 $C_e = 8.69$  µg/L

$LTA_c = 0.72 (0.527) = 0.38$  µg/L  
 $LTA_a = 8.69 (0.321) = 2.79$  µg/L

[CV = 0.6, 99<sup>th</sup> Percentile]  
[CV = 0.6, 99<sup>th</sup> Percentile]

Use most protective number of  $LTA_c$  or  $LTA_a$ .

MDL =  $0.38 (3.11) = 1.2$  µg/L  
AML =  $0.38 (1.55) = 0.6$  µg/L

[CV = 0.6, 99<sup>th</sup> Percentile]  
[CV = 0.6, 95<sup>th</sup> Percentile, n = 4]

- **Copper, Total Recoverable.** Protection of Aquatic Life Chronic Criteria = 14.09 µg/L, Acute Criteria = 22.05 µg/L.

Chronic =  $13.52/0.960 = 14.09$  µg/L  
Acute =  $21.17/0.960 = 22.05$  µg/L

Chronic WLA:  $C_e = ((10.85 + 9.2)14.09 - (9.2 * 0.0))/10.85$   
 $C_e = 26.04$  µg/L

Acute WLA:  $C_e = ((10.85 + 0.6)22.05 - (0.6 * 0.0))/10.85$   
 $C_e = 23.27$  µg/L

$LTA_c = 26.04 (0.520) = 13.5$  µg/L  
 $LTA_a = 23.27 (0.315) = 7.3$  µg/L

[CV = 0.614, 99<sup>th</sup> Percentile]  
[CV = 0.614, 99<sup>th</sup> Percentile]

Use most protective number of  $LTA_c$  or  $LTA_a$ .

MDL =  $7.3 (3.18) = 23.2$  µg/L  
AML =  $7.3 (1.57) = 11.5$  µg/L

[CV = 0.614, 99<sup>th</sup> Percentile]  
[CV = 0.614, 95<sup>th</sup> Percentile, n = 4]

- **Lead, Total Recoverable.** Protection of Aquatic Life Chronic Criteria = 5.88 µg/L, Acute Criteria = 150.82 µg/L. After review of the DMR, the validity of the data was questionable. Therefore, the default CV of 0.6 was used to calculate the new effluent limits. This will provide limits that are protective of water quality standards while not placing an extra burden on the permittee.

$$\text{Chronic} = 4.24 / 0.721 = 5.88 \text{ } \mu\text{g/L}$$

$$\text{Acute} = 108.69 / 0.721 = 150.75 \text{ } \mu\text{g/L}$$

$$\text{Chronic WLA: } C_e = ((10.85 + 9.2)5.88 - (9.2 * 0.0)) / 10.85$$

$$C_e = 10.87 \text{ } \mu\text{g/L}$$

$$\text{Acute WLA: } C_e = ((10.85 + 0.6)150.75 - (0.6 * 0.0)) / 10.85$$

$$C_e = 159.09 \text{ } \mu\text{g/L}$$

$$\text{LTA}_c = 10.87 (0.520) = 5.65 \text{ } \mu\text{g/L}$$

[CV = 0.6, 99<sup>th</sup> Percentile]

$$\text{LTA}_a = 159.09 (0.321) = 51.07 \text{ } \mu\text{g/L}$$

[CV = 0.6, 99<sup>th</sup> Percentile]

Use most protective number of LTA<sub>c</sub> or LTA<sub>a</sub>.

$$\text{MDL} = 5.65 (3.11) = 17.6 \text{ } \mu\text{g/L}$$

[CV = 0.6, 99<sup>th</sup> Percentile]

$$\text{AML} = 5.65 (1.55) = 8.8 \text{ } \mu\text{g/L}$$

[CV = 0.6, 95<sup>th</sup> Percentile, n = 4]

- **Silver, Total Recoverable.** Protection of Aquatic Life Acute Criteria = 22.05 µg/L.

$$\text{Acute} = 7.39 / 0.850 = 8.694 \text{ } \mu\text{g/L}$$

$$\text{Acute WLA: } C_e = ((10.85 + 0.60)8.69 - (0.60 * 0.0)) / 10.85$$

$$C_e = 9.17 \text{ } \mu\text{g/L}$$

$$\text{LTA}_a = 9.17 (0.313) = 2.87 \text{ } \mu\text{g/L}$$

[CV = 0.618, 99<sup>th</sup> Percentile]

Use most protective number of LTA<sub>c</sub> or LTA<sub>a</sub>.

$$\text{MDL} = 2.87 (3.19) = 9.2 \text{ } \mu\text{g/L}$$

[CV = 0.618, 99<sup>th</sup> Percentile]

$$\text{AML} = 2.87 (1.57) = 4.5 \text{ } \mu\text{g/L}$$

[CV = 0.618, 95<sup>th</sup> Percentile, n = 4]

- **Cyanide, Amenable to Chlorination.** Protection of Aquatic Life CCC = 5 µg/L, CMC = 22 µg/L, Background CN = 0 µg/L

$$\text{Chronic WLA: } C_e = ((10.85 + 9.2)5 - (9.2 * 0.0)) / 10.85$$

$$C_e = 9.2 \text{ } \mu\text{g/L}$$

$$\text{Acute WLA: } C_e = ((10.85 + 0.60)22 - (0.60 * 0.0)) / 10.85$$

$$C_e = 23.2 \text{ } \mu\text{g/L}$$

$$\text{LTA}_c = 9.2 (0.629) = 5.79 \text{ } \mu\text{g/L}$$

[CV = 0.42, 99<sup>th</sup> Percentile]

$$\text{LTA}_a = 23.2 (0.423) = 9.81 \text{ } \mu\text{g/L}$$

[CV = 0.42, 99<sup>th</sup> Percentile]

Use most protective number of LTA<sub>c</sub> or LTA<sub>a</sub>.

$$\text{MDL} = 5.79 (2.36) = 13.7 \text{ } \mu\text{g/L}$$

[CV = 0.42, 99<sup>th</sup> Percentile]

$$\text{AML} = 5.79 (1.38) = 8.0 \text{ } \mu\text{g/L}$$

[CV = 0.42, 95<sup>th</sup> Percentile, n = 4]

Note 1 – This effluent limit is below the accepted minimum quantification level (ML). The Department has determined the current acceptable ML of Cyanide amenable to chlorination to be 20µg/L when using Method #9102A from the U.S.EPA National Exposure Research Laboratory. This method is used to determine the concentration of inorganic cyanide that is present as either soluble salts or complexes in wastes or leachate. The permittee will conduct analyses in accordance with this method, or equivalent, and report actual analytical values. Measured values greater than or equal to the minimum quantification level of 20µg/L will be considered violations of the permit and values less than the minimum quantification level of 20µg/L will be considered to be in compliance with the permit limitation. The minimum quantification level does not authorize the discharge of Cyanide in excess of the effluent limits stated in the permit.

- **Chromium (III), Total Recoverable**. The RPA indicated that the facility has no reasonable potential to cause an excursion above water quality standards in the receiving stream. Therefore, effluent limitations have been reduced to monitoring only requirements. This parameter will be reevaluated during the next permit renewal to determine if the facility has reasonable potential to cause pollution to the receiving stream.
- **Chromium (VI), Total Dissolved**. The RPA indicated that the facility has no reasonable potential to cause an excursion above water quality standards in the receiving stream. Therefore, effluent limitations have been reduced to monitoring only requirements. This parameter will be reevaluated during the next permit renewal to determine if the facility has reasonable potential to cause pollution to the receiving stream.
- **Nickel, Total Recoverable**. The RPA indicated that the facility has no reasonable potential to cause an excursion above water quality standards in the receiving stream. Therefore, effluent limitations have been reduced to monitoring only requirements. This parameter will be reevaluated during the next permit renewal to determine if the facility has reasonable potential to cause pollution to the receiving stream.
- **Zinc, Total Recoverable**. The RPA indicated that the facility has no reasonable potential to cause an excursion above water quality standards in the receiving stream. Therefore, effluent limitations have been reduced to monitoring only requirements. This parameter will be reevaluated during the next permit renewal to determine if the facility has reasonable potential to cause pollution to the receiving stream.
- **WET Test**. WET Testing schedules and intervals are established in accordance with the Department's Permit Manual; Section 5.2 *Effluent Limits / WET Testing for Compliance Bio-monitoring*. It is recommended that WET testing be conducted during the period of lowest stream flow.

Acute

**No less than ONCE/YEAR:**

- Facility is designated as a Major facility or has a design flow  $\geq 1.0$  MGD.
- Facility continuously or routinely exceeds their design flow.
- Facility exceeds its design population equivalent (PE) for BOD<sub>5</sub> whether or not its design flow is being exceeded.
- Facility has Water Quality-based effluent limitations for toxic substances (other than NH<sub>3</sub>).

Acute and/or Chronic Allowable Effluent Concentrations (AECs) for facilities that discharge to unclassified, Class C, Class P (with default Mixing Considerations), or Lakes [10 CSR 20-7.031(4)(A)4.B.(IV)(b)] are 100%, 50%, 25%, 12.5%, & 6.25%.

#### **Sampling Frequency Justification:**

Sampling and Reporting Frequency was retained from previous permit. The minimum sampling frequency set forth in the NPDES permit manual calculates one sample / year / 50,000 gallons per day design flow. Therefore, for a 7.0 million gallons per day design flow the Department calculates 140 samples / year. This is a minimum of 2.69 samples per week. After a review of the facility's DMR data, the Department determined that a sampling frequency of twice per week is sufficient to protect the water quality standards. Except for *E. coli*, weekly sampling is required per 10 CSR 20-7.015.

#### **Sampling Type Justification**

As per 10 CSR 20-7.015, BOD<sub>5</sub>, TSS, and WET test samples collected for mechanical plants shall be a 24 hour modified composite sample. Grab samples, however, must be collected for pH, Ammonia as N, *E. coli*, and Oil & Grease. This is due to the holding time restriction for *E. coli*, the volatility of Ammonia and the fact that pH cannot be preserved and must be sampled in the field. As Ammonia, Oil & Grease samples must be immediately preserved with acid; therefore these samples are to be collected as a grab.

## **Part VIII – Finding of Affordability**

Pursuant to Section 644.145, RSMo., the Department is required to determine whether a permit or decision is affordable and makes a finding of affordability for certain permitting and enforcement decisions. This requirement applies to discharges from combined or separate sanitary sewer systems or publically-owned treatment works.

Not Applicable; The Department is not required to determine findings of affordability because the permit contains no new conditions or requirements that convey a new cost to the facility.

The permit contains new effluent limits of copper, however; the new limits will only affect the pretreatment program and not the community. Therefore, the community will not gain new financial burden from the new copper effluent limits and an affordability analysis will not be required to for this parameter.

## **Part IX– Administrative Requirements**

On the basis of preliminary staff review and the application of applicable standards and regulations, the Department, as administrative agent for the Missouri Clean Water Commission, proposes to issue a permit(s) subject to certain effluent limitations, schedules, and special conditions contained herein and within the operating permit. The proposed determinations are tentative pending public comment.

### **PERMIT SYNCHRONIZATION:**

The Department of Natural Resources is currently undergoing a synchronization process for operating permits. Permits are normally issued on a five-year term, but to achieve synchronization many permits will need to be issued for less than the full five years allowed by regulation. The intent is that all permits within a watershed will move through the Watershed Based Management (WBM) cycle together will all expire in the same fiscal year. This will allow further streamlining by placing multiple permits within a smaller geographic area on public notice simultaneously, thereby reducing repeated administrative efforts. This will also allow the Department to explore a watershed based permitting effort at some point in the future.

### **PUBLIC NOTICE:**

The Department shall give public notice that a draft permit has been prepared and its issuance is pending. Additionally, public notice will be issued if a public hearing is to be held because of a significant degree of interest in and water quality concerns related to a draft permit. No public notice is required when a request for a permit modification or termination is denied; however, the requester and permittee must be notified of the denial in writing.

The Department must issue public notice of a pending operating permit or of a new or reissued statewide general permit. The public comment period is the length of time not less than 30 days following the date of the public notice which interested persons may submit written comments about the proposed permit.

For persons wanting to submit comments regarding this proposed operating permit, then please refer to the Public Notice page located at the front of this draft operating permit. The Public Notice page gives direction on how and where to submit appropriate comments.

- The Public Notice period for this operating permit was from (03/29/2013) to (04/29/2013). Comments received were form the Missouri Public Utilities Alliance. The comments are listed in the order received.

- The receiving stream table located on page #2 of the fact sheet shows that the distance from Outfall #001 to the classified stream to be 0.02 mi. Carthage had built a pipeline from the location of its former outfall to the Spring River.
- The draft NPDES specifies metals limits for our MPUA member municipality. However, MPUA, and our subcontractor Geosyntec Consultants believe that a series of metals limits have been based on the 7Q10 and not the 30Q10. Similarly the zone of initial dilution should have been based on the 7Q10 and not the 1Q10. If the correct MZ and ZID are used in the metal computations, different permit limits are derived. This computation affects both the average monthly limit (AML) and Maximum Daily Limit (MDL)...
- The city requests that the Department acknowledge this notion and determine a sampling regime, in cooperation with the City, so that both parties could better evaluate effluent metal limits.
- The monitoring frequency for CBOD<sub>5</sub> and TSS was increased from once/week to twice/week. It is unclear why the monitoring frequency was increased. The monitoring frequency for pH was inconsistent between the interim and final limits.
- *E.coli* monitoring frequency was not appropriate and should be changed to once per week.
- MPUA notes that a Finding of Affordability has not been included for this permit. We believe it is necessary in light of the fact that metal limits are being established.

- MPUA notes that the inclusion of the City's NPDES permit renewal application (Form B2) and sanitary sewer overflow reports in with the Draft NPDES permit are not a customary Departmental practice. MPUA is wondering if this is indeed a new procedure or just an inadvertent attachment. \

-The permit was republic noticed from 02/10/2014 to 03/10/2014. No comments received.

**COMPLETED BY:**

**GREG BROSSIER, ENVIRONMENTAL ENGINEER**  
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**WATER PROTECTION PROGRAM**  
**(573) 751-2908**  
**GREG.BROSSIER@DNR.MO.GOV**

**REVISED DATE: 6-23-2011**

**COMPLETED BY:**

**CHRIS WIEBERG, ENVIRONMENTAL SPECIALIST**  
**PERMITS UNIT**  
**PERMITTING AND ENGINEERING SECTION**  
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**REVISED DATE: 01-31-2013**

**LACEY HIRSCHVOGEL, ENVIRONMENTAL SPECIALIST**  
**PERMITS UNIT**  
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**Appendices**

**APPENDIX - CLASSIFICATION WORKSHEET:**

ITEM	POINTS POSSIBLE	POINTS ASSIGNED
Maximum Population Equivalent (P.E.) served (Max 10 pts.)	1 pt./10,000 PE or major fraction thereof.	8
Maximum: 10 pt Design Flow (avg. day) or peak month; use greater (Max 10 pts.)	1 pt. / MGD or major fraction thereof.	7
<b>EFFLUENT DISCHARGE RECEIVING WATER SENSITIVITY:</b>		
Missouri or Mississippi River	0	
All other stream discharges except to losing streams and stream reaches supporting whole body contact	1	
Discharge to lake or reservoir outside of designated whole body contact recreational area	2	
Discharge to losing stream, or stream, lake or reservoir area supporting whole body contact recreation	3	3
<b>PRELIMINARY TREATMENT - Headworks</b>		
Screening and/or comminution	3	3
Grit removal	3	3
Plant pumping of main flow (lift station at the headworks)	3	3
<b>PRIMARY TREATMENT</b>		
Primary clarifiers	5	
Combined sedimentation/digestion	5	
Chemical addition (except chlorine, enzymes)	4	
<b>REQUIRED LABORATORY CONTROL – performed by plant personnel (highest level only)</b>		
Push – button or visual methods for simple test such as pH, Settleable solids	3	
Additional procedures such as DO, COD, BOD, titrations, solids, volatile content	5	
More advanced determinations such as BOD seeding procedures, fecal coliform, nutrients, total oils, phenols, etc.	7	7
Highly sophisticated instrumentation, such as atomic absorption and gas chromatograph	10	
<b>ALTERNATIVE FATE OF EFFLUENT</b>		
Direct reuse or recycle of effluent	6	
Land Disposal – low rate	3	
High rate	5	
Overland flow	4	
Total from page <b>ONE (1)</b>	----	34

**APPENDIX - CLASSIFICATION WORKSHEET (CONTINUED):**

ITEM	POINTS POSSIBLE	POINTS ASSIGNED
<b>VARIATION IN RAW WASTE (highest level only) (DMR exceedances and Design Flow exceedances)</b>		
Variation do not exceed those normally or typically expected	0	
Recurring deviations or excessive variations of 100 to 200 % in strength and/or flow	2	2
Recurring deviations or excessive variations of more than 200 % in strength and/or flow	4	
Raw wastes subject to toxic waste discharge	6	
<b>SECONDARY TREATMENT</b>		
Trickling filter and other fixed film media with secondary clarifiers	10	
Activated sludge with secondary clarifiers (including extended aeration and oxidation ditches)	15	15
Stabilization ponds without aeration	5	
Aerated lagoon	8	
Advanced Waste Treatment Polishing Pond	2	
Chemical/physical – without secondary	15	
Chemical/physical – following secondary	10	
Biological or chemical/biological	12	
Carbon regeneration	4	
<b>DISINFECTION</b>		
Chlorination or comparable	5	
Dechlorination	2	
On-site generation of disinfectant (except UV light)	5	
UV light	4	4
<b>SOLIDS HANDLING - SLUDGE</b>		
Solids Handling Thickening	5	
Anaerobic digestion	10	
Aerobic digestion	6	6
Evaporative sludge drying	2	
Mechanical dewatering	8	
Solids reduction (incineration, wet oxidation)	12	
Land application	6	6
Total from page <b>TWO (2)</b>	----	33
Total from page <b>ONE (1)</b>	---	34
Grand Total	---	67

- A: 71 points and greater
- B: 51 points – 70 points
- C: 26 points – 50 points
- D: 0 points – 25 points

**APPENDIX – RPA RESULTS:**

<b>Symbol</b>	<b>Analyte</b>	<b>CMC</b>	<b>RWC Acute</b>	<b>CCC</b>	<b>RWC Chronic</b>	<b>Reasonable Potential</b>	<b>n</b>	<b>CV</b>
NH3	Total Ammonia as Nitrogen (Summer) in mg/L	12.10	0.39	1.50	0.33	NO	20	0.87
NH3	Total Ammonia as Nitrogen (Winter) in mg/L	12.10	0.41	3.10	0.35	NO	20	1.21
Cd	Cadmium, Total Recoverable	8.23	25.10	0.39	14.74	YES	19	1.5122953
Cr III	Chromium (III), Total Recoverable	2676.88	11.10	127.96	6.52	NO	19	0.6139903
Cr VI	Chromium (VI), Dissolved	15.00	11.10	10.00	6.52	NO	19	0.6139903
Cu	Copper, Total Recoverable	22.05	22.20	14.09	13.03	YES	19	0.6139903
Pb	Lead, Total Recoverable	150.82	25.10	5.88	14.74	YES	19	1.5122953
Ni	Nickel, Total Recoverable	706.10	23.88	706.81	14.02	NO	19	0.7008412
Cl	Chlorine	19.00	2.04	10.00	2.04	NO	32	1.3561185
Ag	Silver, Total Recoverable	8.69	15.61	N/A	N/A	YES	19	0.6176437
Zn	Zinc, Total Recoverable	180.32	163.19	180.32	95.80	NO	19	0.5663965

Units are in mg/L.

RWC – Receiving Water Concentration. It is the concentration of a toxicant or the parameter toxicity in the receiving water after mixing (if applicable).

n – Is the number of samples.

MF – Multiplying Factor. 99% Confidence Level and 99% Probability Basis.

RP – Reasonable Potential. It is where an effluent is projected or calculated to cause an excursion above a water quality standard based on a number of factors including, as a minimum, the four factors listed in 40 CFR 122.44(d)(1)(ii).

Reasonable Potential Analysis is conducted as per (TSD, EPA/505/2-90-001, Section 3.3.2). A more detailed version including calculations of this RPA is available upon request.



STANDARD CONDITIONS FOR NPDES PERMITS  
ISSUED BY  
THE MISSOURI DEPARTMENT OF NATURAL RESOURCES  
MISSOURI CLEAN WATER COMMISSION  
REVISED  
NOVEMBER 1, 2013

These Standard Conditions incorporate permit conditions as required by 40 CFR 122.41 or other applicable state statutes or regulations. These minimum conditions apply unless superseded by requirements specified in the permit.

## Part I – General Conditions

### Section A – Sampling, Monitoring, and Recording

1. **Sampling Requirements.**
  - a. Samples and measurements taken for the purpose of monitoring shall be representative of the monitored activity.
  - b. All samples shall be taken at the outfall(s) or Missouri Department of Natural Resources (Department) approved sampling location(s), and unless specified, before the effluent joins or is diluted by any other body of water or substance.
2. **Monitoring Requirements.**
  - a. Records of monitoring information shall include:
    - i. The date, exact place, and time of sampling or measurements;
    - ii. The individual(s) who performed the sampling or measurements;
    - iii. The date(s) analyses were performed;
    - iv. The individual(s) who performed the analyses;
    - v. The analytical techniques or methods used; and
    - vi. The results of such analyses.
  - b. If the permittee monitors any pollutant more frequently than required by the permit at the location specified in the permit using test procedures approved under 40 CFR Part 136, or another method required for an industry-specific waste stream under 40 CFR subchapters N or O, the results of such monitoring shall be included in the calculation and reported to the Department with the discharge monitoring report data (DMR) submitted to the Department pursuant to Section B, paragraph 7.
3. **Sample and Monitoring Calculations.** Calculations for all sample and monitoring results which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified in the permit.
4. **Test Procedures.** The analytical and sampling methods used shall conform to the reference methods listed in 10 CSR 20-7.015 unless alternates are approved by the Department. The facility shall use sufficiently sensitive analytical methods for detecting, identifying, and measuring the concentrations of pollutants. The facility shall ensure that the selected methods are able to quantify the presence of pollutants in a given discharge at concentrations that are low enough to determine compliance with Water Quality Standards in 10 CSR 20-7.031 or effluent limitations unless provisions in the permit allow for other alternatives. A method is “sufficiently sensitive” when; 1) the method minimum level is at or below the level of the applicable water quality criterion for the pollutant or, 2) the method minimum level is above the applicable water quality criterion, but the amount of pollutant in a facility’s discharge is high enough that the method detects and quantifies the level of pollutant in the discharge, or 3) the method has the lowest minimum level of the analytical methods approved under 10 CSR 20-7.015. These methods are also required for parameters that are listed as monitoring only, as the data collected may be used to determine if limitations need to be established. A permittee is responsible for working with their contractors to ensure that the analysis performed is sufficiently sensitive.
5. **Record Retention.** Except for records of monitoring information required by the permit related to the permittee’s sewage sludge use and disposal activities, which shall be retained for a period of at least five (5) years (or longer as required by 40 CFR part 503), the permittee shall retain records of all monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by the permit, and records of all data used to complete the application for the permit, for a period of at least three (3) years from the date of the sample, measurement, report or application. This period may be extended by request of the Department at any time.

6. **Illegal Activities.**
  - a. The Federal Clean Water Act provides that any person who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required to be maintained under the permit shall, upon conviction, be punished by a fine of not more than \$10,000, or by imprisonment for not more than two (2) years, or both. If a conviction of a person is for a violation committed after a first conviction of such person under this paragraph, punishment is a fine of not more than \$20,000 per day of violation, or by imprisonment of not more than four (4) years, or both.
  - b. The Missouri Clean Water Law provides that any person or who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required to be maintained pursuant to sections 644.006 to 644.141 shall, upon conviction, be punished by a fine of not more than \$10,000, or by imprisonment for not more than six (6) months, or by both. Second and successive convictions for violation under this paragraph by any person shall be punished by a fine of not more than \$50,000 per day of violation, or by imprisonment for not more than two (2) years, or both.

### Section B – Reporting Requirements

1. **Planned Changes.**
  - a. The permittee shall give notice to the Department as soon as possible of any planned physical alterations or additions to the permitted facility when:
    - i. The alteration or addition to a permitted facility may meet one of the criteria for determining whether a facility is a new source in 40 CFR 122.29(b); or
    - ii. The alteration or addition could significantly change the nature or increase the quantity of pollutants discharged. This notification applies to pollutants which are subject neither to effluent limitations in the permit, nor to notification requirements under 40 CFR 122.42(a)(1);
    - iii. The alteration or addition results in a significant change in the permittee’s sludge use or disposal practices, and such alteration, addition, or change may justify the application of permit conditions that are different from or absent in the existing permit, including notification of additional use or disposal sites not reported during the permit application process or not reported pursuant to an approved land application plan;
    - iv. Any facility expansions, production increases, or process modifications which will result in a new or substantially different discharge or sludge characteristics must be reported to the Department 60 days before the facility or process modification begins. Notification may be accomplished by application for a new permit. If the discharge does not violate effluent limitations specified in the permit, the facility is to submit a notice to the Department of the changed discharge at least 30 days before such changes. The Department may require a construction permit and/or permit modification as a result of the proposed changes at the facility.
2. **Twenty-Four Hour Reporting.**
  - a. The permittee shall report any noncompliance which may endanger health or the environment. Relevant information shall be provided orally or via the current electronic method approved by the Department, within 24 hours from the time the permittee becomes aware of the circumstances, and shall be reported to the appropriate Regional Office during normal business hours or the Environmental Emergency Response hotline at 573-634-2436 outside of normal business hours. A written submission shall also be provided within five (5) business days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause; the period of noncompliance, including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance.



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- b. The following shall be included as information which must be reported within 24 hours under this paragraph.
    - i. Any unanticipated bypass which exceeds any effluent limitation in the permit.
    - ii. Any upset which exceeds any effluent limitation in the permit.
    - iii. Violation of a maximum daily discharge limitation for any of the pollutants listed by the Department in the permit required to be reported within 24 hours.
  - c. The Department may waive the written report on a case-by-case basis for reports under paragraph 2. b. of this section if the oral report has been received within 24 hours.
3. **Sanitary Sewer Overflow Reporting.** The following requirements solely reflect reporting obligations, and reporting does not necessarily reflect noncompliance, which may depend on the circumstances of the incident reported.
- a. **Twenty-Four Hour (24-Hour) Reporting.** The permittee or owner shall report any incident in which wastewater escapes the collection system such that it reaches waters of the state or it may pose an imminent or substantial endangerment to the health or welfare of persons. Relevant information shall be provided orally or via the current electronic method approved by the Department within 24 hours from the time the permittee becomes aware of the incident. A written submission shall also be provided within five (5) business days of the time the permittee or owner becomes aware of the incident. The Department may waive the written report on a case-by-case basis if the oral report has been received within 24 hours. The five (5) day reports may be provided via the current electronic method approved by the Department.
  - b. **Incidents Reported via Discharge Monitoring Reports (DMRs).** The permittee or owner shall report any event in which wastewater escapes the collection system, which does not enter waters of the state and is not expected to pose an imminent or substantial endangerment to the health or welfare of persons, which occur typically during wet weather events. Relevant information shall be provided with the permittee's or owner's DMRs.
4. **Anticipated Noncompliance.** The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The notice shall be submitted to the Department 60 days prior to such changes or activity.
5. **Compliance Schedules.** Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule of the permit shall be submitted no later than 14 days following each schedule date. The report shall provide an explanation for the instance of noncompliance and a proposed schedule or anticipated date, for achieving compliance with the compliance schedule requirement.
6. **Other Noncompliance.** The permittee shall report all instances of noncompliance not reported under paragraphs 2, 3, 4, and 7 of this section, at the time monitoring reports are submitted. The reports shall contain the information listed in paragraph 2. a. of this section.
7. **Other Information.** Where the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Department, it shall promptly submit such facts or information.
8. **Discharge Monitoring Reports.**
- a. Monitoring results shall be reported at the intervals specified in the permit.
  - b. Monitoring results must be reported to the Department via the current method approved by the Department, unless the permittee has been granted a waiver from using the method. If the permittee has been granted a waiver, the permittee must use forms provided by the Department.
  - c. Monitoring results shall be reported to the Department no later than the 28<sup>th</sup> day of the month following the end of the reporting period.

## Section C – Bypass/Upset Requirements

1. **Definitions.**
  - a. *Bypass*: the intentional diversion of waste streams from any portion of a treatment facility.
  - b. *Severe Property Damage*: substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.
  - c. *Upset*: an exceptional incident in which there is unintentional and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.
2. **Bypass Requirements.**
  - a. Bypass not exceeding limitations. The permittee may allow any bypass to occur which does not cause effluent limitations to be exceeded, but only if it also is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of paragraphs 2. b. and 2. c. of this section.
  - b. Notice.
    - i. Anticipated bypass. If the permittee knows in advance of the need for a bypass, it shall submit prior notice, if possible at least 10 days before the date of the bypass.
    - ii. Unanticipated bypass. The permittee shall submit notice of an unanticipated bypass as required in Section B – Reporting Requirements, paragraph 5 (24-hour notice).
  - c. Prohibition of bypass.
    - i. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless:
      1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage;
      2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
      3. The permittee submitted notices as required under paragraph 2. b. of this section.
    - ii. The Department may approve an anticipated bypass, after considering its adverse effects, if the Department determines that it will meet the three (3) conditions listed above in paragraph 2. c. i. of this section.
3. **Upset Requirements.**
  - a. Effect of an upset. An upset constitutes an affirmative defense to an action brought for noncompliance with such technology based permit effluent limitations if the requirements of paragraph 3. b. of this section are met. No determination made during administrative review of claims that noncompliance was caused by upset, and before an action for noncompliance, is final administrative action subject to judicial review.
  - b. Conditions necessary for a demonstration of upset. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed, contemporaneous operating logs, or other relevant evidence that:
    - i. An upset occurred and that the permittee can identify the cause(s) of the upset;
    - ii. The permitted facility was at the time being properly operated; and
    - iii. The permittee submitted notice of the upset as required in Section B – Reporting Requirements, paragraph 2. b. ii. (24-hour notice).
    - iv. The permittee complied with any remedial measures required under Section D – Administrative Requirements, paragraph 4.
  - c. Burden of proof. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.



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Section D – Administrative Requirements

1. **Duty to Comply.** The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the Missouri Clean Water Law and Federal Clean Water Act and is grounds for enforcement action; for permit termination, revocation and reissuance, or modification; or denial of a permit renewal application.
  - a. The permittee shall comply with effluent standards or prohibitions established under section 307(a) of the Federal Clean Water Act for toxic pollutants and with standards for sewage sludge use or disposal established under section 405(d) of the CWA within the time provided in the regulations that establish these standards or prohibitions or standards for sewage sludge use or disposal, even if the permit has not yet been modified to incorporate the requirement.
  - b. The Federal Clean Water Act provides that any person who violates section 301, 302, 306, 307, 308, 318 or 405 of the Act, or any permit condition or limitation implementing any such sections in a permit issued under section 402, or any requirement imposed in a pretreatment program approved under sections 402(a)(3) or 402(b)(8) of the Act, is subject to a civil penalty not to exceed \$25,000 per day for each violation. The Federal Clean Water Act provides that any person who negligently violates sections 301, 302, 306, 307, 308, 318, or 405 of the Act, or any condition or limitation implementing any of such sections in a permit issued under section 402 of the Act, or any requirement imposed in a pretreatment program approved under section 402(a)(3) or 402(b)(8) of the Act, is subject to criminal penalties of \$2,500 to \$25,000 per day of violation, or imprisonment of not more than one (1) year, or both. In the case of a second or subsequent conviction for a negligent violation, a person shall be subject to criminal penalties of not more than \$50,000 per day of violation, or by imprisonment of not more than two (2) years, or both. Any person who knowingly violates such sections, or such conditions or limitations is subject to criminal penalties of \$5,000 to \$50,000 per day of violation, or imprisonment for not more than three (3) years, or both. In the case of a second or subsequent conviction for a knowing violation, a person shall be subject to criminal penalties of not more than \$100,000 per day of violation, or imprisonment of not more than six (6) years, or both. Any person who knowingly violates section 301, 302, 303, 306, 307, 308, 318 or 405 of the Act, or any permit condition or limitation implementing any of such sections in a permit issued under section 402 of the Act, and who knows at that time that he thereby places another person in imminent danger of death or serious bodily injury, shall, upon conviction, be subject to a fine of not more than \$250,000 or imprisonment of not more than 15 years, or both. In the case of a second or subsequent conviction for a knowing endangerment violation, a person shall be subject to a fine of not more than \$500,000 or by imprisonment of not more than 30 years, or both. An organization, as defined in section 309(c)(3)(B)(iii) of the CWA, shall, upon conviction of violating the imminent danger provision, be subject to a fine of not more than \$1,000,000 and can be fined up to \$2,000,000 for second or subsequent convictions.
  - c. Any person may be assessed an administrative penalty by the EPA Director for violating section 301, 302, 306, 307, 308, 318 or 405 of this Act, or any permit condition or limitation implementing any of such sections in a permit issued under section 402 of this Act. Administrative penalties for Class I violations are not to exceed \$10,000 per violation, with the maximum amount of any Class I penalty assessed not to exceed \$25,000. Penalties for Class II violations are not to exceed \$10,000 per day for each day during which the violation continues, with the maximum amount of any Class II penalty not to exceed \$125,000.
  - d. It is unlawful for any person to cause or permit any discharge of water contaminants from any water contaminant or point source located in Missouri in violation of sections 644.006 to 644.141 of the Missouri Clean Water Law, or any standard, rule or regulation promulgated by the commission. In the event the commission or the director determines that any provision of sections 644.006 to 644.141 of the Missouri Clean Water Law or standard, rules, limitations or regulations promulgated pursuant thereto, or permits issued by, or any final abatement order, other order, or determination made by the commission or the director, or any filing requirement pursuant to sections 644.006 to 644.141 of the Missouri Clean Water Law or any other provision which this state is required to enforce pursuant to any federal water pollution control act, is being, was, or is in imminent danger of being violated, the commission or director may cause to have instituted a civil action in any court of competent jurisdiction for the injunctive relief to prevent any such violation or further violation or for the assessment of a penalty not to exceed \$10,000 per day for each day, or part thereof, the violation occurred and continues to occur, or both, as the court deems proper. Any person who willfully or negligently commits any violation in this paragraph shall, upon conviction, be punished by a fine of not less than \$2,500 nor more than \$25,000 per day of violation, or by imprisonment for not more than one year, or both. Second and successive convictions for violation of the same provision of this paragraph by any person shall be punished by a fine of not more than \$50,000 per day of violation, or by imprisonment for not more than two (2) years, or both.
2. **Duty to Reapply.**
  - a. If the permittee wishes to continue an activity regulated by this permit after the expiration date of this permit, the permittee must apply for and obtain a new permit.
  - b. A permittee with a currently effective site-specific permit shall submit an application for renewal at least 180 days before the expiration date of the existing permit, unless permission for a later date has been granted by the Department. (The Department shall not grant permission for applications to be submitted later than the expiration date of the existing permit.)
  - c. A permittees with currently effective general permit shall submit an application for renewal at least 30 days before the existing permit expires, unless the permittee has been notified by the Department that an earlier application must be made. The Department may grant permission for a later submission date. (The Department shall not grant permission for applications to be submitted later than the expiration date of the existing permit.)
3. **Need to Halt or Reduce Activity Not a Defense.** It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.
4. **Duty to Mitigate.** The permittee shall take all reasonable steps to minimize or prevent any discharge or sludge use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment.
5. **Proper Operation and Maintenance.** The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision requires the operation of back-up or auxiliary facilities or similar systems which are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of the permit.
6. **Permit Actions.**
  - a. Subject to compliance with statutory requirements of the Law and Regulations and applicable Court Order, this permit may be modified, suspended, or revoked in whole or in part during its term for cause including, but not limited to, the following:
    - i. Violations of any terms or conditions of this permit or the law;
    - ii. Having obtained this permit by misrepresentation or failure to disclose fully any relevant facts;
    - iii. A change in any circumstances or conditions that requires either a temporary or permanent reduction or elimination of the authorized discharge; or
    - iv. Any reason set forth in the Law or Regulations.
  - b. The filing of a request by the permittee for a permit modification, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition.



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7. **Permit Transfer.**
  - a. Subject to 10 CSR 20-6.010, an operating permit may be transferred upon submission to the Department of an application to transfer signed by the existing owner and the new owner, unless prohibited by the terms of the permit. Until such time the permit is officially transferred, the original permittee remains responsible for complying with the terms and conditions of the existing permit.
  - b. The Department may require modification or revocation and reissuance of the permit to change the name of the permittee and incorporate such other requirements as may be necessary under the Missouri Clean Water Law or the Federal Clean Water Act.
  - c. The Department, within 30 days of receipt of the application, shall notify the new permittee of its intent to revoke or reissue or transfer the permit.
8. **Toxic Pollutants.** The permittee shall comply with effluent standards or prohibitions established under section 307(a) of the Federal Clean Water Act for toxic pollutants and with standards for sewage sludge use or disposal established under section 405(d) of the Federal Clean Water Act within the time provided in the regulations that establish these standards or prohibitions or standards for sewage sludge use or disposal, even if the permit has not yet been modified to incorporate the requirement.
9. **Property Rights.** This permit does not convey any property rights of any sort, or any exclusive privilege.
10. **Duty to Provide Information.** The permittee shall furnish to the Department, within a reasonable time, any information which the Department may request to determine whether cause exists for modifying, revoking and reissuing, or terminating this permit or to determine compliance with this permit. The permittee shall also furnish to the Department upon request, copies of records required to be kept by this permit.
11. **Inspection and Entry.** The permittee shall allow the Department, or an authorized representative (including an authorized contractor acting as a representative of the Department), upon presentation of credentials and other documents as may be required by law, to:
  - a. Enter upon the permittee's premises where a regulated facility or activity is located or conducted, or where records must be kept under the conditions of the permit;
  - b. Have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit;
  - c. Inspect at reasonable times any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under this permit; and
  - d. Sample or monitor at reasonable times, for the purposes of assuring permit compliance or as otherwise authorized by the Federal Clean Water Act or Missouri Clean Water Law, any substances or parameters at any location.
12. **Closure of Treatment Facilities.**
  - a. Persons who cease operation or plan to cease operation of waste, wastewater, and sludge handling and treatment facilities shall close the facilities in accordance with a closure plan approved by the Department.
  - b. Operating Permits under 10 CSR 20-6.010 or under 10 CSR 20-6.015 are required until all waste, wastewater, and sludges have been disposed of in accordance with the closure plan approved by the Department and any disturbed areas have been properly stabilized. Disturbed areas will be considered stabilized when perennial vegetation, pavement, or structures using permanent materials cover all areas that have been disturbed. Vegetative cover, if used, shall be at least 70% plant density over 100% of the disturbed area.
13. **Signatory Requirement.**
  - a. All permit applications, reports required by the permit, or information requested by the Department shall be signed and certified. (See 40 CFR 122.22 and 10 CSR 20-6.010)
  - b. The Federal Clean Water Act provides that any person who knowingly makes any false statement, representation, or certification in any record or other document submitted or required to be maintained under this permit, including monitoring reports or reports of compliance or non-compliance shall, upon conviction, be punished by a fine of not more than \$10,000 per violation, or by imprisonment for not more than six (6) months per violation, or by both.
14. **Severability.** The provisions of the permit are severable, and if any provision of the permit, or the application of any provision of the permit to any circumstance, is held invalid, the application of such provision to other circumstances, and the remainder of the permit, shall not be affected thereby.



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MAY 1, 2013

PART II - SPECIAL CONDITIONS – PUBLICLY OWNED  
TREATMENT WORKS  
SECTION A – INDUSTRIAL USERS

**1. Definitions**

Definitions as set forth in the Missouri Clean Water Laws and approved by the Missouri Clean Water Commission shall apply to terms used herein.

Significant Industrial User (SIU). Except as provided in the *General Pretreatment Regulation* 10 CSR 20-6.100, the term Significant Industrial User means:

1. All Industrial Users subject to Categorical Pretreatment Standards; and
2. Any other Industrial User that: discharges an average of 25,000 gallons per day or more of process wastewater to the Publicly-Owned Treatment Works (POTW) (excluding sanitary, noncontact cooling and boiler blowdown wastewater); contributes a process wastestream which makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the POTW treatment plant; or is designated as such by the Control Authority on the basis that the Industrial User has a reasonable potential for adversely affecting the POTW's or for violating any Pretreatment Standard or requirement.

Clean Water Act (CWA) is the the federal Clean Water Act of 1972, 33 U.S.C. § 1251 et seq. (2002).

**2. Identification of Industrial Discharges**

Pursuant to 40 CFR 122.44(j)(1), all POTWs shall identify, in terms of character and volume of pollutants, any Significant Industrial Users discharging to the POTW subject to Pretreatment Standards under section 307(b) of the CWA and 40 CFR 403.

**3. Application Information**

Applications for renewal or modification of this permit must contain the information about industrial discharges to the POTW pursuant to 40 CFR 122.21(j)(6)

**4. Notice to the Department**

Pursuant to 40 CFR 122.42(b), all POTWs must provide adequate notice of the following:

1. Any new introduction of pollutants into the POTW from an indirect discharger which would be subject to section 301 or 306 of CWA if it were directly discharging these pollutants; and
2. Any substantial change into the volume or character of pollutants being introduced into that POTW by a source introducing pollutants into the POTW at the time of issuance of the permit.
3. For purposes of this paragraph, adequate notice shall include information on:
  - i. the quality and quantity of effluent introduced into the POTW, and
  - ii. any anticipated impact of the change on the quantity or quality of effluent to be discharged from the POTW.

For POTWs without an approved pretreatment program, the notice of industrial discharges which was not included in the permit application shall be made as soon as practicable. For POTWs with an approved pretreatment program, notice is to be included in the annual pretreatment report required in the special conditions of this permit. Notice may be sent to:

Missouri Department of Natural Resources  
Water Protection Program  
Attn: Pretreatment Coordinator  
P.O. Box 176  
Jefferson City, MO 65102

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MISSOURI CLEAN WATER COMMISSION  
AUGUST 15, 1994**

**PART III – SLUDGE & BIOSOLIDS FROM DOMESTIC WASTEWATER TREATMENT FACILITIES**

**SECTION A – GENERAL REQUIREMENTS**

1. This permit pertains to sludge requirements under the Missouri Clean Water Law and regulation and incorporates applicable federal sludge disposal requirements under 40 CFR 503. The Environmental Protection Agency (EPA) has principal authority for permitting and enforcement of the federal sludge regulations under 40 CFS 503 until such time as Missouri is delegated the new EPA sludge program. EPA has reviewed and accepted these standard sludge conditions. EPA may choose to issue a separate sludge addendum to this permit or a separate federal sludge permit at their discretion to further address federal requirements.
2. These PART III Standard Conditions apply only to sludge and biosolids generated at domestic wastewater treatment facilities, including public owned treatment works (POTW) and privately owned facilities.
3. Sludge and Biosolids Use and Disposal Practices.
  - a. Permittee is authorized to operate the sludge and biosolids treatment, storage, use, and disposal facilities listed in the facility description of this permit.
  - b. Permittee shall not exceed the design sludge volume listed in the facility description and shall not use sludge disposal methods that are not listed in the facility description, without prior approval of the permitting authority.
  - c. Permittee is authorized to operate the storage, treatment or generating sites listed in the Facility Description section of this permit.
  - d. A separate operating permit is required for each operating location where sludge or biosolids are generated, stored, treated, or disposed, unless specifically exempted in this permit or in 10 CSR 20, Chapter 6 regulations. For land application, see section H, subsection 3 of these standard conditions.
4. Sludge Received From Other Facilities
  - a. Permittees may accept domestic wastewater sludge from other facilities including septic tank pumpings from residential sources as long as the design sludge volume is not exceeded and the treatment facility performance is not impaired.
  - b. The permittee shall obtain a signed statement from the sludge generator or hauler that certifies the type and source of the sludge.
  - c. Sludge received from out-of-state generators shall receive prior approval of the permitting authority and shall be listed in the facility description or special conditions section of the permit.
5. These permit requirements do not supersede nor remove liability for compliance with county and other local ordinances.
6. These permit requirements do not supersede nor remove liability for compliance with other environmental regulations such as odor emissions under the Missouri Air Pollution Control Law and regulations.
7. This permit may (after du process) be modified, or alternatively revoked and reissued, to comply with any applicable sludge disposal standard or limitation issued or approved under Section 405(d) of the Clean Water Act or under Chapter 644 RsMo.
8. In addition to the STANDARD CONDITIONS, the department may include sludge limitations in the special conditions portion or other sections of this permit.
9. Alternate Limits in Site Specific Permit.

Where deemed appropriate, the department may require an individual site specific permit in order to authorize alternate limitations:

  - a. An individual permit must be obtained for each operating location, including application sites.
  - b. To request a site specific permit, an individual permit application, permit fees, and supporting documents shall be submitted for each operating location. This shall include a detailed sludge/biosolids management plan or engineering report.
10. Exceptions to these Standard Conditions may be authorized on a case-by-case basis by the department, as follows:
  - a. The department will prepare a permit modification and follow permit public notice provisions as applicable under 10 CSR 20-6.020, 40 CFR 124.10, and 40 CFR 501.15(a)(2)(ix)(E). This includes notification of the owners of property located adjacent to each land application site, where appropriate.
  - b. Exceptions cannot be granted where prohibited by the federal sludge regulations under 40 CFR 503.
11. Compliance Period  
Compliance shall be achieved as expeditiously as possible but no later than the compliance dates under 40 CFR 503.2.

## **SECTION B – DEFINITIONS**

1. Biosolids means an organic fertilizer or soil amendment produced by the treatment of domestic wastewater sludge. Untreated sludge or sludge that does not conform to the pollutants and pathogen treatment requirements in this permit is not considered biosolids.
2. Biosolids land application facility is a facility where biosolids are spread onto the land at agronomic rates for production of food or fiber. The facility includes any structures necessary to store the biosolids until soil, weather, and crop conditions are favorable for land application.
3. Class A biosolids means a material that has met the Class A pathogen reduction requirements or equivalent treatment by a Process to Further Reduce Pathogens (PFRP) in accordance with 40 CFR 503.
4. Class B biosolids means a material that has met the Class B pathogen reduction requirements or equivalent treatment by a Process to Significantly Reduce Pathogens (PFRP) in accordance with 40 CFR 503.
5. Domestic wastewater means wastewater originating from the sanitary conveniences of residences, commercial buildings, factories and institutions; or co-mingled sanitary and industrial wastewater processed by a public owned treatment works (POTW) or privately owned facility.
6. Mechanical treatment plants are wastewater treatment facilities that use mechanical devices to treat wastewater, including septic tanks, extended aeration, activated sludge, contact stabilization, trickling filters, rotating biological discs, and other similar facilities. It does not include unaerated wastewater treatment lagoons and constructed wetlands for wastewater treatment.
7. Operating location as defined in 10 CSR 20-2.010 is all contiguous lands owned, operated or controlled by one (1) person or by two (2) or more persons jointly or as tenants in common.
8. Plant Available Nitrogen (PAN) is the nitrogen that will be available to plants during the next growing season after biosolids application.
9. Sinkhole is a depression in the land surface into which surface water flows to join an underground drainage system.
10. Site Specific Permit is a permit that has alternate limits developed to address specific site conditions for each land application site or storage site.
11. Sludge is the solid, semisolid, or liquid residue removed during the treatment of wastewater. Sludge includes septage removed from septic tanks.
12. Sludge lagoon is an earthen basin that receives sludge that has been removed from a wastewater treatment facility. It does not include a wastewater treatment lagoon or sludge treatment units that are not a part of a mechanical wastewater treatment facility.
13. Wetlands are those areas that are inundated or saturated by surface or groundwater at a frequency and duration sufficient to support, and that under normal circumstances do support, a prevalence of vegetation typically adapted for life in saturated soil conditions. Wetlands generally include swamp, marshes, bogs, and similar areas. Wetlands do not include constructed wetlands used for wastewater treatment.

## **SECTION C – MECHANICAL WASTEWATER TREATMENT FACILITIES**

1. Sludge shall be routinely removed from the wastewater treatment facilities and handled according to the permit facility description and sludge conditions in this permit.
2. The permittee shall operate the facility so that there is no sludge loss into the discharged effluent in excess of permit limits, no sludge bypassing, and no discharge of sludge to waters of the state.
3. Mechanical treatment plants shall have separate sludge storage compartments in accordance with 10 CSR 20, Chapter 8. Failure to remove sludge from these storage compartments on the required design schedule is a violation of this permit.

## **SECTION D – SLUDGE DISPOSED AT OTHER TREATMENT FACILITY OR CONTRACT HAULER**

1. This section applies to permittees that haul sludge to another treatment facility for disposal or use contract haulers to remove and dispose of sludge.
2. Permittees that use contract haulers are responsible for compliance with all the terms of this permit including final disposal, unless the hauler has a separate permit for sludge or biosolids disposal issued by the department; or the hauler transports the sludge to another permitted treatment facility.
3. The permittee shall require documentation from the contractor of the disposal methods used and permits obtained by the contractor.
4. Testing of sludge, other than total solids content, is not required if sludge is hauled to a municipal wastewater treatment facility or other permitted wastewater treatment facility.

## **SECTION E – WASTEWATER TREATMENT LAGOONS AND STORMWATER RETENTION BASINS**

1. Sludge that is retained within a wastewater treatment lagoon is subject to sludge disposal requirements when the sludge is removed from the lagoon or when the lagoon ceases to receive and treat wastewater.
2. If sludge is removed during the year, an annual sludge report must be submitted.
3. Storm water retention basins or other earthen basins, which have been used as sludge storage for a mechanical treatment system is considered a sludge lagoon and must comply with Section G of this permit.

## **SECTION F – INCINERATION OF SLUDGE**

1. Sludge incineration facilities shall comply with the requirements of 40 CFR 503 Subpart E; air pollution control regulations under 10 CSR 10; and solid waste management regulations under 10 CSR 80.
2. Permittee may be authorized under the facility description of this permit to store incineration ash in lagoons or ash ponds. This permit does not authorize the disposal of incineration ash. Incineration ash shall be disposed in accordance with 10 CSR 80; or if the ash is determined to be hazardous waste, shall be disposed in accordance with 10 CSR 25.
3. In addition to normal sludge monitoring, incineration facilities shall report the following as part of the annual report, quantity of sludge incinerated, quantity of ash generated, quantity of ash stored; and ash use or disposal method, quantity, and location. Permittee shall also provide the name of the disposal facility and the applicable permit number.
4. Additional limitations, monitoring, and reporting requirements may be addressed in the Special Conditions sections of this permit.

## **SECTION G – SURFACE DISPOSAL SITES AND SLUDGE LAGOONS**

1. Surface disposal sites shall comply with the requirements in 40 CFR 503 Subpart C, and solid waste disposal regulations under 10 CSR 80.
2. Additional limitations, monitoring, and reporting requirements may be addressed in the Special Conditions section of this permit.
3. Effective February 19, 1995, a sludge lagoon that has been in use for more than two years without removal of accumulated sludge, or that has not been properly closed shall comply with one of the following options:
  - a. Permittee shall obtain a site specific permit to address surface disposal requirements under 40 CFR 503, ground water quality regulations under 10 CSR 20, Chapter 7 and 8, and solid waste management regulations under 10 CSR 80;
  - b. Permittee shall clean out the sludge lagoon to remove any sludge over two years old and shall continue to remove accumulated sludge at least every two years or an alternate schedule approved under 40 CFR 503.20(b). In order to avoid damage to the lagoon seal during cleaning, the permittee may leave a layer of sludge on the bottom of the lagoon, upon prior approval of the department; or
  - c. Permittee shall close the lagoon in accordance with Section 1.

## **SECTION H – LAND APPLICATION**

1. The permittee shall not land apply sludge or biosolids unless land application is authorized in the Facility Description or special conditions section of the permit.
2. This permit replaces and terminates all previous sludge management plan approvals by the department for land application of sludge or biosolids.
3. Land application sites within a 20 mile radius of the wastewater treatment facility are authorized under this permit when biosolids are applied for beneficial use in accordance with these standard conditions unless a site specific permit is required under Section A, Subsection 9.
4. Biosolids shall not be applied unless authorized in this permit or exempted under 10 CSR 20, Chapter 6.
  - a. This permit does not authorize the land application of sludge except when sludge meets the definition of biosolids.
  - b. This permit authorizes “Class A or B” biosolids derived from domestic wastewater sludges to be land applied onto grass land, crop land, timber land or other similar agricultural or silviculture lands at rates suitable for beneficial use as organic fertilizer and soil conditioner.
5. Public Contact Sites.

Permittees who wish to apply Class A biosolids to public contact sites must obtain approval from the department. Applications for approval shall be in the form of an engineering report and shall address priority pollutants and dioxin concentrations. Authorization for land applications must be provided in the special conditions section of this permit or in a separate site-specific permit.

6. Agricultural and Silvicultural Sites.

In addition to specified conditions herein, this permit is subject to the attached Water Quality Guides numbers WQ 422 through 426 published by the University of Missouri, and hereby incorporated as though fully set forth herein. The guide topics are as follows:

WQ 422	Land Application of Septage
WQ 423	Monitoring Requirements for Biosolids Land Application
WQ 424	Biosolids Standards for Pathogens and Vectors
WQ 425	Biosolids Standards for Metals and Other Trace Substances
WQ 426	Best Management Practices for Biosolids Land Applications

## SECTION I – CLOSURE REQUIREMENTS

1. This section applies to all wastewater treatment facilities (mechanical and lagoons) and sludge or biosolids storage and treatment facilities and incineration ash ponds. It does not apply to land application sites.
2. Permittees who plan to cease operation must obtain department approval of a closure plan which addresses proper removal and disposal of all residues, including sludge, biosolids, and ash. Permittee must maintain this permit until the facility is properly closed per 10 CSR 20-6.010 and 10 CSR 20-6.015.
3. Residuals that are left in place during closure of a lagoon or earthen structure shall not exceed the agricultural loading rates as follows:
  - a. Residuals shall meet the monitoring and land application limits for agricultural rates as referenced in Section H of these standard conditions.
  - b. If a wastewater treatment lagoon has been in operation for 15 years or more, the sludge in the lagoon qualifies for Class B with respect to pathogens (see WQ 424, Table 3), and testing for fecal coliform is not required. For other lagoons, testing for fecal coliform is required to show compliance with Class B limitations. See WQ 423 and 424.
  - c. The allowable nitrogen loading that may be left in the lagoon shall be based on the plant available nitrogen (PAN) loading. See WQ 426 for calculation procedures. For a grass cover crop, the allowable PAN is 300 pounds/acre.
4. When closing a wastewater treatment lagoon with a design treatment capacity equal or less than 150 persons, the residuals are considered “septage” under the similar treatment works” definition. See WQ 422. Under the septage category, residuals may be left in place as follows:
  - a. Testing for metals or fecal coliform is not required.
  - b. If the wastewater treatment lagoon has been in use for less than 15 years, mix lime with the sludge at the rate of 50 pounds of hydrated lime per 1000 gallons (134 cubic feet) of sludge.
  - c. The amount of sludge that may be left in the lagoon shall be based on the plant available nitrogen (PAN) loading. 100 dry tons/acre of sludge may be left in the basin without testing for nitrogen. If more than 100 dry tons/acre will be left in the lagoon, test for nitrogen and determine the PAN in accordance with WQ 426. Allowable PAN loading is 300 pounds/acre.
5. Residuals left within the lagoon shall be mixed with soil on at least a 1 to 1 ratio, the lagoon berms shall be demolished, and the site shall be graded and vegetated so as to avoid ponding of storm water and provide adequate surface water drainage without creating erosion.
6. Lagoon closure activities shall obtain a storm water permit for land disturbance activities that equal or exceed five acres in accordance with 10 CSR 20-6.200.
7. If sludge exceeds agricultural loading rates under Section H or I, a landfill permit or solid waste disposal permit shall be obtained to authorize on-site sludge disposal under the Missouri Solid Waste Management Law and regulations per 10 CSR 80, and the permittee must comply with the surface disposal requirements under 40 CFR 503, Subpart C.

## SECTION J – MONITORING FREQUENCY

1. At a minimum, sludge or biosolids shall be tested for volume and percent total solids on a frequency that will accurately represent sludge quantities produced and disposed.
2. Testing for land application is listed under Section H, Subsection 6 of these standard conditions (see WQ 423). Once per year is the minimum test frequency. Additional testing shall be performed for each 100 dry tons of sludge generated or stored during the year.
3. Additional testing may be required in the special conditions or other sections of the permit. Permittees receiving industrial wastewater may be required to conduct additional testing upon request from the department.
4. Monitoring requirements shall be performed in accordance with, “POTW Sludge Sampling and Analysis Guidance Document”, United States Environmental Protection Agency, August 1989, and subsequent revisions.

## SECTION K – RECORD KEEPING AND REPORTING REQUIREMENTS

1. The permittee shall maintain records on file at the facility for at least five years for the items listed in these Standard Conditions and any additional items in the Special Conditions section of this permit. This shall include dates when the sludge facility is checked for proper operation, records of maintenance and repairs and other relevant information.
2. Reporting Period
  - a. By January 28<sup>th</sup> of each year, an annual report shall be submitted for the previous calendar year period for all mechanical wastewater treatment facilities, sludge lagoons, and sludge or biosolids disposal facilities.
  - b. Permittees with wastewater treatment lagoons shall submit the above annual report only when sludge or biosolids are removed from the lagoon during the report period or when the lagoon is closed.
3. Report Forms. The annual report shall be submitted on report forms provided by the department or equivalent forms approved by the department.
4. Report shall be submitted as follows:  
Major facilities (those serving 10,000 persons or 1 million gallons per day) shall report to both the department and EPA. Other facilities need to report only to the department. Reports shall be submitted to the addresses listed as follows:

DNR regional office listed in your permit  
(See cover letter of permit)

EPA Region VII  
Water Compliance Branch (WACM)  
Sludge Coordinator  
901 N 5<sup>th</sup> Street  
Kansas City, KS 66101

5. Annual Report Contents. The annual report shall include the following:
  - a. Sludge/biosolids testing performed. Include a copy or summary of all test results, even if not required by this permit.
  - b. Sludge or Biosolids quantity shall be reported as dry tons for quantity generated by the wastewater treatment facility, the quantity stored on site at end of year, and the quantity used or disposed.
  - c. Gallons and % solids data used to calculate the dry ton amounts.
  - d. Description of any unusual operating conditions.
  - e. Final disposal method, dates, and location, and person responsible for hauling and disposal.
    - (1) This must include the name, address and permit number for the hauler and the sludge facility. If hauled to a municipal wastewater treatment facility, sanitary landfill, or other approved treatment facility, give the name and permit number of that facility.
    - (2) Include a description of the type of hauling equipment used and the capacity in tons, gallons, or cubic feet.
  - f. Contract Hauler Activities.  
If contract hauler, provide a copy of a signed contract or billing receipts from the contractor. Permittee shall require the contractor to supply information required under this permit for which the contractor is responsible. The permittee shall submit a signed statement from the contractor that he has complied with the standards contained in this permit, unless the contract hauler has a separate sludge disposal or biosolids use permit.
  - g. Land Application Sites.
    - (1) Report the location of each application site, the annual and cumulative dry tons/acre for each site, and the landowners name and address. The location for each spreading site shall be given as legal description for nearest ¼, ¼, Section, Township, Range, and County, or as latitude and longitude.
    - (2) If biosolids application exceeds 2 dry tons/acre/year, report biosolids nitrogen results. Plant Available Nitrogen (PAN) in pounds/acre, crop nitrogen requirement, available nitrogen in the soil prior to biosolids application, and PAN calculations for each site.
    - (3) If the “Low Metals” criteria is exceeded, report the annual and cumulative pollutant loading rates in pounds per acre for each applicable pollutant, and report the percent of cumulative loading which has been reached at each site.
    - (4) Report the method used for compliance with pathogen and vector attraction requirements.
    - (5) Report soil test results for pH, CEC, and phosphorus. If none was tested during the year, report the last date when tested and results.



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM, WATER POLLUTION CONTROL BRANCH  
**FORM B2 – APPLICATION FOR CONSTRUCTION OR OPERATING PERMIT FOR FACILITIES WHICH RECEIVE PRIMARILY DOMESTIC WASTE AND HAVE A DESIGN FLOW MORE THAN 100,000 GALLONS PER DAY**

FACILITY NAME Carthage Wastewater Treatment Plant

PERMIT NO. MO-0039136 COUNTY Jasper

**APPLICATION OVERVIEW**

Form B2 has been developed in a modular format and consists of Parts A, B and C and a Supplemental Application Information (Parts D, E, F and G) packet. All applicants must complete Parts A, B and C. Some applicants must also complete parts of the Supplemental Application Information packet. The following items explain which parts of Form B2 you must complete. Submittal of an incomplete application may result in the application being returned.

**BASIC APPLICATION INFORMATION**

- A. Basic Application Information for all Applicants. All applicants must complete Part A.
- B. Additional Application Information for all Applicants. All applicants must complete Part B.
- C. Certification. All applicants must complete Part C.

**SUPPLEMENTAL APPLICATION INFORMATION**

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface water of the United States and meets one or more of the following criteria must complete *Part D - Expanded Effluent Testing Data*:
  - 1. Has a design flow rate greater than or equal to 1 million gallons per day.
  - 2. Is required to have or currently has a pretreatment program.
  - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete *Part E - Toxicity Testing Data*:
  - 1. Has a design flow rate greater than or equal to 1 million gallons per day.
  - 2. Is required to have or currently has a pretreatment program.
  - 3. Is otherwise required by the permitting authority to provide the information.
- F. Industrial User Discharges and Resource Conservation and Recovery Act / Comprehensive Environmental Response, Compensation and Liability Act Wastes. A treatment works that accepts process wastewater from any significant industrial users, also known as SIUs, or receives a Resource Conservation and Recovery Act or CERCLA wastes must complete *Part F - Industrial User Discharges and Resource Conservation and Recovery Act /CERCLA Wastes*.  
 SIUs are defined as:
  - 1. All Categorical Industrial Users, or CIUs, subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations 403.6 and 40 Code of Federal Regulations 403.6 and 40 CFR Chapter 1, Subchapter N.
  - 2. Any other industrial user that meets one or more of the following:
    - i. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions).
    - ii. Contributes a process waste stream that makes up five percent or more of the average dry weather hydraulic or organic capacity of the treatment plant.
    - iii. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete *Part G - Combined Sewer Systems*.

**ALL APPLICANTS MUST COMPLETE PARTS A, B and C**

AP522 07853



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM, WATER POLLUTION CONTROL BRANCH  
**FORM B2 – APPLICATION FOR CONSTRUCTION OR OPERATING PERMIT FOR FACILITIES WHICH RECEIVE PRIMARILY DOMESTIC WASTE AND HAVE A DESIGN FLOW MORE THAN 100,000 GALLONS PER DAY**

FOR AGENCY USE ONLY	
CHECK NUMBER	
DATE RECEIVED	FEE SUBMITTED

**PART A – BASIC APPLICATION INFORMATION**

1. This application is for:

- An operating permit and antidegradation review public notice.
- A construction permit following an appropriate operating permit and antidegradation review public notice.
- A construction permit, a concurrent operating permit and antidegradation review public notice.
- A construction permit (submitted before Aug. 30, 2008 or antidegradation review is not required).
- An operating permit for a new or unpermitted facility. Construction Permit # \_\_\_\_\_
- An operating permit renewal: Permit #MO- 0039136 Expiration Date 1-20-10
- An operating permit modification: Permit #MO- \_\_\_\_\_ Reason: \_\_\_\_\_

1.1 Is this a Federal/State Funded Project?  Yes  No Funding Agency/Project #: \_\_\_\_\_

1.2 Is the appropriate fee included with the application (See instructions for appropriate fee)?  Yes  No

**2. FACILITY**

NAME	Carthage Wastewater Treatment Plant		TELEPHONE NUMBER WITH AREA CODE	417-237-7301 ex 330	
ADDRESS (PHYSICAL)	CITY	STATE	ZIP		
1701 West Mound Road	Carthage	MO	64836		
2.1 LEGAL DESCRIPTION (Plant Site):	¼, NW¼, NE¼, Sec. 5, T 28, R 31		County Jasper		
2.2 UTM Coordinates Easting (X):	381541		Northing (Y): 4115850		
For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)					

**3. OWNER**

NAME	TITLE	TELEPHONE NUMBER WITH AREA CODE
Jim Woestman	Mayor	417-237-7000
ADDRESS	CITY	STATE ZIP
326 Grant Street	Carthage	MO 64836

3.1 Request review of draft permit prior to Public Notice?  Yes  No

**4. CONTINUING AUTHORITY:** Permanent organization which will serve as the continuing authority for the operation, maintenance and modernization of the facility.

NAME	CITY
City of Carthage	Carthage
ADDRESS	CERTIFICATE NUMBER (IF APPLICABLE)
326 Grant Street	
STATE	ZIP
MO	64836

**5. OPERATOR**

NAME	TITLE	TELEPHONE NUMBER WITH AREA CODE
Glenn Chambers	Chief Operator	417-237-7301 ex 330

**6. FACILITY CONTACT**

NAME	TITLE
Glenn Chambers	Chief Operator

MO 780-1805 (09-08)

FACILITY NAME <b>Carthage WWTP</b>		PERMIT NO. <b>MO-0039136</b>	OUTFALL NO. <b>001</b>
<b>PART A - BASIC APPLICATION INFORMATION</b>			
<b>7. ADDITIONAL FACILITY INFORMATION</b>			
7.1 BRIEF DESCRIPTION OF FACILITIES <b>SIC # 4952 Oxidation Ditch/ultraviolet disinfection/aerobic sludge digestion</b>			
7.2 TOPOGRAPHIC MAP. ATTACH TO THIS APPLICATION A TOPOGRAPHIC MAP OF THE AREA EXTENDING AT LEAST ONE MILE BEYOND FACILITY PROPERTY BOUNDARIES. THIS MAP MUST SHOW THE OUTLINE OF THE FACILITY AND THE FOLLOWING INFORMATION. (YOU MAY SUBMIT MORE THAN ONE MAP IF ONE MAP DOES NOT SHOW THE ENTIRE AREA.) a. The area surrounding the treatment plant, including all unit processes. b. The location of the downstream landowner(s). (See Item 10.) c. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable. d. The actual point of discharge. e. Wells, springs, other surface water bodies and drinking water wells that are: 1) within ¼ mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant. f. Any areas where the sewage sludge produced by the treatment works is stored, treated or disposed. g. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act, or RCRA, by truck, rail or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored or disposed.			
7.3 PROCESS FLOW DIAGRAM OR SCHEMATIC. PROVIDE A DIAGRAM SHOWING THE PROCESSES OF THE TREATMENT PLANT. ALSO, PROVIDE A WATER BALANCE SHOWING ALL TREATMENT UNITS, INCLUDING DISINFECTION (E.G. CHLORINATION AND DECHLORINATION). THE WATER BALANCE MUST SHOW DAILY AVERAGE FLOW RATES AT INFLUENT AND DISCHARGE POINTS AND APPROXIMATE DAILY FLOW RATES BETWEEN TREATMENT UNITS. INCLUDE A BRIEF NARRATIVE DESCRIPTION OF THE DIAGRAM.			
7.4 FACILITY SIC CODE <b>4952</b>	DISCHARGE SIC CODE: <b>4952</b>	FACILITY NAICS CODE: <b>221320</b>	DISCHARGE NAICS CODE: <b>221320</b>
7.5 NUMBER OF SEPARATE DISCHARGE POINTS <b>1</b>			
7.6 NUMBER OF PEOPLE PRESENTLY CONNECTED OR POPULATION EQUIVALENT <b>47,713</b>		DESIGN POPULATION EQUIVALENT <b>74,700</b>	
NUMBER OF UNITS PRESENTLY CONNECTED HOMES <b>4532</b> APARTMENTS _____      TRAILERS _____      OTHER <b>699</b>			
TOTAL DESIGN FLOW (ALL OUTFALLS) <b>7.00</b>		ACTUAL FLOW <b>5.19</b>	
7.7 DOES ANY BYPASSING OCCUR ANYWHERE IN THE COLLECTION SYSTEM OR AT THE TREATMENT FACILITY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If Yes, attach an explanation.)			
7.8 LENGTH OF THE SANITARY SEWER COLLECTION SYSTEM IN MILES <b>87.6</b>			
7.9 IS INDUSTRIAL WASTE DISCHARGED TO THE FACILITY IDENTIFIED IN ITEM 2?      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
7.10 WILL THE DISCHARGE BE CONTINUOUS THROUGH THE YEAR?      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
A. DISCHARGE WILL OCCUR DURING THE FOLLOWING MONTHS		B. HOW MANY DAYS OF THE WEEK WILL THE DISCHARGE OCCUR?	
7.11 IS WASTEWATER LAND APPLIED? (If Yes, Attach Form I) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		7.12 DOES THIS FACILITY DISCHARGE TO A LOSING STREAM OR SINKHOLE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
7.13 HAS A WASTE LOAD ALLOCATION STUDY BEEN COMPLETED FOR THIS FACILITY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
7.14 LIST ALL PERMIT VIOLATIONS, INCLUDING EFFLUENT LIMIT EXCEEDANCES IN THE LAST FIVE YEARS. ATTACH A SEPARATE SHEET IF NECESSARY. IF NONE, WRITE NONE. <b>See attached</b>			
<b>8. LABORATORY CONTROL INFORMATION</b>			
8.1 LABORATORY WORK CONDUCTED BY PLANT PERSONNEL			
Lab work conducted outside of plant.		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Push-button or visual methods for simple test such as pH, settleable solids.		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Additional procedures such as Dissolved Oxygen, Chemical Oxygen Demand, Biological Oxygen Demand, titrations, solids, volatile content.		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
More advanced determinations such as BOD seeding procedures, fecal coliform, nutrients, total oils, phenols, etc.		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Highly sophisticated instrumentation, such as atomic absorption and gas chromatograph.		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

FACILITY NAME <b>Carthage W WTP</b>	PERMIT NO. <b>MO-0039136</b>	OUTFALL NO. <b>001</b>
<b>PART A - BASIC APPLICATION INFORMATION</b>		
<b>9. SLUDGE HANDLING, USE AND DISPOSAL</b>		
9.1 IS THE SLUDGE A HAZARDOUS WASTE AS DEFINED BY 10 CSR 25? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
9.2 SLUDGE PRODUCTION, INCLUDING SLUDGE RECEIVED FROM OTHERS Design Dry Tons/Year <b>2,390</b> Actual Dry Tons/Year <b>1034</b>		
9.3 CAPACITY OF SLUDGE HOLDING STRUCTURES		
9.4 SLUDGE STORAGE PROVIDED Cubic Feet <b>361,000</b> Days of Storage <b>224</b> Average Percent Solids of Sludge <b>4.6</b> <input type="checkbox"/> No Sludge Storage is Provided		
9.5 TYPE OF STORAGE <input checked="" type="checkbox"/> Holding Tank <input type="checkbox"/> Basin <input type="checkbox"/> Building <input type="checkbox"/> Concrete Pad <input type="checkbox"/> Other (Describe) _____		
9.6 SLUDGE TREATMENT <input type="checkbox"/> Anaerobic Digester <input type="checkbox"/> Storage Tank <input type="checkbox"/> Lime Stabilization <input type="checkbox"/> Lagoon <input checked="" type="checkbox"/> Aerobic Digester <input type="checkbox"/> Air or Heat Drying <input type="checkbox"/> Composting <input type="checkbox"/> Other (Attach Description)		
9.7 SLUDGE USE OR DISPOSAL <input checked="" type="checkbox"/> Land Application <input type="checkbox"/> Contract Hauler <input type="checkbox"/> Hauled to Another Treatment Facility <input type="checkbox"/> Solid Waste Landfill <input type="checkbox"/> Surface Disposal (Sludge Disposal Lagoon, Sludge Held For More Than Two Years) <input type="checkbox"/> Incineration <input type="checkbox"/> Other (Attach Explanation Sheet) _____		
9.8 PERSON RESPONSIBLE FOR HAULING SLUDGE TO DISPOSAL FACILITY		
NAME		
ADDRESS	CITY	STATE ZIP
CONTACT PERSON	TELEPHONE NUMBER WITH AREA CODE	PERMIT NO <b>MO-</b>
9.9 SLUDGE USE OR DISPOSAL FACILITY <input checked="" type="checkbox"/> By Applicant <input type="checkbox"/> By Others (Complete Below)		
NAME		
ADDRESS	CITY	STATE ZIP
CONTACT PERSON	TELEPHONE NUMBER WITH AREA CODE	PERMIT NO <b>MO-</b>
9.10 DO THE SLUDGE OR BIOSOLIDS DISPOSAL COMPLY WITH FEDERAL SLUDGE REGULATIONS UNDER 40 CFR 503? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Explanation)		
<b>10. DOWNSTREAM LANDOWNER(S). (ATTACH ADDITIONAL SHEETS AS NECESSARY.)</b>		
NAME <b>Larry Deffenbaugh</b>		
ADDRESS <b>15880 Jack-pine Road</b>	CITY <b>Carthage</b>	STATE ZIP <b>Mo 64836</b>
<b>11. DRINKING WATER SUPPLY INFORMATION</b>		
11.1 SOURCE OF YOUR DRINKING WATER SUPPLY		
A. PUBLIC SUPPLY (MUNICIPAL OR WATER DISTRICT WATER) (IF PUBLIC, PLEASE GIVE NAME OF PUBLIC SUPPLY) <b>Carthage Water &amp; Electric Plant</b>		
B. PRIVATE WELL		
C. SURFACE WATER (LAKE, POND OR STREAM)		
11.2 DOES YOUR DRINKING WATER SOURCE SERVE AT LEAST 25 PEOPLE AT LEAST 60 DAYS PER YEAR (NOT NECESSARILY CONSECUTIVE DAYS)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
11.3 DOES YOUR SUPPLY SERVE HOUSING THAT IS OCCUPIED YEAR ROUND BY THE SAME PEOPLE? THIS DOES NOT INCLUDE HOUSING THAT IS OCCUPIED SEASONALLY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>END OF PART A</b>		

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**MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL**

FACILITY NAME <u>Carthage WWTP</u>	PERMIT NO. <u>MO-0039136</u>	OUTFALL NO. <u>001</u>
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**PART B – ADDITIONAL APPLICATION INFORMATION**

**20. INFLOW AND INFILTRATION**

ESTIMATE THE AVERAGE NUMBER OF GALLONS PER DAY THAT FLOW INTO THE TREATMENT WORKS FROM INFLOW AND INFILTRATION.

Gallons Per Day 2,500,000

BRIEFLY EXPLAIN ANY STEPS UNDERWAY OR PLANNED TO MINIMIZE INFLOW AND INFILTRATION.

annual manhole and sewer main rehabilitation

**20.1 OPERATION AND MAINTENANCE PERFORMED BY CONTRACTOR(S)**

ARE ANY OPERATIONAL OR MAINTENANCE ASPECTS (RELATED TO WASTEWATER TREATMENT AND EFFLUENT QUALITY) OF THE TREATMENT WORKS THE RESPONSIBILITY OF A CONTRACTOR?

Yes  No  If Yes, list the name, address, telephone number and status of each contractor and describe the contractor's responsibilities. (Attach additional pages if necessary.)

NAME

MAILING ADDRESS

TELEPHONE NUMBER WITH AREA CODE

RESPONSIBILITIES OF CONTRACTOR

**20.2 SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION. PROVIDE INFORMATION ABOUT ANY UNCOMPLETED IMPLEMENTATION SCHEDULE OR UNCOMPLETED PLANS FOR IMPROVEMENTS THAT WILL AFFECT THE WASTEWATER TREATMENT, EFFLUENT QUALITY OR DESIGN CAPACITY OF THE TREATMENT WORKS. IF THE TREATMENT WORKS HAS SEVERAL DIFFERENT IMPLEMENTATION SCHEDULES OR IS PLANNING SEVERAL IMPROVEMENTS, SUBMIT SEPARATE RESPONSES FOR EACH. (IF NONE, GO TO QUESTION B-20.3.)**

<p>A. List the outfall number that is covered by this implementation schedule Outfall No. _____</p>	<p>B. Indicate whether the planned improvements or implementation schedule are required by local, state or federal agencies. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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**20.3 WASTEWATER DISCHARGES: COMPLETE QUESTIONS 20.4 THROUGH 20.7 ONCE FOR EACH OUTFALL (INCLUDING BYPASS POINTS) THROUGH WHICH EFFLUENT IS DISCHARGED. DO NOT INCLUDE INFORMATION ON COMBINED SEWER OVERFLOWS IN THIS SECTION.**

**20.4 DESCRIPTION OF OUTFALL**

OUTFALL NUMBER 001

A. LOCATION  
1/4 SW 1/4 NW 1/4 NE Section 5 Township 28 Range 31  E  W  
 UTM Coordinates Easting (X): 381541 Northing (Y): 4115850  
 For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)

B. Distance from Shore (If Applicable) _____ ft.	C. Depth Below Surface (If Applicable) _____ ft.	D. Average Daily Flow Rate _____ mgd
---	---	---

E. Does this outfall have either an intermittent or periodic discharge?  
 Yes  No If Yes, Provide the following information:

Number of Days Per Year Discharge Occurs: <u>365</u>	Average Duration of Each Discharge: <u>Continuous</u>	Average Flow Per Discharge: mgd	Months in Which Discharge Occurs:
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Is Outfall Equipped with a Diffuser?  Yes  No

**20.5 DESCRIPTION OF RECEIVING WATER**

B. Name of Receiving Water <u>Spring River</u>	U.S. Soil Conservation Service 14-Digit Watershed Code (If Known) <u>110702070801</u>
B. Name of Watershed (If Known) <u>Spring River Basin</u>	U.S. Geological Survey 8-Digit Hydrologic Cataloging Unit Code (If Known)

B. Name of State Management/River Basin (If Known)	U.S. Geological Survey 8-Digit Hydrologic Cataloging Unit Code (If Known)
B. Critical Flow of Receiving Stream (If Applicable) Acute _____ cfs      Chronic _____ cfs	B. Total Hardness of Receiving Stream at Critical Low Flow (If Applicable) mg/L of CaCO <sub>3</sub>

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FACILITY NAME <b>Carthage WWTP</b>	PERMIT NO. <b>MO-0039136</b>	OUTFALL NO. <b>001</b>
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**PART B - ADDITIONAL APPLICATION INFORMATION (CONTINUED)**

**20.6 DESCRIPTION OF TREATMENT**

A. WHAT LEVELS OF TREATMENT ARE PROVIDED? Check All That Apply

Primary     Secondary     Advanced     Other (Describe)

B. INDICATE THE FOLLOWING REMOVAL RATES (AS APPLICABLE)

Design BOD<sub>5</sub> Removal Or Design CBOD<sub>5</sub> Removal    **85%**    Design SS Removal    **85%**

Design P Removal    %    Design N Removal    %    Other    %

C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

**ultraviolet disinfection from April 1 to October 31**

If disinfection is by chlorination, is dechlorination used for this outfall?     Yes     No    **N/A**

Does the treatment plant have post aeration?     Yes     No

**20.7 EFFLUENT TESTING DATA. ALL APPLICANTS THAT DISCHARGE TO WATERS OF THE U.S. MUST PROVIDE EFFLUENT TESTING DATA FOR THE FOLLOWING PARAMETERS. PROVIDE THE INDICATED EFFLUENT DATA FOR EACH OUTFALL THROUGH WHICH EFFLUENT IS DISCHARGED. DO NOT INCLUDE INFORMATION OF COMBINED SEWER OVERFLOWS IN THIS SECTION. ALL INFORMATION REPORTED MUST BE BASED ON DATA COLLECTED THROUGH ANALYSIS CONDUCTED USING 40 CFR PART 136 METHODS. IN ADDITION, THIS DATA MUST COMPLY WITH QA/QC REQUIREMENTS OF 40 CFR PART 136 AND OTHER APPROPRIATE QA/QC REQUIREMENTS FOR STANDARD METHODS FOR ANALYTES NOT ADDRESSED BY 40 CFR PART 136.**

**OUTFALL NUMBER**

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	VALUE	UNITS	VALUE	UNITS	NO. OF SAMPLES
pH (Minimum)	<b>5.8</b>	S.U.		S.U.	<b>425</b>
pH (Maximum)	<b>8.2</b>	S.U.		S.U.	<b>425</b>
FLOW RATE	<b>19.27</b>	MGD	<b>5.11</b>	MGD	<b>425</b>
TEMPERATURE (Winter)	<b>16</b>	°C	<b>13</b>	°C	<b>151</b>
TEMPERATURE (Summer)	<b>28</b>	°C	<b>24</b>	°C	<b>91</b>

\*For pH report a minimum and a maximum daily value.

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	CONC.	UNITS	CONC.	UNITS	NO. OF SAMPLES		

**Conventional and Nonconventional Compounds**

BIOCHEMICAL OXYGEN DEMAND (Report One)	BOD <sub>5</sub>		mg/L		mg/L		<b>9100</b>	
	CBOD <sub>5</sub>	<b>24</b>	mg/L	<b>4.8</b>	mg/L	<b>115</b>	<b>SM 5210</b>	
FECAL COLIFORM	<b>820</b>	#/100 mL	<b>53</b>	#/100 mL	<b>38</b>	<b>SM 9222 D</b>		
TOTAL SUSPENDED SOLIDS (TSS)	<b>70</b>	mg/L	<b>10.9</b>	mg/L	<b>121</b>	<b>SM 2540</b>		
AMMONIA (AS N)	<b>8.3</b>	mg/L	<b>3.1</b>	mg/L	<b>12</b>	<b>EPA 350.1</b>		
CHLORINE (TOTAL RESIDUAL, TRC)		mg/L		mg/L				
DISSOLVED OXYGEN		mg/L	<b>8.4</b>	mg/L	<b>45.3</b>	<b>SM 4500-0</b>		
TOTAL KJELDAHL NITROGEN (TKN)		mg/L		mg/L				
NITRATE PLUS NITRITE NITROGEN		mg/L		mg/L				
OIL AND GREASE	<b>ND</b>	mg/L	<b>ND</b>	mg/L	<b>12</b>	<b>EPA 1664</b>	<b>5 mg/L</b>	
PHOSPHORUS (TOTAL)		mg/L		mg/L				
TOTAL DISSOLVE SOLIDS (TDS)		mg/L		mg/L				
OTHER		mg/L		mg/L				

**END OF PART B**

**PART C - CERTIFICATION**

**30. CERTIFICATION**

All applicants must complete the Certification Section. This certification must be signed by an officer of the company or city official. All applicants must complete all applicable sections as explained in the Application Overview. By signing this certification statement, applicants confirm that they have reviewed the entire form and have completed all sections that apply to the facility for which this application is submitted.

ALL APPLICANTS MUST COMPLETE THE FOLLOWING 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 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.

PRINTED NAME AND OFFICIAL TITLE (MUST BE AN OFFICER OF THE COMPANY OR CITY OFFICIAL)

*James G. Woestman, Mayor*

SIGNATURE

*James G. Woestman*

TELEPHONE NUMBER WITH AREA CODE

*417-237-7000*

DATE SIGNED

*JULY 2, 2009*

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

For Design Flows Less than 1 Million Gallons Per Day,  
Send Completed Form to:

**Appropriate Regional Office**

Map of regional offices with addresses and phone numbers is available on the Web at [www.dnr.mo.gov/regions/ro-map.pdf](http://www.dnr.mo.gov/regions/ro-map.pdf).

For Design Flows of 1 Million Gallons Per Day or Greater,  
Send Completed Form to:

Department of Natural Resources  
Water Protection Program  
ATTN: NPDES Permits and Engineering Section  
P.O. Box 176  
Jefferson City, MO 65102

**END OF PART C.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.**

Do not complete the remainder of this application, unless:

1. Your facility design flow is equal to or greater than 1,000,000 gallons per day.
2. Your facility is a pretreatment treatment works.
3. Your facility is a combined sewer system.

Submittal of an incomplete application may result in the application being returned. Permit fees for returned applications shall be forfeited. Permit fees for applications being processed by the department that are withdrawn by the applicant shall be forfeited.

**MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.**

FACILITY NAME <b>Carthage WWTP</b>	PERMIT NO. <b>MO- 0039136</b>	OUTFALL NO. <b>001</b>
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**PART D – EXPANDED EFFLUENT TESTING DATA**

**40. EXPANDED EFFLUENT TESTING DATA**

Refer to the supplemental application information to determine whether Part D applies to the treatment works.

40.1 EFFLUENT TESTING: IF THE TREATMENT WORKS HAS A DESIGN FLOW GREATER THAN OR EQUAL TO 1 MILLION GALLONS PER DAY OR IT HAS (OR IS REQUIRED TO HAVE) A PRETREATMENT PROGRAM, OR IS OTHERWISE REQUIRED BY THE PERMITTING AUTHORITY TO PROVIDE THE DATA, THEN PROVIDE EFFLUENT TESTING DATA FOR THE FOLLOWING POLLUTANTS. PROVIDE THE INDICATED EFFLUENT TESTING INFORMATION FOR EACH OUTFALL THROUGH WHICH EFFLUENT IS DISCHARGED. DO NOT INCLUDE INFORMATION ON COMBINED SEWER OVERFLOWS IN THIS SECTION. ALL INFORMATION REPORTED MUST BE BASED ON DATA COLLECTED THROUGH ANALYSIS CONDUCTED USING 40 CFR PART 136 METHODS. IN ADDITION, THIS DATA MUST COMPLY WITH QA/QC REQUIREMENTS OF 40 CFR PART 136 AND OTHER APPROPRIATE QA/QC REQUIREMENTS FOR STANDARD METHODS FOR ANALYTES NOT ADDRESSED BY 40 CFR PART 136. INDICATE IN THE BLANK ROWS PROVIDED BELOW ANY DATA YOU MAY HAVE ON POLLUTANTS NOT SPECIFICALLY LISTED IN THIS FORM. EFFLUENT TESTING MUST NOT BE MORE THAN FOUR AND ONE-HALF YEARS OLD.

OUTFALL NUMBER (Complete Once for Each Outfall Discharging Effluent to Waters of the State.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL	
	CONC	UNITS	MASS	UNITS	CONC	UNITS	MASS	UNITS	NO. OF SAMPLES			
<b>METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS AND HARDNESS</b>												
ANTIMONY					ND	mg/L				1	EPA 200.7	3.3
ARSENIC					ND	mg/L				1	EPA 200.7	5.9
BERYLLIUM					ND	mg/L				1	EPA 200.7	0.059
CADMIUM					ND	mg/L				1	EPA 200.7	0.65
CHROMIUM					ND	mg/L				1	EPA 200.7	1.1
COPPER					ND	mg/L				1	EPA 200.7	1.4
LEAD					ND	mg/L				1	EPA 200.7	1.6
MERCURY					ND	mg/L				1	EPA 245.1	0.093
NICKEL					ND	mg/L				1	EPA 200.7	3.1
SELENIUM					ND	mg/L				1	EPA 200.7	5.2
SILVER					ND	mg/L				1	EPA 200.7	1.4
THALLIUM					ND	mg/L				1	EPA 200.7	5.3
ZINC					ND	mg/L				1	EPA 200.7	3.5
CYANIDE					0.029	mg/L				1	SM4500 CN	0.0013
TOTAL PHENOLIC COMPOUNDS					ND	mg/L				1	EPA 420.1	0.0085
HARDNESS (as CaCO <sub>3</sub> )												

USE THIS SPACE (OR A SEPARATE SHEET) TO PROVIDE INFORMATION ON OTHER METALS REQUESTED BY THE PERMIT WRITER.


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**PART D - EXPANDED EFFLUENT TESTING DATA (CONTINUED)**

**40.1 EXPANDED EFFLUENT TESTING DATA (CONTINUED)**

Complete Once for Each Outfall Discharging Effluent to Waters of the State.

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL	
	CONC	UNITS	MASS	UNITS	CONC	UNITS	MASS	UNITS	NO. OF SAMPLES			
VOLATILE ORGANIC COMPOUNDS												
ACROLEIN					ND	ug/L				1	EPA 624 Low	83
ACRYLONITRILE					ND	ug/L				1	EPA 624 Low	0.41
BENZENE					ND	ug/L				1	EPA 624 Low	0.24
BROMOFORM					ND	ug/L				1	EPA 624 Low	0.050
CARBON TETRACHLORIDE					ND	ug/L				1	EPA 624 Low	0.060
CHLOROBENZENE					ND	ug/L				1	EPA 624 Low	0.060
CHLORODIBROMO-METHANE					ND	ug/L				1	EPA 624 Low	0.060
CHLOROETHANE					ND	ug/L				1	EPA 624 Low	0.070
2-CHLORO-ETHYL VINYL ETHER					ND	ug/L				1	EPA 624 Low	0.10
CHLOROFORM					ND	ug/L				1	EPA 624 Low	0.17
DICHLOROBROMO-METHANE					ND	ug/L				1	EPA 624 Low	0.050
1,1-DICHLORO-ETHANE					ND	ug/L				1	EPA 624 Low	0.060
1,2-DICHLORO-ETHANE					ND	ug/L				1	EPA 624 Low	0.040
TRANS-1,2-DICHLOROETHYLENE					ND	ug/L				1	EPA 624 Low	0.060
1,1-DICHLORO-ETHYLENE					ND	ug/L				1	EPA 624 Low	0.060
1,2-DICHLORO-PROPANE					ND	ug/L				1	EPA 624 Low	0.060
1,3-DICHLORO-PROPYLENE					ND	ug/L				1	EPA 624 Low	0.060
ETHYLBENZENE					ND	ug/L				1	EPA 624 Low	0.060
METHYL BROMIDE												
METHYL CHLORIDE												
METHYLENE CHLORIDE					ND	ug/L				1	EPA 624 Low	0.27
1,1,2,2-TETRACHLOROETHANE					ND	ug/L				1	EPA 624 Low	0.060
TETRACHLORO-ETHANE					ND	ug/L				1	EPA 624 Low	0.060
TOLUENE					ND	ug/L				1	EPA 624 Low	0.23
3,4-BENZO-FLUORANTHENE												
BENZO(GH) PHERYLENE					ND	ug/L				1	EPA 624 Low	2.3
BENZO(K) FLUORANTHENE					ND	ug/L				1	EPA 624 Low	3.2

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**PART D - EXPANDED EFFLUENT TESTING DATA (CONTINUED)**

**40.1 EXPANDED EFFLUENT TESTING DATA (CONTINUED)**

Complete Once for Each Outfall Discharging Effluent to Waters of the State.

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL	
	CONC	UNITS	MASS	UNITS	CONC	UNITS	MASS	UNITS	NO. OF SAMPLES			
BIS (2-CHLOROTHOXY) METHANE					ND	ug/l				1	EPA 624 Low	2.6
BIS (2-CHLOROETHYL) - ETHER					ND	ug/l				1	EPA 624 Low	2.2
BIS (2-ETHYLHEXYL) PHTHALATE					ND	ug/l				1	EPA 624 Low	2.7
4-BROMOPHENYL PHENYL ETHER					ND	ug/l				1	EPA 624 Low	2.2
BUTYL BENZYL PHTHALATE					ND	ug/l				1	EPA 624 Low	2.2
2-CHLORONAPHTHALENE					ND	ug/l				1	EPA 624 Low	1.8
4-CHLORPHENYL PHENYL ETHER					ND	ug/l				1	EPA 624 Low	1.6
CHRYSENE					ND	ug/l				1	EPA 624 Low	2.3
DI-N-BUTYL PHTHALATE					ND	ug/l				1	EPA 624 Low	2.3
DEBENZO (A,H) ANTHRACENE					ND	ug/l				1	EPA 624 Low	2.2
1,2-DICHLORO-BENZENE					ND	ug/l				1	EPA 624 Low	0.050
1,3-DICHLORO-BENZENE					ND	ug/l				1	EPA 624 Low	0.090
1,4-DICHLORO-BENZENE					ND	ug/l				1	EPA 624 Low	0.060
3,3-DICHLORO-BENZIDINE					ND	ug/l				1	EPA 624 Low	2.3
DIETHYL PHTHALATE					ND	ug/l				1	EPA 624 Low	1.9
DIMETHYL PHTHALATE					ND	ug/l				1	EPA 624 Low	2.0
2,4-DINITRO-TOLUENE					ND	ug/l				1	EPA 624 Low	2.0
2,6-DINITRO-TOLUENE					ND	ug/l				1	EPA 624 Low	1.8
1,2-DIPHENYL-HYDRAZINE					ND	ug/l				1	EPA 624 Low	2.2
1,1,1-TRICHLORO-ETHANE					ND	ug/l				1	EPA 624 Low	0.30
1,1,2-TRICHLORO-ETHANE					ND	ug/l				1	EPA 624 Low	0.090
TRICHLORETHYLENE					ND	ug/l				1	EPA 624 Low	0.070
VINYL CHLORIDE					ND	ug/l				1	EPA 624 Low	0.27

USE THIS SPACE (OR A SEPARATE SHEET) TO PROVIDE INFORMATION ON OTHER VOLATILE ORGANIC COMPOUNDS REQUESTED BY THE PERMIT WRITER




FACILITY NAME <b>Carthage WWT</b>	PERMIT NO. MO- <b>0039136</b>	OUTFALL NO. <b>001</b>
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**PART D – EXPANDED EFFLUENT TESTING DATA (CONTINUED)**

**40.1 EXPANDED EFFLUENT TESTING DATA (CONTINUED)**

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL	
	CONC	UNITS	MASS	UNITS	CONC	UNITS	MASS	UNITS	NO. OF SAMPLES			
<b>BASE-NEUTRAL COMPOUNDS</b>												
ACENAPHTHENE					ND	ug/L				1	EPA 625	1.8
ACENAPHTHYLENE					ND	ug/L				1	EPA 625	1.8
ANTHRACENE					ND	ug/L				1	EPA 625	2.0
BENZIDINE					ND	ug/L				1	EPA 625	1.8
BENZO(A)ANTHRACENE					ND	ug/L				1	EPA 625	2.1
BENZO(A)PYRENE					ND	ug/L				1	EPA 625	1.9
FLUORANTHENE					ND	ug/L				1	EPA 625	2.5
FLUORENE					ND	ug/L				1	EPA 625	2.0
HEXACHLOROBENZENE					ND	ug/L				1	EPA 625	2.1
HEXACHLOROCYCLO-PENTADIENE					ND	ug/L				1	EPA 625	2.4
HEXACHLOROETHANE					ND	ug/L				1	EPA 625	2.0
INDENO (1,2,3-CD) PYRENE					ND	ug/L				1	EPA 625	2.1
ISOPHORONE					ND	ug/L				1	EPA 625	2.1
NAPHTHALENE					ND	ug/L				1	EPA 625	2.1
NITROBENZENE					ND	ug/L				1	EPA 625	2.4
N-NITROSODI-PROPYLAMINE					ND	ug/L				1	EPA 625	2.1
N-NITROSODI-METHYLAMINE					ND	ug/L				1	EPA 625	1.8
N-NITROSODI-PHENYLAMINE					ND	ug/L				1	EPA 625	1.6
PHENANTHRENE					ND	ug/L				1	EPA 625	2.2
PYRENE					ND	ug/L				1	EPA 625	2.3
1,2,4-TRICHLOROBENZENE					ND	ug/L				1	EPA 625	1.9

USE THIS SPACE (OR SEPARATE SHEET) TO PROVIDE INFORMATION ON OTHER BASE-NEUTRAL COMPOUNDS REQUESTED BY THE PERMIT WRITER.


**END OF PART D**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.**

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**MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.**

FACILITY NAME <i>Carthage WWP</i>	PERMIT NO. MO- <i>0039136</i>	OUTFALL NO. <i>001</i>
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**PART E - TOXICITY TESTING DATA**

**50. TOXICITY TESTING DATA**

Refer to the Supplemental Application Information to determine whether Part E applies to the treatment works.

Publicly owned treatment works, or POTWS, meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points.

- A. POTWS with a design flow rate greater than or equal to 1 million gallons per day.
- B. POTWS with a pretreatment program (or those that are required to have one under 40 CFR Part 403).
- C. POTWS required by the permitting authority to submit data for these parameters
  - ◆ At a minimum, these results must include quarterly testing for a 12-month period within the past one year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute or chronic toxicity, depending on the range of receiving water dilution. Do not include information about combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
  - ◆ If EPA methods were not used, report the reason for using alternative methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E. If no biomonitoring data is required, do not complete Part E. Refer to the application overview for directions on which other sections of the form to complete.

50.1 REQUIRED TESTS. INDICATE THE NUMBER OF WHOLE EFFLUENT TOXICITY TESTS CONDUCTED IN THE PAST FOUR AND ONE-HALF YEARS.

CHRONIC	ACUTE
	<i>5 10</i>

INDIVIDUAL TEST DATA. Complete the following chart for the last three whole effluent toxicity tests. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	MOST RECENT	2 <sup>ND</sup> MOST RECENT	3 <sup>RD</sup> MOST RECENT
<b>A. TEST INFORMATION</b>			
TEST NUMBER	<i>6052748</i>	<i>6052748</i>	<i>6039301</i>
TEST SPECIES AND TEST METHOD NUMBER	<i>Ceriodaphnia</i>	<i>Daphnia</i>	<i>Ceriodaphnia</i>
AGE AT INITIATION OF TEST	<i>&lt;24 hrs</i>	<i>1-14 days</i>	<i>&lt;24 hrs</i>
OUTFALL NUMBER	<i>001</i>	<i>001</i>	<i>001</i>
DATES SAMPLE COLLECTED	<i>Jan 7-8, 2009</i>	<i>Jan 7-8, 2009</i>	<i>Jan 15-16, 2008</i>
DATE TEST STARTED	<i>Jan 14, 2009</i>	<i>Jan 14, 2009</i>	<i>Jan 16, 2008</i>
DURATION	<i>48 hrs</i>	<i>48 hrs</i>	<i>48 hrs</i>
<b>B. GIVE TOXICITY TEST METHODS FOLLOWED</b>			
MANUAL TITLE	<i>EPA 821-C-02-006</i>	<i>EPA 821-C-02-006</i>	<i>EPA 821-C-02-006</i>
EDITION NUMBER AND YEAR OF PUBLICATION			
PAGE NUMBER(S)			
<b>C. GIVE THE SAMPLE COLLECTION METHOD(S) USED. FOR MULTIPLE GRAB SAMPLES, INDICATE THE NUMBER OF GRAB SAMPLES USED.</b>			
24-HOUR COMPOSITE	<i>Composite</i>	<i>Composite</i>	<i>Composite</i>
GRAB			
<b>D. INDICATE WHERE THE SAMPLE WAS TAKEN IN RELATION TO DISINFECTION. (CHECK ALL THAT APPLY FOR EACH)</b>			
BEFORE DISINFECTION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
AFTER DISINFECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTER DECHLORINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. DESCRIBE THE POINT IN THE TREATMENT PROCESS AT WHICH THE SAMPLE WAS COLLECTED</b>			
SAMPLE WAS COLLECTED	<i>Effluent Channel</i>	<i>Effluent Channel</i>	<i>Effluent Channel</i>
<b>F. FOR EACH TEST, INCLUDE WHETHER THE TEST WAS INTENDED TO ASSESS CHRONIC TOXICITY, ACUTE TOXICITY OR BOTH.</b>			
CHRONIC TOXICITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACUTE TOXICITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>G. PROVIDE THE TYPE OF TEST PERFORMED</b>			
STATIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
STATIC STATIC-RENEWAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOW-THROUGH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>H. SOURCE OF DILUTION WATER. IF LABORATORY WATER, SPECIFY TYPE; IF RECEIVING WATER, SPECIFY SOURCE</b>			
LABORATORY WATER			
RECEIVING WATER	<i>Receiving</i>	<i>Receiving</i>	<i>Receiving</i>

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**PART E - TOXICITY TESTING DATA (CONTINUED)**

**50.1 WHOLE EFFLUENT TOXICITY TESTS DATA (CONTINUED)**

	MOST RECENT	2 <sup>ND</sup> MOST RECENT	3 <sup>RD</sup> MOST RECENT
I. TYPE OF DILUTION WATER, IF SALT WATER, SPECIFY "NATURAL" OR TYPE OF ARTIFICIAL SEA SALTS OR BRINE USED.			
FRESH WATER	<b>fresh</b>	<b>fresh</b>	<b>fresh</b>
SALT WATER			
J. GIVE THE PERCENTAGE EFFLUENT USED FOR ALL CONCENTRATIONS IN THE TEST SERIES.			
	<b>100</b>	<b>100</b>	<b>100</b>
K. PARAMETERS MEASURED DURING THE TEST. (STATE WHETHER PARAMETER MEETS TEST METHOD SPECIFICATIONS)			
pH	<b>Y</b>	<b>Y</b>	<b>Y</b>
SALINITY	<b>Y</b>	<b>Y</b>	<b>Y</b>
TEMPERATURE	<b>Y</b>	<b>Y</b>	<b>Y</b>
AMMONIA	<b>Y</b>	<b>Y</b>	<b>Y</b>
DISSOLVED OXYGEN	<b>Y</b>	<b>Y</b>	<b>Y</b>
L. TEST RESULTS			

**ACUTE:**

PERCENT IN SURVIVAL IN 100% EFFLUENT	<b>100</b>	<b>100</b>	<b>100</b>
LC <sub>50</sub>	<b>2.35 g/L NaCl</b>	<b>8.22 g/L NaCl</b>	<b>2.38 g/L NaCl</b>
95% C.I.			
CONTROL PERCENT SURVIVAL			
OTHER (DESCRIBE)			

**CHRONIC:**

NOEC			
IC <sub>25</sub>			
CONTROL PERCENT SURVIVAL			
OTHER (DESCRIBE)			

**M. QUALITY CONTROL ASSURANCE**

IS REFERENCE TOXICANT DATA AVAILABLE?	<b>Y</b>	<b>Y</b>	<b>Y</b>
WAS REFERENCE TOXICANT TEST WITHIN ACCEPTABLE BOUNDS?	<b>Y</b>	<b>Y</b>	<b>Y</b>
WHAT DATE WAS REFERENCED TOXICANT TEST RUN (MM/DD/YYYY)?			
OTHER (DESCRIBE)			

**50.2 TOXICITY REDUCTION EVALUATION**

Is the treatment works involved in a toxicity reduction evaluation?  Yes  No  
 If yes, describe:

**50.3 SUMMARY OF SUBMITTED BIOMONITORING TEST INFORMATION**

If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date Submitted (MM/DD/YYYY)

Summary of Results (See Instructions)

**END OF PART E**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.**

**MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.**

FACILITY NAME <b>Carthage WWTP</b>	PERMIT NO. MO- <b>0039136</b>	OUTFALL NO. <b>001</b>
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**PART E - TOXICITY TESTING DATA**

**50. TOXICITY TESTING DATA**

Refer to the Supplemental Application Information to determine whether Part E applies to the treatment works.

Publicly owned treatment works, or POTWS, meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points.

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- B. POTWS with a pretreatment program (or those that are required to have one under 40 CFR Part 403).
- C. POTWS required by the permitting authority to submit data for these parameters
  - ◆ At a minimum, these results must include quarterly testing for a 12-month period within the past one year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute or chronic toxicity, depending on the range of receiving water dilution. Do not include information about combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
  - ◆ If EPA methods were not used, report the reason for using alternative methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E. If no biomonitoring data is required, do not complete Part E. Refer to the application overview for directions on which other sections of the form to complete.

**50.1 REQUIRED TESTS. INDICATE THE NUMBER OF WHOLE EFFLUENT TOXICITY TESTS CONDUCTED IN THE PAST FOUR AND ONE-HALF YEARS.**

CHRONIC	ACUTE
	<b>5 10</b>

INDIVIDUAL TEST DATA. Complete the following chart for the last three whole effluent toxicity tests. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	MOST RECENT	2 <sup>ND</sup> MOST RECENT	3 <sup>RD</sup> MOST RECENT
<b>A. TEST INFORMATION</b>			
TEST NUMBER	<b>6034301</b>	<b>6017766</b>	<b>6017766</b>
TEST SPECIES AND TEST METHOD NUMBER	<b>Pimephales</b>	<b>Ceriodaphnia</b>	<b>Pimephales</b>
AGE AT INITIATION OF TEST	<b>1-14 days</b>	<b>24 hrs</b>	<b>1-14 days</b>
OUTFALL NUMBER	<b>001</b>	<b>001</b>	<b>001</b>
DATES SAMPLE COLLECTED	<b>Jan 15-16, 2008</b>	<b>Jan 9-10, 2007</b>	<b>Jan 9-10, 2007</b>
DATE TEST STARTED	<b>Jan 16, 2008</b>	<b>Jan 10, 2007</b>	<b>Jan 10, 2007</b>
DURATION	<b>48 hrs</b>	<b>48 hrs</b>	<b>48 hrs</b>
<b>B. GIVE TOXICITY TEST METHODS FOLLOWED</b>			
MANUAL TITLE	<b>EPA 821-C-02-006</b>	<b>EPA 821-C-02-006</b>	<b>EPA 821-C-02-006</b>
EDITION NUMBER AND YEAR OF PUBLICATION			
PAGE NUMBER(S)			
<b>C. GIVE THE SAMPLE COLLECTION METHOD(S) USED. FOR MULTIPLE GRAB SAMPLES, INDICATE THE NUMBER OF GRAB SAMPLES USED.</b>			
24-HOUR COMPOSITE	<b>24 hr comp</b>	<b>24 hrs comp</b>	<b>24 hr comp</b>
GRAB			
<b>D. INDICATE WHERE THE SAMPLE WAS TAKEN IN RELATION TO DISINFECTION. (CHECK ALL THAT APPLY FOR EACH)</b>			
BEFORE DISINFECTION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
AFTER DISINFECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTER DECHLORINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. DESCRIBE THE POINT IN THE TREATMENT PROCESS AT WHICH THE SAMPLE WAS COLLECTED</b>			
SAMPLE WAS COLLECTED	<b>effluent channel</b>	<b>effluent channel</b>	<b>effluent channel</b>
<b>F. FOR EACH TEST, INCLUDE WHETHER THE TEST WAS INTENDED TO ASSESS CHRONIC TOXICITY, ACUTE TOXICITY OR BOTH.</b>			
CHRONIC TOXICITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACUTE TOXICITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>G. PROVIDE THE TYPE OF TEST PERFORMED</b>			
STATIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
STATIC STATIC-RENEWAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOW-THROUGH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>H. SOURCE OF DILUTION WATER. IF LABORATORY WATER, SPECIFY TYPE; IF RECEIVING WATER, SPECIFY SOURCE</b>			
LABORATORY WATER			
RECEIVING WATER	<b>receiving stream</b>	<b>receiving stream</b>	<b>receiving stream</b>

MO 780-1805 (09-08)

FACILITY NAME <b>Carthage WWTP</b>	PERMIT NO. <b>MO- 0039136</b>	OUTFALL NO. <b>001</b>
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**PART E - TOXICITY TESTING DATA (CONTINUED)**

**50.1 WHOLE EFFLUENT TOXICITY TESTS DATA (CONTINUED)**

	MOST RECENT	2 <sup>ND</sup> MOST RECENT	3 <sup>RD</sup> MOST RECENT
<b>I. TYPE OF DILUTION WATER, IF SALT WATER, SPECIFY "NATURAL" OR TYPE OF ARTIFICIAL SEA SALTS OR BRINE USED.</b>			
FRESH WATER	<i>fresh</i>	<i>fresh</i>	<i>fresh</i>
SALT WATER			
<b>J. GIVE THE PERCENTAGE EFFLUENT USED FOR ALL CONCENTRATIONS IN THE TEST SERIES.</b>			
	<i>100</i>	<i>100</i>	<i>100</i>
<b>K. PARAMETERS MEASURED DURING THE TEST. (STATE WHETHER PARAMETER MEETS TEST METHOD SPECIFICATIONS)</b>			
pH	<i>Y</i>	<i>Y</i>	<i>Y</i>
SALINITY	<i>Y</i>	<i>Y</i>	<i>Y</i>
TEMPERATURE	<i>Y</i>	<i>Y</i>	<i>Y</i>
AMMONIA	<i>Y</i>	<i>Y</i>	<i>Y</i>
DISSOLVED OXYGEN	<i>Y</i>	<i>Y</i>	<i>Y</i>

**L. TEST RESULTS**

**ACUTE:**

PERCENT IN SURVIVAL IN 100% EFFLUENT			
LC <sub>50</sub>	<i>100</i>	<i>100</i>	<i>100</i>
95% C.I.	<i>8.31 g/L NaCl</i>	<i>2.36 g/L NaCl</i>	<i>8.61 g/L NaCl</i>
CONTROL PERCENT SURVIVAL			
OTHER (DESCRIBE)			

**CHRONIC:**

NOEC			
IC <sub>25</sub>			
CONTROL PERCENT SURVIVAL			
OTHER (DESCRIBE)			

**M. QUALITY CONTROL ASSURANCE**

IS REFERENCE TOXICANT DATA AVAILABLE?	<i>Y</i>	<i>Y</i>	<i>Y</i>
WAS REFERENCE TOXICANT TEST WITHIN ACCEPTABLE BOUNDS?	<i>Y</i>	<i>Y</i>	<i>Y</i>
WHAT DATE WAS REFERENCED TOXICANT TEST RUN (MM/DD/YYYY)?			
OTHER (DESCRIBE)			

**50.2 TOXICITY REDUCTION EVALUATION**

Is the treatment works involved in a toxicity reduction evaluation?  Yes  No

If yes, describe:

**50.3 SUMMARY OF SUBMITTED BIOMONITORING TEST INFORMATION**

If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date Submitted (MM/DD/YYYY)

Summary of Results (See Instructions)

**END OF PART E**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.**

**MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.**

FACILITY NAME <b>Carthage WWTP</b>	PERMIT NO. <b>MO- 0039136</b>	OUTFALL NO. <b>001</b>
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**PART E - TOXICITY TESTING DATA**

**50. TOXICITY TESTING DATA**

Refer to the Supplemental Application Information to determine whether Part E applies to the treatment works.

Publicly owned treatment works, or POTWS, meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points.

- A. POTWS with a design flow rate greater than or equal to 1 million gallons per day.
- B. POTWS with a pretreatment program (or those that are required to have one under 40 CFR Part 403).
- C. POTWS required by the permitting authority to submit data for these parameters
  - ◆ At a minimum, these results must include quarterly testing for a 12-month period within the past one year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute or chronic toxicity, depending on the range of receiving water dilution. Do not include information about combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
  - ◆ If EPA methods were not used, report the reason for using alternative methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E. If no biomonitoring data is required, do not complete Part E. Refer to the application overview for directions on which other sections of the form to complete.

50.1 REQUIRED TESTS. INDICATE THE NUMBER OF WHOLE EFFLUENT TOXICITY TESTS CONDUCTED IN THE PAST FOUR AND ONE-HALF YEARS.

CHRONIC	ACUTE
	<b>10</b>

INDIVIDUAL TEST DATA. Complete the following chart for the last three whole effluent toxicity tests. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	MOST RECENT	2 <sup>ND</sup> MOST RECENT	3 <sup>RD</sup> MOST RECENT
<b>A. TEST INFORMATION</b>			
TEST NUMBER	<b>603588</b>	<b>603588</b>	<b>6091053</b>
TEST SPECIES AND TEST METHOD NUMBER	<b>Ceriodaphnia</b>	<b>Pamaphel</b>	<b>Ceriodaphnia</b>
AGE AT INITIATION OF TEST	<b>&lt; 24 hrs</b>	<b>1-14 days</b>	<b>&lt; 24 hours</b>
OUTFALL NUMBER	<b>001</b>	<b>001</b>	<b>001</b>
DATES SAMPLE COLLECTED	<b>Jan 10-11, 2006</b>	<b>Jan 10-11, 2006</b>	<b>Jan 19-20, 2005</b>
DATE TEST STARTED	<b>Jan 11, 06</b>	<b>Jan 11, 06</b>	<b>Jan 22, 06</b>
DURATION	<b>48 hrs</b>	<b>48 hrs</b>	<b>48 hrs</b>
<b>B. GIVE TOXICITY TEST METHODS FOLLOWED</b>			
MANUAL TITLE	<b>EPA 821-C-02-006</b>	<b>EPA 821-C-02-006</b>	<b>EPA 821-C-02-006</b>
EDITION NUMBER AND YEAR OF PUBLICATION			
PAGE NUMBER(S)			
<b>C. GIVE THE SAMPLE COLLECTION METHOD(S) USED. FOR MULTIPLE GRAB SAMPLES, INDICATE THE NUMBER OF GRAB SAMPLES USED.</b>			
24-HOUR COMPOSITE	<b>24 hour Comp</b>	<b>24 hr Comp</b>	<b>24 hr Comp</b>
GRAB			
<b>D. INDICATE WHERE THE SAMPLE WAS TAKEN IN RELATION TO DISINFECTION. (CHECK ALL THAT APPLY FOR EACH)</b>			
BEFORE DISINFECTION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
AFTER DISINFECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTER DECHLORINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. DESCRIBE THE POINT IN THE TREATMENT PROCESS AT WHICH THE SAMPLE WAS COLLECTED</b>			
SAMPLE WAS COLLECTED	<b>effluent channel</b>	<b>effluent channel</b>	<b>effluent channel</b>
<b>F. FOR EACH TEST, INCLUDE WHETHER THE TEST WAS INTENDED TO ASSESS CHRONIC TOXICITY, ACUTE TOXICITY OR BOTH.</b>			
CHRONIC TOXICITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACUTE TOXICITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>G. PROVIDE THE TYPE OF TEST PERFORMED</b>			
STATIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
STATIC STATIC-RENEWAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOW-THROUGH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>H. SOURCE OF DILUTION WATER. IF LABORATORY WATER, SPECIFY TYPE; IF RECEIVING WATER, SPECIFY SOURCE</b>			
LABORATORY WATER			
RECEIVING WATER	<b>receiving stream</b>	<b>receiving stream</b>	<b>receiving stream</b>

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FACILITY NAME <b>Carthage WWTP</b>	PERMIT NO. <b>MO- 0039136</b>	OUTFALL NO. <b>001</b>
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**PART E - TOXICITY TESTING DATA (CONTINUED)**

**50.1 WHOLE EFFLUENT TOXICITY TESTS DATA (CONTINUED)**

	MOST RECENT	2 <sup>ND</sup> MOST RECENT	3 <sup>RD</sup> MOST RECENT
I. TYPE OF DILUTION WATER, IF SALT WATER, SPECIFY "NATURAL" OR TYPE OF ARTIFICIAL SEA SALTS OR BRINE USED.			
FRESH WATER	<b>fresh</b>	<b>fresh</b>	<b>fresh</b>
SALT WATER			

J. GIVE THE PERCENTAGE EFFLUENT USED FOR ALL CONCENTRATIONS IN THE TEST SERIES.	<b>100</b>	<b>100</b>	<b>100</b>

K. PARAMETERS MEASURED DURING THE TEST. (STATE WHETHER PARAMETER MEETS TEST METHOD SPECIFICATIONS)			
pH	<b>Y</b>	<b>Y</b>	<b>Y</b>
SALINITY	<b>Y</b>	<b>Y</b>	<b>Y</b>
TEMPERATURE	<b>Y</b>	<b>Y</b>	<b>Y</b>
AMMONIA	<b>Y</b>	<b>Y</b>	<b>Y</b>
DISSOLVED OXYGEN	<b>Y</b>	<b>Y</b>	<b>Y</b>

L. TEST RESULTS			
ACUTE:			
PERCENT IN SURVIVAL IN 100% EFFLUENT	<b>100</b>	<b>100</b>	<b>100</b>
LC <sub>50</sub>	<b>2.41 g/L NaCl</b>	<b>8.45 g/L NaCl</b>	<b>2.28 g/L NaCl</b>
95% C.I.			
CONTROL PERCENT SURVIVAL			
OTHER (DESCRIBE)			

CHRONIC:			
NOEC			
IC <sub>25</sub>			
CONTROL PERCENT SURVIVAL			
OTHER (DESCRIBE)			

M. QUALITY CONTROL ASSURANCE			
IS REFERENCE TOXICANT DATA AVAILABLE?	<b>Y</b>	<b>Y</b>	<b>Y</b>
WAS REFERENCE TOXICANT TEST WITHIN ACCEPTABLE BOUNDS?	<b>Y</b>	<b>Y</b>	<b>Y</b>
WHAT DATE WAS REFERENCED TOXICANT TEST RUN (MM/DD/YYYY)?			
OTHER (DESCRIBE)			

**50.2 TOXICITY REDUCTION EVALUATION**

Is the treatment works involved in a toxicity reduction evaluation?  Yes  No

If yes, describe:

**50.3 SUMMARY OF SUBMITTED BIOMONITORING TEST INFORMATION**

If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date Submitted (MM/DD/YYYY)

Summary of Results (See Instructions)

**END OF PART E**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.**

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.			
FACILITY NAME <i>Carthage WWTP</i>	PERMIT NO. MO- <i>0039136</i>	OUTFALL NO. <i>001</i>	
<b>PART E - TOXICITY TESTING DATA</b>			
<b>50. TOXICITY TESTING DATA</b>			
Refer to the Supplemental Application Information to determine whether Part E applies to the treatment works.			
Publicly owned treatment works, or POTWS, meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points.			
A. POTWS with a design flow rate greater than or equal to 1 million gallons per day. B. POTWS with a pretreatment program (or those that are required to have one under 40 CFR Part 403). C. POTWS required by the permitting authority to submit data for these parameters <ul style="list-style-type: none"> <li>◆ At a minimum, these results must include quarterly testing for a 12-month period within the past one year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute or chronic toxicity, depending on the range of receiving water dilution. Do not include information about combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.</li> <li>◆ If EPA methods were not used, report the reason for using alternative methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E. If no biomonitoring data is required, do not complete Part E. Refer to the application overview for directions on which other sections of the form to complete.</li> </ul>			
50.1 REQUIRED TESTS. INDICATE THE NUMBER OF WHOLE EFFLUENT TOXICITY TESTS CONDUCTED IN THE PAST FOUR AND ONE-HALF YEARS.			
CHRONIC	ACUTE <i>10</i>		
INDIVIDUAL TEST DATA. Complete the following chart for the last three whole effluent toxicity tests. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.			
	MOST RECENT	2 <sup>ND</sup> MOST RECENT	3 <sup>RD</sup> MOST RECENT
<b>A. TEST INFORMATION</b>			
TEST NUMBER	<i>6091053</i>		
TEST SPECIES AND TEST METHOD NUMBER	<i>Pimaphelus</i>		
AGE AT INITIATION OF TEST	<i>1-14 days</i>		
OUTFALL NUMBER	<i>001</i>		
DATES SAMPLE COLLECTED	<i>Jan 19-20, 2005</i>		
DATE TEST STARTED	<i>Jan 22, 2005</i>		
DURATION	<i>48 hrs</i>		
<b>B. GIVE TOXICITY TEST METHODS FOLLOWED</b>			
MANUAL TITLE	<i>EP821-C-02-006</i>		
EDITION NUMBER AND YEAR OF PUBLICATION			
PAGE NUMBER(S)			
<b>C. GIVE THE SAMPLE COLLECTION METHOD(S) USED. FOR MULTIPLE GRAB SAMPLES, INDICATE THE NUMBER OF GRAB SAMPLES USED.</b>			
24-HOUR COMPOSITE	<i>Composite</i>		
GRAB			
<b>D. INDICATE WHERE THE SAMPLE WAS TAKEN IN RELATION TO DISINFECTION. (CHECK ALL THAT APPLY FOR EACH)</b>			
BEFORE DISINFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTER DISINFECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTER DECHLORINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. DESCRIBE THE POINT IN THE TREATMENT PROCESS AT WHICH THE SAMPLE WAS COLLECTED</b>			
SAMPLE WAS COLLECTED	<i>effluent channel</i>		
<b>F. FOR EACH TEST, INCLUDE WHETHER THE TEST WAS INTENDED TO ASSESS CHRONIC TOXICITY, ACUTE TOXICITY OR BOTH.</b>			
CHRONIC TOXICITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACUTE TOXICITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. PROVIDE THE TYPE OF TEST PERFORMED</b>			
STATIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATIC STATIC-RENEWAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOW-THROUGH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>H. SOURCE OF DILUTION WATER. IF LABORATORY WATER, SPECIFY TYPE; IF RECEIVING WATER, SPECIFY SOURCE</b>			
LABORATORY WATER			
RECEIVING WATER	<i>receiving stream</i>		

MO 780-1805 (09-08)

FACILITY NAME <b>Carthage WWTP</b>	PERMIT NO. <b>MO- 0039136</b>	OUTFALL NO. <b>001</b>	
<b>PART E - TOXICITY TESTING DATA (CONTINUED)</b>			
<b>50.1 WHOLE EFFLUENT TOXICITY TESTS DATA (CONTINUED)</b>			
	<b>MOST RECENT</b>	<b>2<sup>ND</sup> MOST RECENT</b>	<b>3<sup>RD</sup> MOST RECENT</b>
<b>I. TYPE OF DILUTION WATER, IF SALT WATER, SPECIFY "NATURAL" OR TYPE OF ARTIFICIAL SEA SALTS OR BRINE USED.</b>			
FRESH WATER	<b>fresh</b>		
SALT WATER			
<b>J. GIVE THE PERCENTAGE EFFLUENT USED FOR ALL CONCENTRATIONS IN THE TEST SERIES.</b>			
	<b>100</b>		
<b>K. PARAMETERS MEASURED DURING THE TEST. (STATE WHETHER PARAMETER MEETS TEST METHOD SPECIFICATIONS)</b>			
pH	<b>Y</b>		
SALINITY	<b>Y</b>		
TEMPERATURE	<b>Y</b>		
AMMONIA	<b>Y</b>		
DISSOLVED OXYGEN	<b>Y</b>		
<b>L. TEST RESULTS</b>			
<b>ACUTE:</b>			
PERCENT IN SURVIVAL IN 100% EFFLUENT	<b>100</b>		
LC <sub>50</sub>	<b>8.64 g/L NaCl</b>		
95% C.I.			
CONTROL PERCENT SURVIVAL			
OTHER (DESCRIBE)			
<b>CHRONIC:</b>			
NOEC			
IC <sub>25</sub>			
CONTROL PERCENT SURVIVAL			
OTHER (DESCRIBE)			
<b>M. QUALITY CONTROL ASSURANCE</b>			
IS REFERENCE TOXICANT DATA AVAILABLE?	<b>Y</b>		
WAS REFERENCE TOXICANT TEST WITHIN ACCEPTABLE BOUNDS?	<b>Y</b>		
WHAT DATE WAS REFERENCED TOXICANT TEST RUN (MM/DD/YYYY)?			
OTHER (DESCRIBE)			
<b>50.2 TOXICITY REDUCTION EVALUATION</b>			
Is the treatment works involved in a toxicity reduction evaluation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, describe:			
<b>50.3 SUMMARY OF SUBMITTED BIOMONITORING TEST INFORMATION</b>			
If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.			
Date Submitted (MM/DD/YYYY)			
Summary of Results (See Instructions)			
<b>END OF PART E</b>			
<b>REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.</b>			

**MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.**

FACILITY NAME <i>Carthage Water &amp; Electric</i>	PERMIT NO. <i>MO- 0039136</i>	OUTFALL NO. <i>001</i>
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**PART F - INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

**15.00 INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

ALL TREATMENT WORKS RECEIVING DISCHARGES FROM SIGNIFICANT INDUSTRIAL USERS OR WHICH RECEIVE RCRA, CERCLA, OR OTHER REMEDIAL WASTES MUST COMPLETE THIS FORM.

**GENERAL INFORMATION**

**15.05 PRETREATMENT PROGRAM**

DOES THE TREATMENT WORKS HAVE, OR IS IT SUBJECT TO, AN APPROVED PRETREATMENT PROGRAM?

YES  NO

**15.10 NUMBER OF SIGNIFICANT INDUSTRIAL USERS (SIUs) AND CATEGORICAL INDUSTRIAL USERS (CIUs). PROVIDE THE NUMBER OF EACH OF THE FOLLOWING TYPES OF INDUSTRIAL USERS THAT DISCHARGE TO THE TREATMENT WORKS.**

A. NUMBER OF NON-CATEGORICAL SIUs <i>4</i>	B. NUMBER OF CIUs <i>2</i>
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**15.15 SIGNIFICANT INDUSTRIAL USER INFORMATION**

SUPPLY THE FOLLOWING INFORMATION FOR EACH SIU. IF MORE THAN ONE SIU DISCHARGES TO THE TREATMENT WORKS, PROVIDE THE INFORMATION REQUESTED FOR EACH. SIGNIFICANT INDUSTRIAL USER INFORMATION. PROVIDE THE NAME AND ADDRESS OF EACH SIU DISCHARGING TO THE TREATMENT WORKS. SUBMIT ADDITIONAL PAGES AS NECESSARY.

NAME *Schreiber Foods Distribution Center*

MAILING ADDRESS *1112 West Fairview, Carthage, MO 64836*

**15.20 INDUSTRIAL PROCESSES**

DESCRIBE ALL OF THE INDUSTRIAL PROCESSES THAT AFFECT OR CONTRIBUTE TO THE SIU'S DISCHARGE.

*Grinding, cooking, wrapping*

**15.25 PRINCIPAL PRODUCT(S) AND RAW MATERIAL(S)**

DESCRIBE ALL OF THE PRINCIPAL PROCESSES AND RAW MATERIALS THAT AFFECT OR CONTRIBUTE TO THE SIU'S DISCHARGE.

PRINCIPAL PRODUCT(S)  
*Pressed Cheese*

RAW MATERIAL(S)  
*Cheese*

**15.30 FLOW RATE**

A. PROCESS WASTEWATER FLOW RATE. INDICATE THE AVERAGE DAILY VOLUME OF PROCESS WASTEWATER DISCHARGED INTO THE COLLECTION SYSTEM IN GALLONS PER DAY (gpd) AND WHETHER THE DISCHARGE IS CONTINUOUS OR INTERMITTENT.

*40000* gpd  CONTINUOUS  INTERMITTENT

B. NON-PROCESS WASTEWATER FLOW RATE. INDICATE THE AVERAGE DAILY VOLUME OF NON-PROCESS WASTEWATER DISCHARGED INTO THE COLLECTION SYSTEM IN GALLONS PER DAY (gpd) AND WHETHER THE DISCHARGE IS CONTINUOUS OR INTERMITTENT.

*8000* gpd  CONTINUOUS  INTERMITTENT

**15.35 PRETREATMENT STANDARDS**

INDICATE WHETHER THE SIU IS SUBJECT TO THE FOLLOWING

A. LOCAL LIMITS  YES  NO

B. CATEGORICAL PRETREATMENT STANDARDS  YES  NO

IF SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS, WHICH CATEGORY AND SUBCATEGORY?

**15.40 PROBLEMS AT THE TREATMENT WORKS ATTRIBUTED TO WASTE DISCHARGED BY THE SIU**

HAS THE SIU CAUSED OR CONTRIBUTED TO ANY PROBLEMS (E.G., UPSETS, INTERFERENCE) AT THE TREATMENT WORKS IN THE PAST THREE YEARS?

YES  NO

IF YES, DESCRIBE EACH EPISODE \_\_\_\_\_

**15.45 RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE**

RCRA WASTE. DOES THE TREATMENT WORKS RECEIVE OR HAS IT IN THE PAST THREE YEARS RECEIVED RCRA HAZARDOUS WASTE BY TRUCK, RAIL, OR DEDICATED PIPE?

YES  NO

WASTE TRANSPORT. METHOD BY WHICH RCRA WASTE IS RECEIVED (CHECK ALL THAT APPLY)

TRUCK  RAIL  DEDICATED PIPE

WASTE DESCRIPTION. GIVE EPA HAZARDOUS WASTE NUMBER AND AMOUNT (VOLUME OR MASS, SPECIFY UNITS).

EPA HAZARDOUS WASTE NUMBER	AMOUNT	UNITS

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.

FACILITY NAME

Carthage WWTP

PERMIT NO.

MO- 0039136

OUTFALL NO.

051

**PART F – INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES (CONTINUED)**

15.50 CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER

REMEDIAL WASTE. DOES THE TREATMENT WORKS CURRENTLY (OR HAS IT BEEN NOTIFIED THAT IT WILL) RECEIVE WASTE FROM REMEDIAL ACTIVITIES?

YES  NO PROVIDE A LIST OF SITES AND THE REQUESTED INFORMATION FOR EACH CURRENT AND FUTURE SITE.

15.55 WASTE ORIGIN

DESCRIBE THE SITE AND TYPE OF FACILITY AT WHICH THE CERCLA/RCRA/OR OTHER REMEDIAL WASTE ORIGINATES (OR IS EXPECTED TO ORIGINATE IN THE NEXT FIVE YEARS).

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\_\_\_\_\_  
\_\_\_\_\_

15.60 POLLUTANTS

LIST THE HAZARDOUS CONSTITUENTS THAT ARE RECEIVED (OR ARE EXPECTED TO BE RECEIVED). INCLUDE DATA ON VOLUME AND CONCENTRATION, IF KNOWN. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

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\_\_\_\_\_  
\_\_\_\_\_

15.65 WASTE TREATMENT

A. IS THIS WASTE TREATED (OR WILL IT BE TREATED) PRIOR TO ENTERING THE TREATMENT WORKS?

YES  NO

IF YES, DESCRIBE THE TREATMENT (PROVIDE INFORMATION ABOUT THE REMOVAL EFFICIENCY):

New Dissolved Air Flootation unit installed in March 2009.

B. IS THE DISCHARGE (OR WILL THE DISCHARGE BE) CONTINUOUS OR INTERMITTENT?

CONTINUOUS  INTERMITTENT

IF INTERMITTENT, DESCRIBE DISCHARGE SCHEDULE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.

FACILITY NAME <i>Carthage Water &amp; Electric</i>	PERMIT NO. MO- <i>0039136</i>	OUTFALL NO. <i>001</i>
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PART F - INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

15.00 INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

ALL TREATMENT WORKS RECEIVING DISCHARGES FROM SIGNIFICANT INDUSTRIAL USERS OR WHICH RECEIVE RCRA, CERCLA, OR OTHER REMEDIAL WASTES MUST COMPLETE THIS FORM.

GENERAL INFORMATION

15.05 PRETREATMENT PROGRAM

DOES THE TREATMENT WORKS HAVE, OR IS IT SUBJECT TO, AN APPROVED PRETREATMENT PROGRAM?

YES  NO

15.10 NUMBER OF SIGNIFICANT INDUSTRIAL USERS (SIUs) AND CATEGORICAL INDUSTRIAL USERS (CIUs). PROVIDE THE NUMBER OF EACH OF THE FOLLOWING TYPES OF INDUSTRIAL USERS THAT DISCHARGE TO THE TREATMENT WORKS.

A. NUMBER OF NON-CATEGORICAL SIUs <i>4</i>	B. NUMBER OF CIUs <i>2</i>
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15.15 SIGNIFICANT INDUSTRIAL USER INFORMATION

SUPPLY THE FOLLOWING INFORMATION FOR EACH SIU. IF MORE THAN ONE SIU DISCHARGES TO THE TREATMENT WORKS, PROVIDE THE INFORMATION REQUESTED FOR EACH SIGNIFICANT INDUSTRIAL USER INFORMATION. PROVIDE THE NAME AND ADDRESS OF EACH SIU DISCHARGING TO THE TREATMENT WORKS. SUBMIT ADDITIONAL PAGES AS NECESSARY.

NAME *Schreiber Foods*

MAILING ADDRESS *P.O. Box 557, Carthage, MO 64836*

15.20 INDUSTRIAL PROCESSES

DESCRIBE ALL OF THE INDUSTRIAL PROCESSES THAT AFFECT OR CONTRIBUTE TO THE SIU'S DISCHARGE.

*Cut & Wrap, Process, and Cooking*

15.25 PRINCIPAL PRODUCT(S) AND RAW MATERIAL(S)

DESCRIBE ALL OF THE PRINCIPAL PROCESSES AND RAW MATERIALS THAT AFFECT OR CONTRIBUTE TO THE SIU'S DISCHARGE.

PRINCIPAL PRODUCT(S) *Processed and Natural Cheese*

RAW MATERIAL(S) *Cheese and Ingredients*

15.30 FLOW RATE

A. PROCESS WASTEWATER FLOW RATE. INDICATE THE AVERAGE DAILY VOLUME OF PROCESS WASTEWATER DISCHARGED INTO THE COLLECTION SYSTEM IN GALLONS PER DAY (gpd) AND WHETHER THE DISCHARGE IS CONTINUOUS OR INTERMITTENT.

*30646* gpd  CONTINUOUS  INTERMITTENT

B. NON-PROCESS WASTEWATER FLOW RATE. INDICATE THE AVERAGE DAILY VOLUME OF NON-PROCESS WASTEWATER DISCHARGED INTO THE COLLECTION SYSTEM IN GALLONS PER DAY (gpd) AND WHETHER THE DISCHARGE IS CONTINUOUS OR INTERMITTENT.

*81612* gpd  CONTINUOUS  INTERMITTENT

15.35 PRETREATMENT STANDARDS

INDICATE WHETHER THE SIU IS SUBJECT TO THE FOLLOWING

A. LOCAL LIMITS  YES  NO

B. CATEGORICAL PRETREATMENT STANDARDS  YES  NO

IF SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS, WHICH CATEGORY AND SUBCATEGORY?

15.40 PROBLEMS AT THE TREATMENT WORKS ATTRIBUTED TO WASTE DISCHARGED BY THE SIU

HAS THE SIU CAUSED OR CONTRIBUTED TO ANY PROBLEMS (E.G., UPSETS, INTERFERENCE) AT THE TREATMENT WORKS IN THE PAST THREE YEARS?

YES  NO

IF YES, DESCRIBE EACH EPISODE \_\_\_\_\_

15.45 RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE

RCRA WASTE. DOES THE TREATMENT WORKS RECEIVE OR HAS IT IN THE PAST THREE YEARS RECEIVED RCRA HAZARDOUS WASTE BY TRUCK, RAIL, OR DEDICATED PIPE?

YES  NO

WASTE TRANSPORT METHOD BY WHICH RCRA WASTE IS RECEIVED (CHECK ALL THAT APPLY)

TRUCK  RAIL  DEDICATED PIPE

WASTE DESCRIPTION. GIVE EPA HAZARDOUS WASTE NUMBER AND AMOUNT (VOLUME OR MASS, SPECIFY UNITS).

EPA HAZARDOUS WASTE NUMBER	AMOUNT	UNITS

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.

FACILITY NAME

Carthage WWTP

PERMIT NO.

MO- 0039136

OUTFALL NO.

001

**PART F – INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES (CONTINUED)**

15.50 CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER

REMEDIAL WASTE. DOES THE TREATMENT WORKS CURRENTLY (OR HAS IT BEEN NOTIFIED THAT IT WILL) RECEIVE WASTE FROM REMEDIAL ACTIVITIES?

YES  NO PROVIDE A LIST OF SITES AND THE REQUESTED INFORMATION FOR EACH CURRENT AND FUTURE SITE.

15.55 WASTE ORIGIN

DESCRIBE THE SITE AND TYPE OF FACILITY AT WHICH THE CERCLA/RCRA/OR OTHER REMEDIAL WASTE ORIGINATES (OR IS EXPECTED TO ORIGINATE IN THE NEXT FIVE YEARS).

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15.60 POLLUTANTS

LIST THE HAZARDOUS CONSTITUENTS THAT ARE RECEIVED (OR ARE EXPECTED TO BE RECEIVED). INCLUDE DATA ON VOLUME AND CONCENTRATION, IF KNOWN. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

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15.65 WASTE TREATMENT

A. IS THIS WASTE TREATED (OR WILL IT BE TREATED) PRIOR TO ENTERING THE TREATMENT WORKS?

YES  NO

IF YES, DESCRIBE THE TREATMENT (PROVIDE INFORMATION ABOUT THE REMOVAL EFFICIENCY):

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B. IS THE DISCHARGE (OR WILL THE DISCHARGE BE) CONTINUOUS OR INTERMITTENT?

CONTINUOUS  INTERMITTENT

IF INTERMITTENT, DESCRIBE DISCHARGE SCHEDULE.

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END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.

FACILITY NAME <b>Carthage Water &amp; Electric</b>	PERMIT NO. <b>MO- 0039136</b>	OUTFALL NO. <b>001</b>
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**PART F - INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

**15.00 INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

ALL TREATMENT WORKS RECEIVING DISCHARGES FROM SIGNIFICANT INDUSTRIAL USERS OR WHICH RECEIVE RCRA, CERCLA, OR OTHER REMEDIAL WASTES MUST COMPLETE THIS FORM.

**GENERAL INFORMATION**

**15.05 PRETREATMENT PROGRAM**

DOES THE TREATMENT WORKS HAVE, OR IS IT SUBJECT TO, AN APPROVED PRETREATMENT PROGRAM?

YES  NO

**15.10 NUMBER OF SIGNIFICANT INDUSTRIAL USERS (SIUs) AND CATEGORICAL INDUSTRIAL USERS (CIUs). PROVIDE THE NUMBER OF EACH OF THE FOLLOWING TYPES OF INDUSTRIAL USERS THAT DISCHARGE TO THE TREATMENT WORKS.**

A. NUMBER OF NON-CATEGORICAL SIUs <b>4</b>	B. NUMBER OF CIUs <b>2</b>
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**15.15 SIGNIFICANT INDUSTRIAL USER INFORMATION**

SUPPLY THE FOLLOWING INFORMATION FOR EACH SIU. IF MORE THAN ONE SIU DISCHARGES TO THE TREATMENT WORKS, PROVIDE THE INFORMATION REQUESTED FOR EACH SIGNIFICANT INDUSTRIAL USER INFORMATION. PROVIDE THE NAME AND ADDRESS OF EACH SIU DISCHARGING TO THE TREATMENT WORKS. SUBMIT ADDITIONAL PAGES AS NECESSARY.

NAME  
**Renewable Environmental Solutions**

MAILING ADDRESS  
**530 North Main, Carthage, MO 64836**

**15.20 INDUSTRIAL PROCESSES**

DESCRIBE ALL OF THE INDUSTRIAL PROCESSES THAT AFFECT OR CONTRIBUTE TO THE SIU'S DISCHARGE.

**Grinding, Heating, Separation, Final Cleanup**

**15.25 PRINCIPAL PRODUCT(S) AND RAW MATERIAL(S)**

~~Renewable Oils, Fuels, & Fertilizer~~

DESCRIBE ALL OF THE PRINCIPAL PROCESSES AND RAW MATERIALS THAT AFFECT OR CONTRIBUTE TO THE SIU'S DISCHARGE.

**PRINCIPAL PRODUCT(S)**

**Renewable Oils, Fuels, and Fertilizer**

**RAW MATERIAL(S)**

**Offal (Turkey), Grease, Blood, Sludge**

**15.30 FLOW RATE**

A. PROCESS WASTEWATER FLOW RATE. INDICATE THE AVERAGE DAILY VOLUME OF PROCESS WASTEWATER DISCHARGED INTO THE COLLECTION SYSTEM IN GALLONS PER DAY (gpd) AND WHETHER THE DISCHARGE IS CONTINUOUS OR INTERMITTENT.

**39696** gpd  CONTINUOUS  INTERMITTENT

B. NON-PROCESS WASTEWATER FLOW RATE. INDICATE THE AVERAGE DAILY VOLUME OF NON-PROCESS WASTEWATER DISCHARGED INTO THE COLLECTION SYSTEM IN GALLONS PER DAY (gpd) AND WHETHER THE DISCHARGE IS CONTINUOUS OR INTERMITTENT.

**3500** gpd  CONTINUOUS  INTERMITTENT

**15.35 PRETREATMENT STANDARDS**

INDICATE WHETHER THE SIU IS SUBJECT TO THE FOLLOWING

A. LOCAL LIMITS  YES  NO

B. CATEGORICAL PRETREATMENT STANDARDS  YES  NO

IF SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS, WHICH CATEGORY AND SUBCATEGORY?

**15.40 PROBLEMS AT THE TREATMENT WORKS ATTRIBUTED TO WASTE DISCHARGED BY THE SIU**

HAS THE SIU CAUSED OR CONTRIBUTED TO ANY PROBLEMS (E.G., UPSETS, INTERFERENCE) AT THE TREATMENT WORKS IN THE PAST THREE YEARS?

YES  NO

IF YES, DESCRIBE EACH EPISODE \_\_\_\_\_

**15.45 RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE**

RCRA WASTE. DOES THE TREATMENT WORKS RECEIVE OR HAS IT IN THE PAST THREE YEARS RECEIVED RCRA HAZARDOUS WASTE BY TRUCK, RAIL, OR DEDICATED PIPE?

YES  NO

WASTE TRANSPORT METHOD BY WHICH RCRA WASTE IS RECEIVED (CHECK ALL THAT APPLY)

TRUCK  RAIL  DEDICATED PIPE

WASTE DESCRIPTION. GIVE EPA HAZARDOUS WASTE NUMBER AND AMOUNT (VOLUME OR MASS, SPECIFY UNITS).

EPA HAZARDOUS WASTE NUMBER	AMOUNT	UNITS

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.

FACILITY NAME

Carthage WWTP

PERMIT NO.

MO- 0039136

OUTFALL NO.

001

**PART F – INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES (CONTINUED)**

15.50 CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER

REMEDIAL WASTE. DOES THE TREATMENT WORKS CURRENTLY (OR HAS IT BEEN NOTIFIED THAT IT WILL) RECEIVE WASTE FROM REMEDIAL ACTIVITIES?

YES  NO PROVIDE A LIST OF SITES AND THE REQUESTED INFORMATION FOR EACH CURRENT AND FUTURE SITE.

15.55 WASTE ORIGIN

DESCRIBE THE SITE AND TYPE OF FACILITY AT WHICH THE CERCLA/RCRA/OR OTHER REMEDIAL WASTE ORIGINATES (OR IS EXPECTED TO ORIGINATE IN THE NEXT FIVE YEARS).

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15.60 POLLUTANTS

LIST THE HAZARDOUS CONSTITUENTS THAT ARE RECEIVED (OR ARE EXPECTED TO BE RECEIVED). INCLUDE DATA ON VOLUME AND CONCENTRATION, IF KNOWN. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

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15.65 WASTE TREATMENT

A. IS THIS WASTE TREATED (OR WILL IT BE TREATED) PRIOR TO ENTERING THE TREATMENT WORKS?

YES  NO

IF YES, DESCRIBE THE TREATMENT (PROVIDE INFORMATION ABOUT THE REMOVAL EFFICIENCY):

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B. IS THE DISCHARGE (OR WILL THE DISCHARGE BE) CONTINUOUS OR INTERMITTENT?

CONTINUOUS  INTERMITTENT

IF INTERMITTENT, DESCRIBE DISCHARGE SCHEDULE.

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END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.

FACILITY NAME

Carthage Water Electric

PERMIT NO.

MO-0039136

OUTFALL NO.

001

PART F - INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

15.00 INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

ALL TREATMENT WORKS RECEIVING DISCHARGES FROM SIGNIFICANT INDUSTRIAL USERS OR WHICH RECEIVE RCRA, CERCLA, OR OTHER REMEDIAL WASTES MUST COMPLETE THIS FORM.

GENERAL INFORMATION

15.05 PRETREATMENT PROGRAM

DOES THE TREATMENT WORKS HAVE, OR IS IT SUBJECT TO, AN APPROVED PRETREATMENT PROGRAM?

YES  NO

15.10 NUMBER OF SIGNIFICANT INDUSTRIAL USERS (SIUs) AND CATEGORICAL INDUSTRIAL USERS (CIUs). PROVIDE THE NUMBER OF EACH OF THE FOLLOWING TYPES OF INDUSTRIAL USERS THAT DISCHARGE TO THE TREATMENT WORKS.

A. NUMBER OF NON-CATEGORICAL SIUs

4

B. NUMBER OF CIUs

2

15.15 SIGNIFICANT INDUSTRIAL USER INFORMATION

SUPPLY THE FOLLOWING INFORMATION FOR EACH SIU. IF MORE THAN ONE SIU DISCHARGES TO THE TREATMENT WORKS, PROVIDE THE INFORMATION REQUESTED FOR EACH SIGNIFICANT INDUSTRIAL USER INFORMATION. PROVIDE THE NAME AND ADDRESS OF EACH SIU DISCHARGING TO THE TREATMENT WORKS. SUBMIT ADDITIONAL PAGES AS NECESSARY.

NAME

Butterball, LLC

MAILING ADDRESS

P.O. Box 697, Carthage, MO 64836

15.20 INDUSTRIAL PROCESSES

DESCRIBE ALL OF THE INDUSTRIAL PROCESSES THAT AFFECT OR CONTRIBUTE TO THE SIU'S DISCHARGE.

Turkey Processing including kill, Deblood, evisceration, chilling, deboning, packaging

15.25 PRINCIPAL PRODUCT(S) AND RAW MATERIAL(S)

DESCRIBE ALL OF THE PRINCIPAL PROCESSES AND RAW MATERIALS THAT AFFECT OR CONTRIBUTE TO THE SIU'S DISCHARGE.

PRINCIPAL PRODUCT(S)

Packaged Turkey

RAW MATERIAL(S)

Live Turkey

15.30 FLOW RATE

A. PROCESS WASTEWATER FLOW RATE. INDICATE THE AVERAGE DAILY VOLUME OF PROCESS WASTEWATER DISCHARGED INTO THE COLLECTION SYSTEM IN GALLONS PER DAY (gpd) AND WHETHER THE DISCHARGE IS CONTINUOUS OR INTERMITTENT.

788,279 gpd  CONTINUOUS  INTERMITTENT

B. NON-PROCESS WASTEWATER FLOW RATE. INDICATE THE AVERAGE DAILY VOLUME OF NON-PROCESS WASTEWATER DISCHARGED INTO THE COLLECTION SYSTEM IN GALLONS PER DAY (gpd) AND WHETHER THE DISCHARGE IS CONTINUOUS OR INTERMITTENT.

57,250 gpd  CONTINUOUS  INTERMITTENT

15.35 PRETREATMENT STANDARDS

INDICATE WHETHER THE SIU IS SUBJECT TO THE FOLLOWING

A. LOCAL LIMITS  YES  NO

B. CATEGORICAL PRETREATMENT STANDARDS  YES  NO

IF SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS, WHICH CATEGORY AND SUBCATEGORY?

15.40 PROBLEMS AT THE TREATMENT WORKS ATTRIBUTED TO WASTE DISCHARGED BY THE SIU

HAS THE SIU CAUSED OR CONTRIBUTED TO ANY PROBLEMS (E.G., UPSETS, INTERFERENCE) AT THE TREATMENT WORKS IN THE PAST THREE YEARS?

YES  NO

IF YES, DESCRIBE EACH EPISODE

15.45 RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE

RCRA WASTE. DOES THE TREATMENT WORKS RECEIVE OR HAS IT IN THE PAST THREE YEARS RECEIVED RCRA HAZARDOUS WASTE BY TRUCK, RAIL, OR DEDICATED PIPE?

YES  NO

WASTE TRANSPORT METHOD BY WHICH RCRA WASTE IS RECEIVED (CHECK ALL THAT APPLY)

TRUCK  RAIL  DEDICATED PIPE

WASTE DESCRIPTION. GIVE EPA HAZARDOUS WASTE NUMBER AND AMOUNT (VOLUME OR MASS, SPECIFY UNITS).

EPA HAZARDOUS WASTE NUMBER	AMOUNT	UNITS

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.

FACILITY NAME <i>Carthage WWTP</i>	PERMIT NO. <i>MO- 0079136</i>	OUTFALL NO. <i>001</i>
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**PART F - INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES (CONTINUED)**

15.50 CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER

REMEDIAL WASTE. DOES THE TREATMENT WORKS CURRENTLY (OR HAS IT BEEN NOTIFIED THAT IT WILL) RECEIVE WASTE FROM REMEDIAL ACTIVITIES?

YES  NO PROVIDE A LIST OF SITES AND THE REQUESTED INFORMATION FOR EACH CURRENT AND FUTURE SITE.

15.55 WASTE ORIGIN

DESCRIBE THE SITE AND TYPE OF FACILITY AT WHICH THE CERCLA/RCRA/OR OTHER REMEDIAL WASTE ORIGINATES (OR IS EXPECTED TO ORIGINATE IN THE NEXT FIVE YEARS).

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15.60 POLLUTANTS

LIST THE HAZARDOUS CONSTITUENTS THAT ARE RECEIVED (OR ARE EXPECTED TO BE RECEIVED). INCLUDE DATA ON VOLUME AND CONCENTRATION, IF KNOWN. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

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15.65 WASTE TREATMENT

A. IS THIS WASTE TREATED (OR WILL IT BE TREATED) PRIOR TO ENTERING THE TREATMENT WORKS?

YES  NO

IF YES, DESCRIBE THE TREATMENT (PROVIDE INFORMATION ABOUT THE REMOVAL EFFICIENCY):

*2 Dissolved Air Flotation units.*

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B. IS THE DISCHARGE (OR WILL THE DISCHARGE BE) CONTINUOUS OR INTERMITTENT?

CONTINUOUS  INTERMITTENT

IF INTERMITTENT, DESCRIBE DISCHARGE SCHEDULE.

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END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.

**MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.**

FACILITY NAME <i>Carthage Water &amp; Electric</i>	PERMIT NO. <i>MO- 0039136</i>	OUTFALL NO. <i>001</i>
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**PART F - INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

**15.00 INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

ALL TREATMENT WORKS RECEIVING DISCHARGES FROM SIGNIFICANT INDUSTRIAL USERS OR WHICH RECEIVE RCRA, CERCLA, OR OTHER REMEDIAL WASTES MUST COMPLETE THIS FORM.

**GENERAL INFORMATION**

**15.05 PRETREATMENT PROGRAM**

DOES THE TREATMENT WORKS HAVE, OR IS IT SUBJECT TO, AN APPROVED PRETREATMENT PROGRAM?

YES     NO

**15.10 NUMBER OF SIGNIFICANT INDUSTRIAL USERS (SIUs) AND CATEGORICAL INDUSTRIAL USERS (CIUs). PROVIDE THE NUMBER OF EACH OF THE FOLLOWING TYPES OF INDUSTRIAL USERS THAT DISCHARGE TO THE TREATMENT WORKS.**

A. NUMBER OF NON-CATEGORICAL SIUs <i>4</i>	B. NUMBER OF CIUs <i>2</i>
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**15.15 SIGNIFICANT INDUSTRIAL USER INFORMATION**

SUPPLY THE FOLLOWING INFORMATION FOR EACH SIU. IF MORE THAN ONE SIU DISCHARGES TO THE TREATMENT WORKS, PROVIDE THE INFORMATION REQUESTED FOR EACH SIGNIFICANT INDUSTRIAL USER INFORMATION. PROVIDE THE NAME AND ADDRESS OF EACH SIU DISCHARGING TO THE TREATMENT WORKS. SUBMIT ADDITIONAL PAGES AS NECESSARY.

NAME  
*Leggett & Platt Wire Mill*

MAILING ADDRESS  
*PO Box 715, Carthage, MO 64836*

**15.20 INDUSTRIAL PROCESSES**

DESCRIBE ALL OF THE INDUSTRIAL PROCESSES THAT AFFECT OR CONTRIBUTE TO THE SIU'S DISCHARGE.

*Heat Treating, Galvanizing, Oil Tempering, and Wire Drawing*

**15.25 PRINCIPAL PRODUCT(S) AND RAW MATERIAL(S)**

DESCRIBE ALL OF THE PRINCIPAL PROCESSES AND RAW MATERIALS THAT AFFECT OR CONTRIBUTE TO THE SIU'S DISCHARGE.

PRINCIPAL PRODUCT(S)  
*Drawn and Coated Wire*

RAW MATERIAL(S)  
*Carbon Rods*

**15.30 FLOW RATE**

A. PROCESS WASTEWATER FLOW RATE. INDICATE THE AVERAGE DAILY VOLUME OF PROCESS WASTEWATER DISCHARGED INTO THE COLLECTION SYSTEM IN GALLONS PER DAY (gpd) AND WHETHER THE DISCHARGE IS CONTINUOUS OR INTERMITTENT.

*73657* gpd     CONTINUOUS     INTERMITTENT

B. NON-PROCESS WASTEWATER FLOW RATE. INDICATE THE AVERAGE DAILY VOLUME OF NON-PROCESS WASTEWATER DISCHARGED INTO THE COLLECTION SYSTEM IN GALLONS PER DAY (gpd) AND WHETHER THE DISCHARGE IS CONTINUOUS OR INTERMITTENT.

*19581* gpd     CONTINUOUS     INTERMITTENT

**15.35 PRETREATMENT STANDARDS**

INDICATE WHETHER THE SIU IS SUBJECT TO THE FOLLOWING

A. LOCAL LIMITS                       YES     NO  
 B. CATEGORICAL PRETREATMENT STANDARDS     YES     NO

IF SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS, WHICH CATEGORY AND SUBCATEGORY?

*420*

**15.40 PROBLEMS AT THE TREATMENT WORKS ATTRIBUTED TO WASTE DISCHARGED BY THE SIU**

HAS THE SIU CAUSED OR CONTRIBUTED TO ANY PROBLEMS (E.G., UPSETS, INTERFERENCE) AT THE TREATMENT WORKS IN THE PAST THREE YEARS?

YES     NO

IF YES, DESCRIBE EACH EPISODE \_\_\_\_\_

**15.45 RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE**

RCRA WASTE. DOES THE TREATMENT WORKS RECEIVE OR HAS IT IN THE PAST THREE YEARS RECEIVED RCRA HAZARDOUS WASTE BY TRUCK, RAIL, OR DEDICATED PIPE?

YES     NO

WASTE TRANSPORT METHOD BY WHICH RCRA WASTE IS RECEIVED (CHECK ALL THAT APPLY)

TRUCK     RAIL     DEDICATED PIPE

WASTE DESCRIPTION. GIVE EPA HAZARDOUS WASTE NUMBER AND AMOUNT (VOLUME OR MASS, SPECIFY UNITS).

EPA HAZARDOUS WASTE NUMBER	AMOUNT	UNITS

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.

FACILITY NAME <b>Carthage WWT</b>	PERMIT NO. MO- <b>0039136</b>	OUTFALL NO. <b>001</b>
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**PART F - INDUSTRIAL USE/ DISCHARGES AND RCRA/CERCLA WASTES (CONTINUED)**

15.50 CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER

REMEDIAL WASTE. DOES THE TREATMENT WORKS CURRENTLY (OR HAS IT BEEN NOTIFIED THAT IT WILL) RECEIVE WASTE FROM REMEDIAL ACTIVITIES?

YES  NO PROVIDE A LIST OF SITES AND THE REQUESTED INFORMATION FOR EACH CURRENT AND FUTURE SITE.

15.55 WASTE ORIGIN

DESCRIBE THE SITE AND TYPE OF FACILITY AT WHICH THE CERCLA/RCRA/OR OTHER REMEDIAL WASTE ORIGINATES (OR IS EXPECTED TO ORIGINATE IN THE NEXT FIVE YEARS).

15.60 POLLUTANTS

LIST THE HAZARDOUS CONSTITUENTS THAT ARE RECEIVED (OR ARE EXPECTED TO BE RECEIVED). INCLUDE DATA ON VOLUME AND CONCENTRATION, IF KNOWN. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

15.65 WASTE TREATMENT

A. IS THIS WASTE TREATED (OR WILL IT BE TREATED) PRIOR TO ENTERING THE TREATMENT WORKS?

YES  NO

IF YES, DESCRIBE THE TREATMENT (PROVIDE INFORMATION ABOUT THE REMOVAL EFFICIENCY):

*L & P Wire Mill uses 2 Filter Press (Memtek) units. These units remove non-hazardous waste from the wastewater. The waste is shipped 2-3 times/week to landfill in Lemar, MO.*

B. IS THE DISCHARGE (OR WILL THE DISCHARGE BE) CONTINUOUS OR INTERMITTENT?

CONTINUOUS  INTERMITTENT

IF INTERMITTENT, DESCRIBE DISCHARGE SCHEDULE.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.

**MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.**

FACILITY NAME <i>Carthage Water &amp; Electric</i>	PERMIT NO. <i>MO- 0039136</i>	OUTFALL NO. <i>001</i>
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**PART F - INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

**15.00 INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

ALL TREATMENT WORKS RECEIVING DISCHARGES FROM SIGNIFICANT INDUSTRIAL USERS OR WHICH RECEIVE RCRA, CERCLA, OR OTHER REMEDIAL WASTES MUST COMPLETE THIS FORM.

**GENERAL INFORMATION**

**15.05 PRETREATMENT PROGRAM**

DOES THE TREATMENT WORKS HAVE, OR IS IT SUBJECT TO, AN APPROVED PRETREATMENT PROGRAM?

YES  NO

**15.10 NUMBER OF SIGNIFICANT INDUSTRIAL USERS (SIUs) AND CATEGORICAL INDUSTRIAL USERS (CIUs). PROVIDE THE NUMBER OF EACH OF THE FOLLOWING TYPES OF INDUSTRIAL USERS THAT DISCHARGE TO THE TREATMENT WORKS.**

A. NUMBER OF NON-CATEGORICAL SIUs <i>4</i>	B. NUMBER OF CIUs <i>2</i>
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**15.15 SIGNIFICANT INDUSTRIAL USER INFORMATION**

SUPPLY THE FOLLOWING INFORMATION FOR EACH SIU. IF MORE THAN ONE SIU DISCHARGES TO THE TREATMENT WORKS, PROVIDE THE INFORMATION REQUESTED FOR EACH. SIGNIFICANT INDUSTRIAL USER INFORMATION. PROVIDE THE NAME AND ADDRESS OF EACH SIU DISCHARGING TO THE TREATMENT WORKS. SUBMIT ADDITIONAL PAGES AS NECESSARY.

NAME  
*H. E. Williams, Inc.*

MAILING ADDRESS  
*P.O. Box 837 Carthage, MO 64836*

**15.20 INDUSTRIAL PROCESSES**

DESCRIBE ALL OF THE INDUSTRIAL PROCESSES THAT AFFECT OR CONTRIBUTE TO THE SIU'S DISCHARGE.

*Powder Coating, sheet metal Fab., and assembly (light fixtures)*

**15.25 PRINCIPAL PRODUCT(S) AND RAW MATERIAL(S)**

DESCRIBE ALL OF THE PRINCIPAL PROCESSES AND RAW MATERIALS THAT AFFECT OR CONTRIBUTE TO THE SIU'S DISCHARGE.

PRINCIPAL PRODUCT(S)  
*Fluorescent Lighting Fixtures*

RAW MATERIAL(S)  
*Cold Rolled Steel*

**15.30 FLOW RATE**

A. PROCESS WASTEWATER FLOW RATE. INDICATE THE AVERAGE DAILY VOLUME OF PROCESS WASTEWATER DISCHARGED INTO THE COLLECTION SYSTEM IN GALLONS PER DAY (gpd) AND WHETHER THE DISCHARGE IS CONTINUOUS OR INTERMITTENT.

*3350* gpd  CONTINUOUS  INTERMITTENT

B. NON-PROCESS WASTEWATER FLOW RATE. INDICATE THE AVERAGE DAILY VOLUME OF NON-PROCESS WASTEWATER DISCHARGED INTO THE COLLECTION SYSTEM IN GALLONS PER DAY (gpd) AND WHETHER THE DISCHARGE IS CONTINUOUS OR INTERMITTENT.

*5000* gpd  CONTINUOUS  INTERMITTENT

**15.35 PRETREATMENT STANDARDS**

INDICATE WHETHER THE SIU IS SUBJECT TO THE FOLLOWING

A. LOCAL LIMITS  YES  NO

B. CATEGORICAL PRETREATMENT STANDARDS  YES  NO

IF SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS, WHICH CATEGORY AND SUBCATEGORY?

*433*

**15.40 PROBLEMS AT THE TREATMENT WORKS ATTRIBUTED TO WASTE DISCHARGED BY THE SIU**

HAS THE SIU CAUSED OR CONTRIBUTED TO ANY PROBLEMS (E.G., UPSETS, INTERFERENCE) AT THE TREATMENT WORKS IN THE PAST THREE YEARS?

YES  NO

IF YES, DESCRIBE EACH EPISODE \_\_\_\_\_

**15.45 RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE**

RCRA WASTE. DOES THE TREATMENT WORKS RECEIVE OR HAS IT IN THE PAST THREE YEARS RECEIVED RCRA HAZARDOUS WASTE BY TRUCK, RAIL, OR DEDICATED PIPE?

YES  NO

WASTE TRANSPORT. METHOD BY WHICH RCRA WASTE IS RECEIVED (CHECK ALL THAT APPLY)

TRUCK  RAIL  DEDICATED PIPE

WASTE DESCRIPTION. GIVE EPA HAZARDOUS WASTE NUMBER AND AMOUNT (VOLUME OR MASS, SPECIFY UNITS).

EPA HAZARDOUS WASTE NUMBER	AMOUNT	UNITS

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.

FACILITY NAME <i>Carthage WWTP</i>	PERMIT NO. MO- <i>0039136</i>	OUTFALL NO. <i>001</i>
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**PART F - INDUSTRIAL USE/ DISCHARGES AND RCRA/CERCLA WASTES (CONTINUED)**

15.50 CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER

REMEDIAL WASTE. DOES THE TREATMENT WORKS CURRENTLY (OR HAS IT BEEN NOTIFIED THAT IT WILL) RECEIVE WASTE FROM REMEDIAL ACTIVITIES?

YES  NO PROVIDE A LIST OF SITES AND THE REQUESTED INFORMATION FOR EACH CURRENT AND FUTURE SITE.

15.55 WASTE ORIGIN

DESCRIBE THE SITE AND TYPE OF FACILITY AT WHICH THE CERCLA/RCRA/OR OTHER REMEDIAL WASTE ORIGINATES (OR IS EXPECTED TO ORIGINATE IN THE NEXT FIVE YEARS).

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15.60 POLLUTANTS

LIST THE HAZARDOUS CONSTITUENTS THAT ARE RECEIVED (OR ARE EXPECTED TO BE RECEIVED). INCLUDE DATA ON VOLUME AND CONCENTRATION, IF KNOWN. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

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15.65 WASTE TREATMENT

A. IS THIS WASTE TREATED (OR WILL IT BE TREATED) PRIOR TO ENTERING THE TREATMENT WORKS?

YES  NO

IF YES, DESCRIBE THE TREATMENT (PROVIDE INFORMATION ABOUT THE <sup>Process</sup> REMOVAL EFFICIENCY):

*H.E. Williams has a Filter ~~press~~ to remove non-hazardous waste from wastewater. Waste is shipped once/quarter to Landfill in Lamar, MO.*

B. IS THE DISCHARGE (OR WILL THE DISCHARGE BE) CONTINUOUS OR INTERMITTENT?

CONTINUOUS  INTERMITTENT

IF INTERMITTENT, DESCRIBE DISCHARGE SCHEDULE.

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END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.

Southwest Lift Sta  
 Wilson Lift St  
 Precious Moments L.S.  
 Lakeview L.S. BY  
 Steadley School L.S.

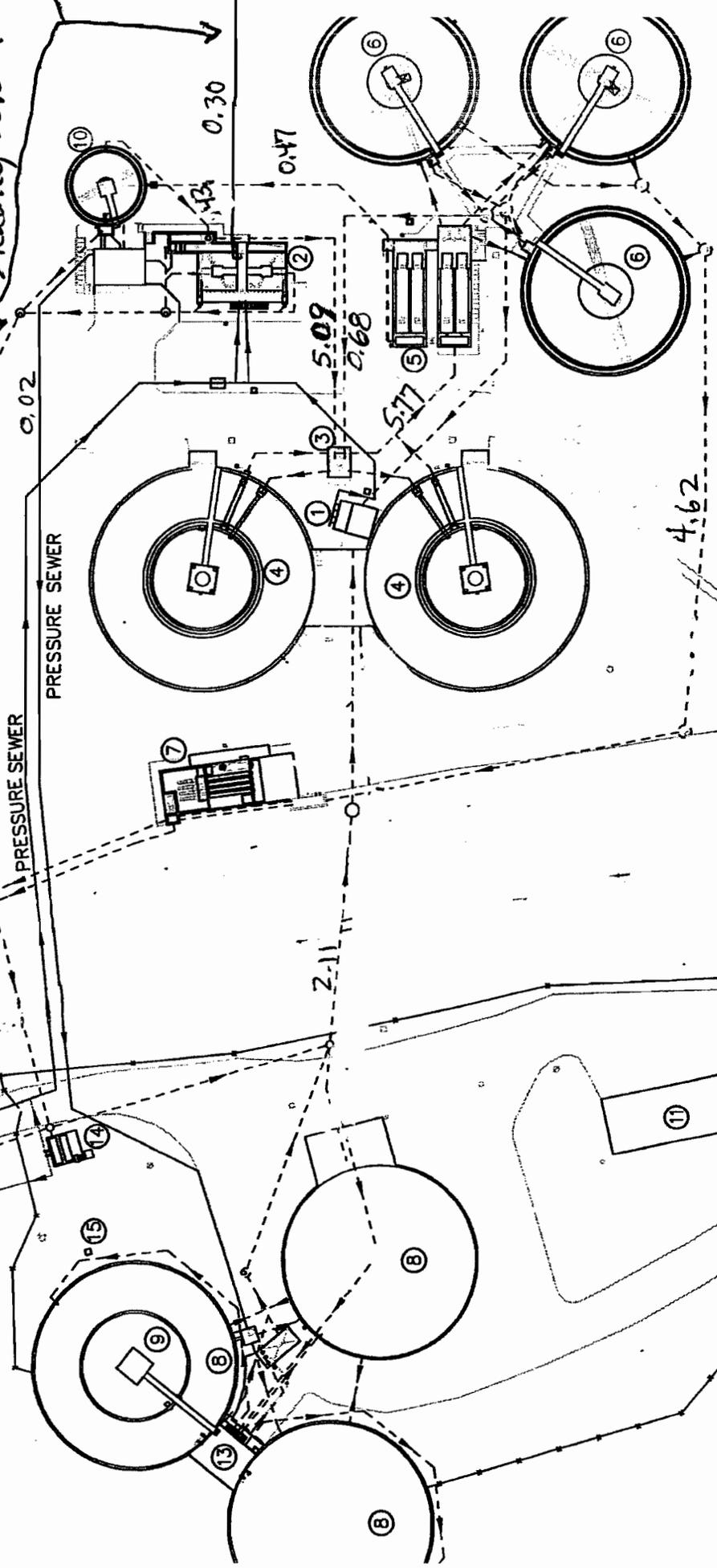
Site of occasional  
 bypass that shoveled  
 back into manhole

PLANT EFFLUENT  
 TO DITCH

PRESSURE SEWER FROM  
 LIFT STATION AT  
 LEVEE DISTRICT

GRAVITY SANITARY SEWER  
 FROM SYSTEM & FLOW  
 EQUALIZATION BASIN 2.09

PRESSURE  
 SEWER TO F.E.B.



- 1. Influent Pumps
- 2. Bar Screen
- 3. Splitter Box
- 4. Aeration
- 5. Screw Pumps
- 6. Clarifiers
- 7. Ultraviolet Disinfection.
- 8 & 9 Sludge Holding Tanks
- 10 Sludge Thickener

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USGS 3 km NE of Carthage, Missouri, United States 01 Jul 1991

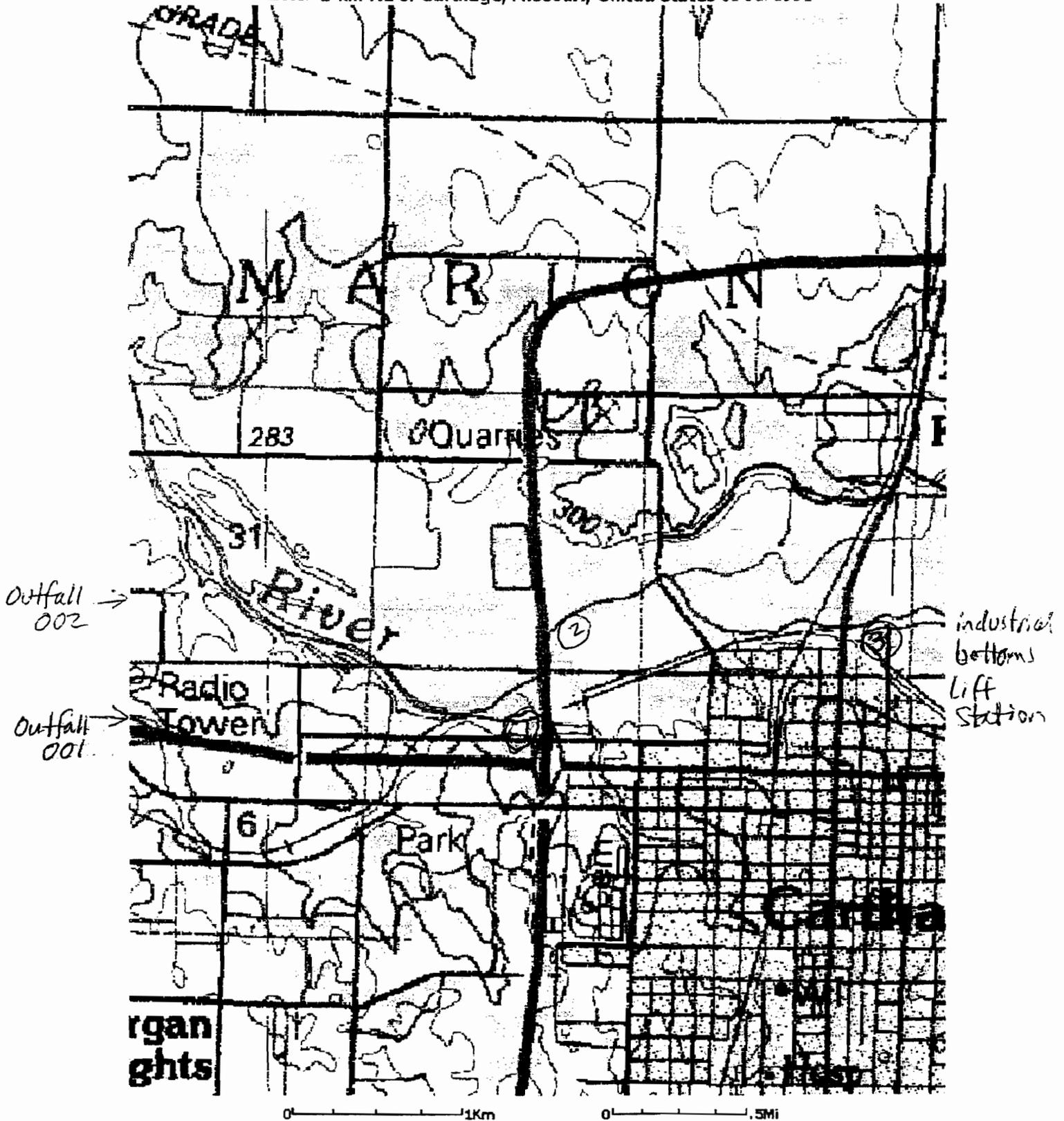


Image courtesy of the U.S. Geological Survey

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USGS 22 km NE of Joplin, Missouri, United States 01 Jul 1991

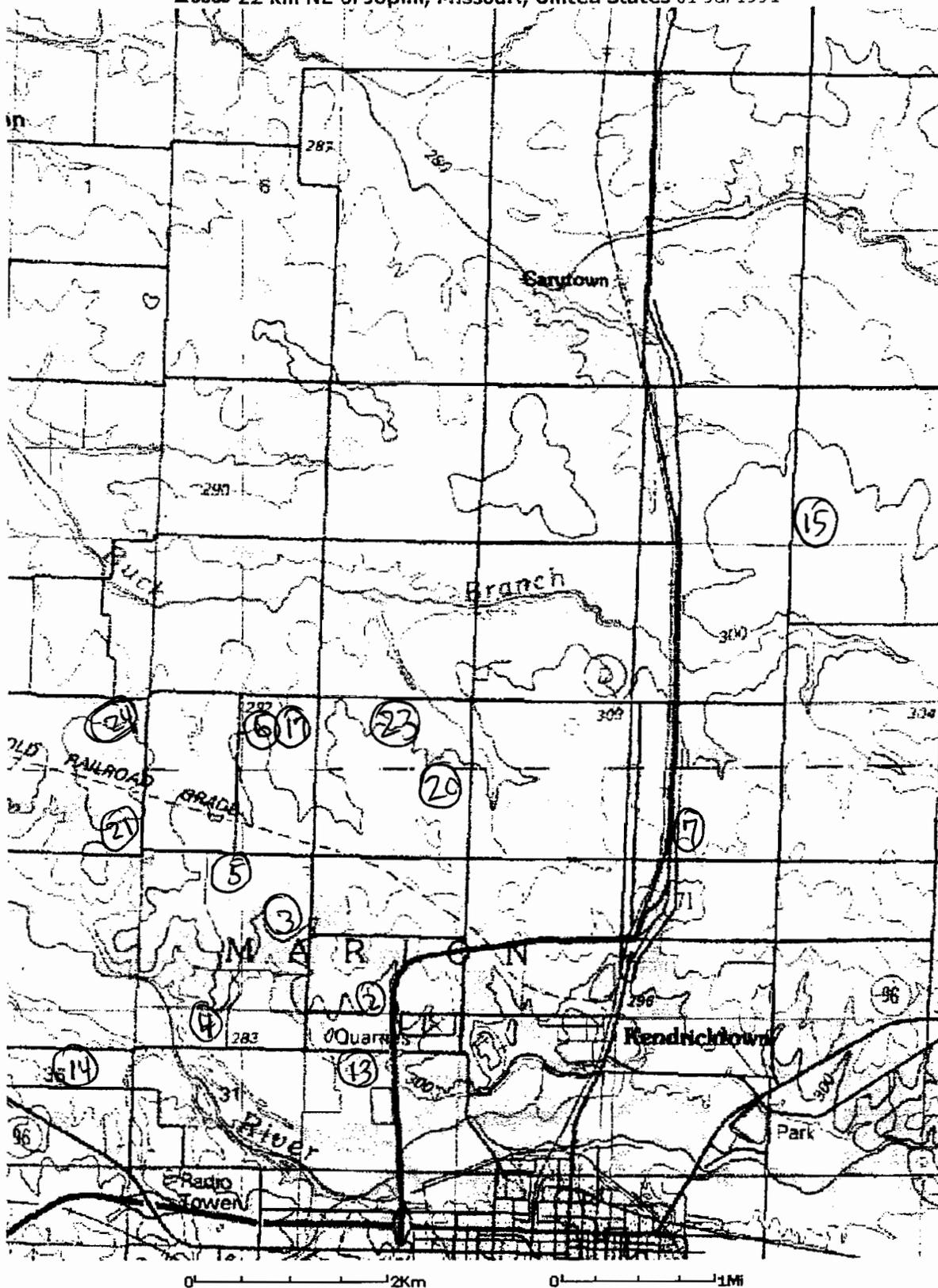


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**USGS 2 km NE of Carytown, Missouri, United States 01 Jul 1991**

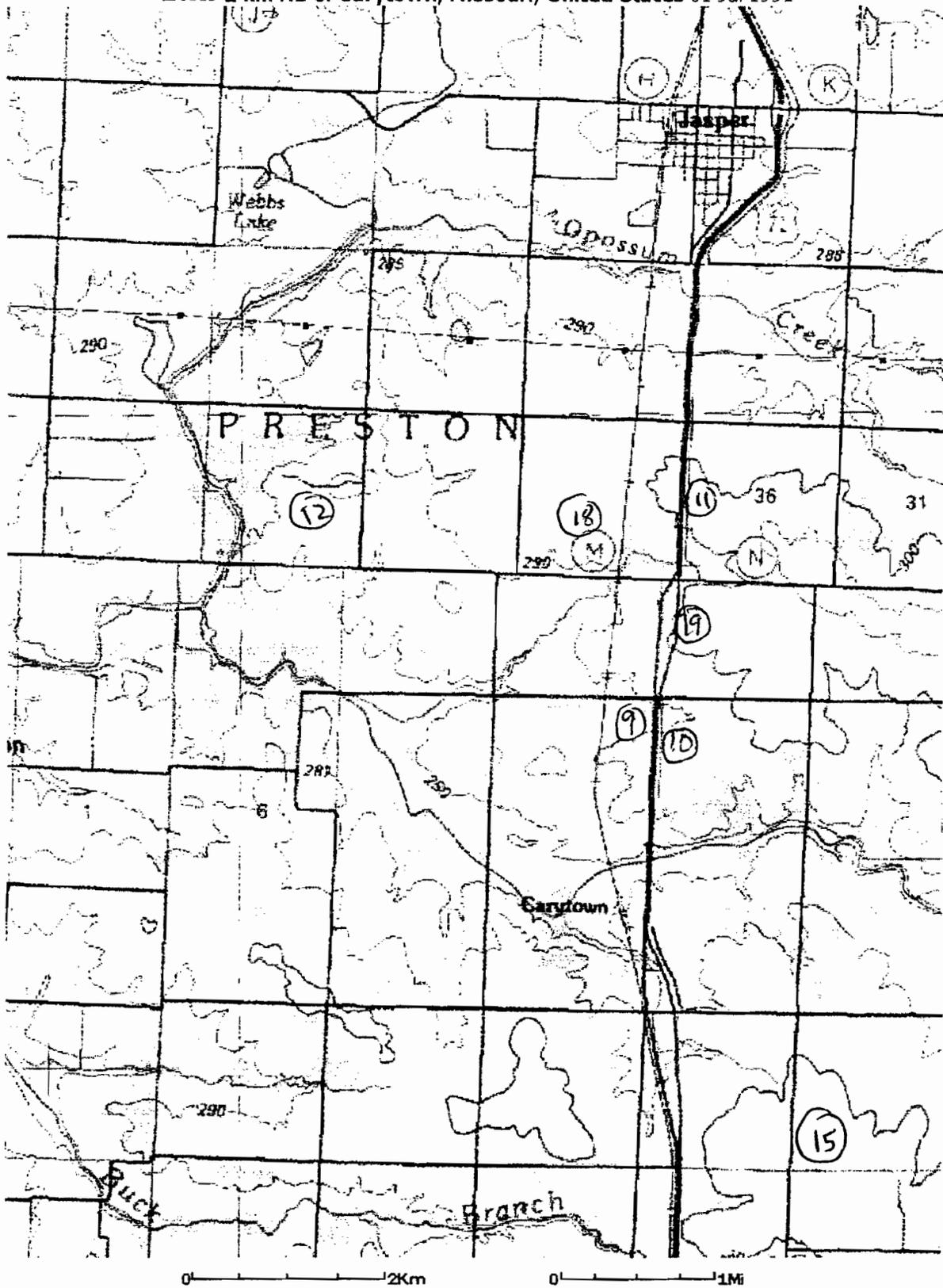


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*Land Application Sites*



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USGS 27 km E of Joplin, Missouri, United States 01 Jul 1991

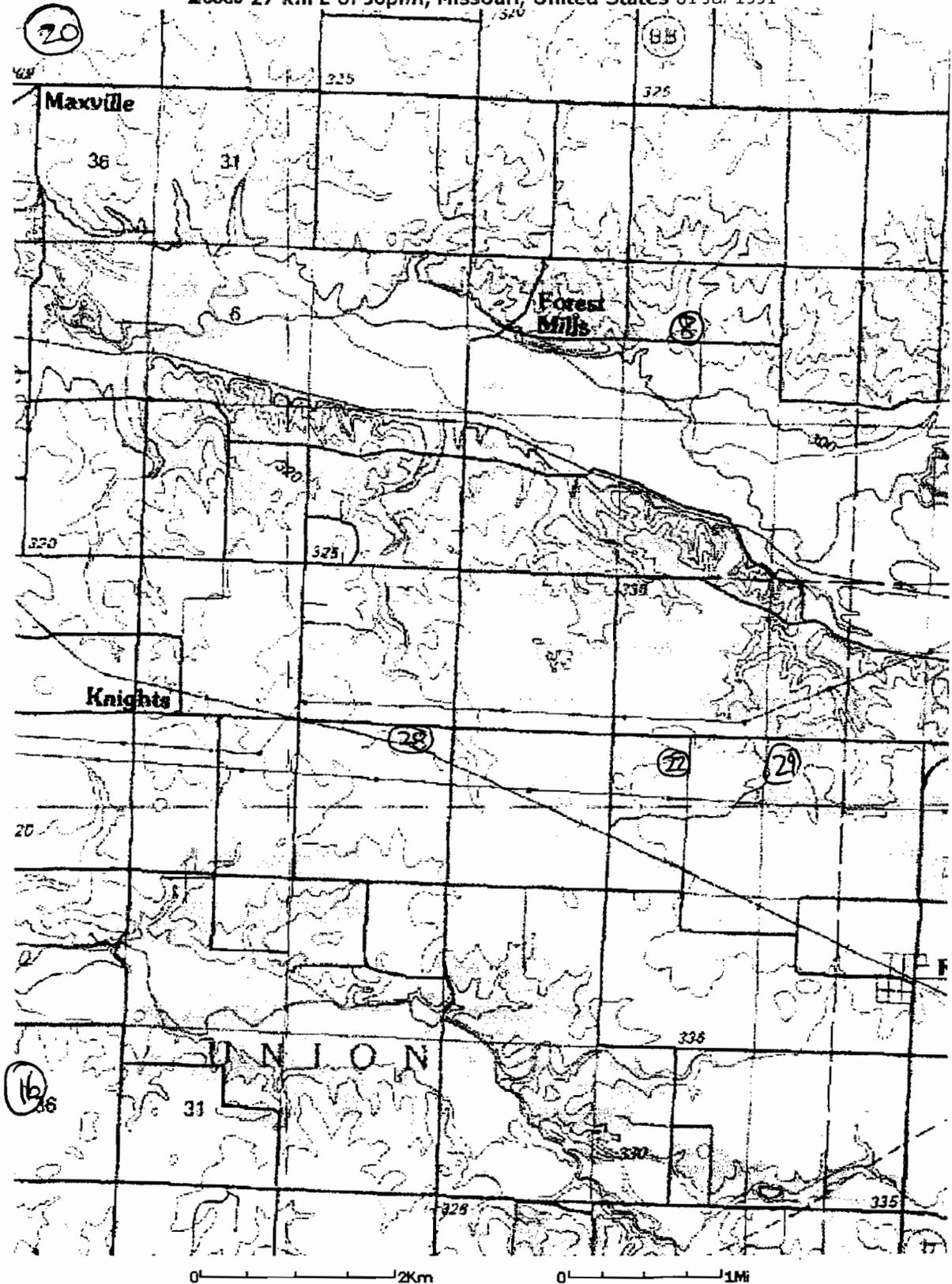


Image courtesy of the U.S. Geological Survey

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Land Application Si

### ANALYTICAL RESULTS

Project: 5785 EFF PRIO. POLLUT.  
Pace Project No.: 6056483

Sample: 5785 EFF PRIO. POLLUT. G Lab ID: 6056483001 Collected: 04/01/09 09:00 Received: 04/01/09 20:30 Matrix: Water

Parameters	Results	Units	Report Limit	MDL	DF	Prepared	Analyzed	CAS No.	Qual
<b>624 Volatile Organics LowLevel</b>		Analytical Method: EPA 624 Low							
Acrolein	ND	ug/L	100	83.0	1		04/13/09 21:50	107-02-8	
Acrylonitrile	ND	ug/L	20.0	0.41	1		04/13/09 21:50	107-13-1	
Benzene	ND	ug/L	1.0	0.24	1		04/13/09 21:50	71-43-2	
Bromodichloromethane	ND	ug/L	1.0	0.050	1		04/13/09 21:50	75-27-4	
Bromoform	ND	ug/L	1.0	0.070	1		04/13/09 21:50	75-25-2	
Bromomethane	ND	ug/L	1.0	0.13	1		04/13/09 21:50	74-83-9	
Carbon tetrachloride	ND	ug/L	1.0	0.060	1		04/13/09 21:50	56-23-5	
Chlorobenzene	ND	ug/L	1.0	0.060	1		04/13/09 21:50	108-90-7	
Chloroethane	ND	ug/L	1.0	0.070	1		04/13/09 21:50	75-00-3	
2-Chloroethylvinyl ether	ND	ug/L	10.0	0.10	1		04/13/09 21:50	110-75-8	
Chloroform	ND	ug/L	1.0	0.17	1		04/13/09 21:50	67-66-3	
Chloromethane	ND	ug/L	1.0	0.33	1		04/13/09 21:50	74-87-3	
Dibromochloromethane	ND	ug/L	1.0	0.050	1		04/13/09 21:50	124-48-1	2e
1,2-Dichlorobenzene	ND	ug/L	1.0	0.050	1		04/13/09 21:50	95-50-1	
1,3-Dichlorobenzene	ND	ug/L	1.0	0.090	1		04/13/09 21:50	541-73-1	
1,4-Dichlorobenzene	ND	ug/L	1.0	0.060	1		04/13/09 21:50	106-46-7	
1,1-Dichloroethane	ND	ug/L	1.0	0.060	1		04/13/09 21:50	75-34-3	
1,2-Dichloroethane	ND	ug/L	1.0	0.040	1		04/13/09 21:50	107-06-2	
1,1-Dichloroethene	ND	ug/L	1.0	0.090	1		04/13/09 21:50	75-35-4	
trans-1,2-Dichloroethene	ND	ug/L	1.0	0.12	1		04/13/09 21:50	156-60-5	
1,2-Dichloropropane	ND	ug/L	1.0	0.060	1		04/13/09 21:50	78-87-5	
cis-1,3-Dichloropropene	ND	ug/L	1.0	0.060	1		04/13/09 21:50	10061-01-5	
trans-1,3-Dichloropropene	ND	ug/L	1.0	0.060	1		04/13/09 21:50	10061-02-6	
Ethylbenzene	ND	ug/L	1.0	0.060	1		04/13/09 21:50	100-41-4	
Methylene chloride	ND	ug/L	1.0	0.27	1		04/13/09 21:50	75-09-2	
1,1,2,2-Tetrachloroethane	ND	ug/L	1.0	0.060	1		04/13/09 21:50	79-34-5	
Tetrachloroethene	ND	ug/L	1.0	0.060	1		04/13/09 21:50	127-18-4	
Toluene	ND	ug/L	1.0	0.23	1		04/13/09 21:50	108-88-3	
1,1,1-Trichloroethane	ND	ug/L	1.0	0.30	1		04/13/09 21:50	71-55-6	
1,1,2-Trichloroethane	ND	ug/L	1.0	0.090	1		04/13/09 21:50	79-00-5	
Trichloroethene	ND	ug/L	1.0	0.050	1		04/13/09 21:50	79-01-6	
Trichlorofluoromethane	ND	ug/L	1.0	0.070	1		04/13/09 21:50	75-69-4	
Vinyl chloride	ND	ug/L	1.0	0.27	1		04/13/09 21:50	75-01-4	
4-Bromofluorobenzene (S)	101	%	84-115		1		04/13/09 21:50	460-00-4	
Dibromofluoromethane (S)	100	%	92-110		1		04/13/09 21:50	1868-53-7	
Toluene-d8 (S)	101	%	90-110		1		04/13/09 21:50	2037-26-5	
1,2-Dichloroethane-d4 (S)	106	%	81-120		1		04/13/09 21:50	17060-07-0	
Preservation pH	1.0		1.0	1.0	1		04/13/09 21:50		
<b>Phenolics, Total Recoverable</b>		Analytical Method: EPA 420.1							
Phenolics, Total Recoverable	ND	mg/L	0.050	0.0085	1		04/10/09 14:43		
<b>4500CNE Cyanide, Total</b>		Analytical Method: SM 4500-CN-E							
Cyanide	0.029	mg/L	0.0050	0.0013	1		04/03/09 14:12	57-12-5	

### ANALYTICAL RESULTS

Project: 5785 EFF PRIO. POLLUT.  
Pace Project No.: 6056483

Sample: 5785 EFF PRIO. POLLUT. C Lab ID: 6056483002 Collected: 04/01/09 09:00 Received: 04/01/09 20:30 Matrix: Water

Parameters	Results	Units	Report			Prepared	Analyzed	CAS No.	Qual
			Limit	MDL	DF				
<b>200.7 Metals, Total</b>									
Analytical Method: EPA 200.7 Preparation Method: EPA 200.7									
Antimony	ND ug/L		10.0	3.3	1	04/06/09 16:10	04/08/09 12:52	7440-36-0	
Arsenic	ND ug/L		10.0	5.9	1	04/06/09 16:10	04/07/09 10:23	7440-38-2	
Beryllium	ND ug/L		1.0	0.051	1	04/06/09 16:10	04/07/09 10:23	7440-41-7	
Cadmium	ND ug/L		5.0	0.65	1	04/06/09 16:10	04/07/09 10:23	7440-43-9	
Chromium	ND ug/L		5.0	1.1	1	04/06/09 16:10	04/07/09 10:23	7440-47-3	
Copper	ND ug/L		10.0	1.4	1	04/06/09 16:10	04/07/09 10:23	7440-50-8	
Lead	ND ug/L		5.0	1.6	1	04/06/09 16:10	04/07/09 10:23	7439-92-1	
Nickel	ND ug/L		5.0	3.1	1	04/06/09 16:10	04/07/09 10:23	7440-02-0	
Selenium	ND ug/L		15.0	5.2	1	04/06/09 16:10	04/07/09 10:23	7782-49-2	
Silver	ND ug/L		7.0	1.4	1	04/06/09 16:10	04/07/09 10:23	7440-22-4	
Thallium	ND ug/L		20.0	5.3	1	04/06/09 16:10	04/07/09 10:23	7440-28-0	
Zinc	ND ug/L		50.0	3.5	1	04/06/09 16:10	04/07/09 10:23	7440-66-6	
<b>245.1 Mercury</b>									
Analytical Method: EPA 245.1 Preparation Method: EPA 245.1									
Mercury	ND ug/L		0.20	0.093	1	04/06/09 11:01	04/06/09 16:20	7439-97-6	
<b>625 MSSV</b>									
Analytical Method: EPA 625 Preparation Method: EPA 625									
Acenaphthene	ND ug/L		5.0	1.8	1	04/06/09 00:00	04/08/09 23:25	83-32-9	
Acenaphthylene	ND ug/L		5.0	1.8	1	04/06/09 00:00	04/08/09 23:25	208-96-8	
Anthracene	ND ug/L		5.0	2.0	1	04/06/09 00:00	04/08/09 23:25	120-12-7	
Benzidine	ND ug/L		50.0	1.8	1	04/06/09 00:00	04/08/09 23:25	92-87-5	
Benzo(a)anthracene	ND ug/L		5.0	2.1	1	04/06/09 00:00	04/08/09 23:25	56-55-3	
Benzo(a)pyrene	ND ug/L		5.0	1.9	1	04/06/09 00:00	04/08/09 23:25	50-32-8	
Benzo(b)fluoranthene	ND ug/L		5.0	2.3	1	04/06/09 00:00	04/08/09 23:25	205-99-2	
Benzo(g,h,i)perylene	ND ug/L		5.0	2.4	1	04/06/09 00:00	04/08/09 23:25	191-24-2	
Benzo(k)fluoranthene	ND ug/L		5.0	3.2	1	04/06/09 00:00	04/08/09 23:25	207-08-9	
4-Bromophenylphenyl ether	ND ug/L		5.0	2.2	1	04/06/09 00:00	04/08/09 23:25	101-55-3	
Butylbenzylphthalate	ND ug/L		5.0	2.2	1	04/06/09 00:00	04/08/09 23:25	85-68-7	
4-Chloro-3-methylphenol	ND ug/L		5.0	1.8	1	04/06/09 00:00	04/08/09 23:25	59-50-7	
bis(2-Chloroethoxy)methane	ND ug/L		5.0	2.6	1	04/06/09 00:00	04/08/09 23:25	111-91-1	
bis(2-Chloroethyl) ether	ND ug/L		6.0	2.2	1	04/06/09 00:00	04/08/09 23:25	111-44-4	
bis(2-Chloroisopropyl) ether	ND ug/L		6.0	2.4	1	04/06/09 00:00	04/08/09 23:25	39638-32-9	
2-Chloronaphthalene	ND ug/L		5.0	1.8	1	04/06/09 00:00	04/08/09 23:25	91-58-7	
2-Chlorophenol	ND ug/L		5.0	2.0	1	04/06/09 00:00	04/08/09 23:25	95-57-8	
4-Chlorophenylphenyl ether	ND ug/L		5.0	1.6	1	04/06/09 00:00	04/08/09 23:25	7005-72-3	
Chrysene	ND ug/L		5.0	2.3	1	04/06/09 00:00	04/08/09 23:25	218-01-9	
Dibenz(a,h)anthracene	ND ug/L		5.0	2.2	1	04/06/09 00:00	04/08/09 23:25	53-70-3	
3,3'-Dichlorobenzidine	ND ug/L		20.0	2.3	1	04/06/09 00:00	04/08/09 23:25	91-94-1	
2,4-Dichlorophenol	ND ug/L		5.0	1.8	1	04/06/09 00:00	04/08/09 23:25	120-83-2	
Diethylphthalate	ND ug/L		5.0	1.9	1	04/06/09 00:00	04/08/09 23:25	84-66-2	
2,4-Dimethylphenol	ND ug/L		5.0	2.4	1	04/06/09 00:00	04/08/09 23:25	105-67-9	
Dimethylphthalate	ND ug/L		5.0	2.0	1	04/06/09 00:00	04/08/09 23:25	131-11-3	
Di-n-butylphthalate	ND ug/L		5.0	2.3	1	04/06/09 00:00	04/08/09 23:25	84-74-2	
4,6-Dinitro-2-methylphenol	ND ug/L		25.0	1.8	1	04/06/09 00:00	04/08/09 23:25	534-52-1	
2,4-Dinitrophenol	ND ug/L		50.0	2.1	1	04/06/09 00:00	04/08/09 23:25	51-28-5	
2,4-Dinitrotoluene	ND ug/L		6.0	2.0	1	04/06/09 00:00	04/08/09 23:25	121-14-2	

Date: 04/23/2009 10:01 AM

### REPORT OF LABORATORY ANALYSIS

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### ANALYTICAL RESULTS

Project: 5785 EFF PRIO. POLLUT.  
Pace Project No.: 6056483

Sample: 5785 EFF PRIO. POLLUT. C Lab ID: 6056483002 Collected: 04/01/09 09:00 Received: 04/01/09 20:30 Matrix: Water

Parameters	Results	Units	Report			Prepared	Analyzed	CAS No.	Qual
			Limit	MDL	DF				
<b>625 MSSV</b>									
Analytical Method: EPA 625 Preparation Method: EPA 625									
2,6-Dinitrotoluene	ND	ug/L	5.0	1.8	1	04/06/09 00:00	04/08/09 23:25	606-20-2	
Di-n-octylphthalate	ND	ug/L	5.0	2.3	1	04/06/09 00:00	04/08/09 23:25	117-84-0	
1,2-Diphenylhydrazine	ND	ug/L	8.0	2.2	1	04/06/09 00:00	04/08/09 23:25	122-66-7	
bis(2-Ethylhexyl)phthalate	ND	ug/L	5.0	2.7	1	04/06/09 00:00	04/08/09 23:25	117-81-7	
Fluoranthene	ND	ug/L	5.0	2.5	1	04/06/09 00:00	04/08/09 23:25	206-44-0	
Fluorene	ND	ug/L	5.0	2.0	1	04/06/09 00:00	04/08/09 23:25	86-73-7	
Hexachloro-1,3-butadiene	ND	ug/L	5.0	2.0	1	04/06/09 00:00	04/08/09 23:25	87-68-3	
Hexachlorobenzene	ND	ug/L	5.0	2.1	1	04/06/09 00:00	04/08/09 23:25	118-74-1	
Hexachlorocyclopentadiene	ND	ug/L	5.0	2.4	1	04/06/09 00:00	04/08/09 23:25	77-47-4	
Hexachloroethane	ND	ug/L	5.0	2.0	1	04/06/09 00:00	04/08/09 23:25	67-72-1	
Indeno(1,2,3-cd)pyrene	ND	ug/L	5.0	2.1	1	04/06/09 00:00	04/08/09 23:25	193-39-5	
Isophorone	ND	ug/L	5.0	2.1	1	04/06/09 00:00	04/08/09 23:25	78-59-1	
Naphthalene	ND	ug/L	5.0	2.1	1	04/06/09 00:00	04/08/09 23:25	91-20-3	
Nitrobenzene	ND	ug/L	5.0	2.4	1	04/06/09 00:00	04/08/09 23:25	98-95-3	
2-Nitrophenol	ND	ug/L	5.0	1.7	1	04/06/09 00:00	04/08/09 23:25	88-75-5	
4-Nitrophenol	ND	ug/L	5.0	1.7	1	04/06/09 00:00	04/08/09 23:25	100-02-7	
N-Nitrosodimethylamine	ND	ug/L	5.0	1.8	1	04/06/09 00:00	04/08/09 23:25	62-75-9	
N-Nitroso-di-n-propylamine	ND	ug/L	5.0	2.1	1	04/06/09 00:00	04/08/09 23:25	621-64-7	
N-Nitrosodiphenylamine	ND	ug/L	5.0	1.6	1	04/06/09 00:00	04/08/09 23:25	86-30-6	
Pentachlorophenol	ND	ug/L	5.0	2.4	1	04/06/09 00:00	04/08/09 23:25	87-86-5	
Phenanthrene	ND	ug/L	5.0	2.2	1	04/06/09 00:00	04/08/09 23:25	85-01-8	
Phenol	ND	ug/L	5.0	1.7	1	04/06/09 00:00	04/08/09 23:25	108-95-2	
Pyrene	ND	ug/L	5.0	2.3	1	04/06/09 00:00	04/08/09 23:25	129-00-0	
1,2,4-Trichlorobenzene	ND	ug/L	5.0	1.9	1	04/06/09 00:00	04/08/09 23:25	120-82-1	
2,4,6-Trichlorophenol	ND	ug/L	5.0	1.8	1	04/06/09 00:00	04/08/09 23:25	88-06-2	
Nitrobenzene-d5 (S)	65 %		40-111		1	04/06/09 00:00	04/08/09 23:25	4165-60-0	
2-Fluorobiphenyl (S)	64 %		51-111		1	04/06/09 00:00	04/08/09 23:25	321-60-8	
Terphenyl-d14 (S)	69 %		33-160		1	04/06/09 00:00	04/08/09 23:25	1718-51-0	
Phenol-d6 (S)	67 %		45-118		1	04/06/09 00:00	04/08/09 23:25	13127-88-3	
2-Fluorophenol (S)	60 %		28-114		1	04/06/09 00:00	04/08/09 23:25	367-12-4	
2,4,6-Tribromophenol (S)	75 %		45-123		1	04/06/09 00:00	04/08/09 23:25	118-79-6	

Pace Analytical-KS  
 9608 Loiret Blvd.  
 Lenexa KS, 66219

Project: PAS Subcontract-CG  
 Project Number: 6056483  
 Project Manager: Connie Gardner

Reported  
 04/13/09 16:03

**5785 EFF PRIO. POLLUT. C**

19D0178-01 (Water)

Date Sampled: 4/1/2009 9:00:00AM

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
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**Keystone Laboratories, Inc. - Newton**

**Determination of Nitrogen/Phosphorus Herbicides & Insecticides**

EPTC	ND	0.1	ug/l	1	1D90627	04/06/09	04/08/09	EPA 8141	
Butylate	ND	0.1	"	"	"	"	"	"	
Propachlor	ND	0.1	"	"	"	"	"	"	
Trifluralin	ND	0.1	"	"	"	"	"	"	
Terbufos	ND	0.1	"	"	"	"	"	"	
Atrazine	ND	0.1	"	"	"	"	"	"	
Simazine	ND	0.1	"	"	"	"	"	"	
Alachlor	ND	0.1	"	"	"	"	"	"	
Metribuzin	ND	0.1	"	"	"	"	"	"	
Metolachlor	ND	0.5	"	"	"	"	"	"	
Pendimethalin	ND	0.5	"	"	"	"	"	"	
Butachlor	ND	0.5	"	"	"	"	"	"	
Cyanazine	ND	0.1	"	"	"	"	"	"	
Acetochlor	ND	0.2	"	"	"	"	"	"	
Surrogate: 2-Nitro-m-xylene		81.7 %	60-140		"	"	"	"	

**Determination of Organochlorine Insecticides & PCBs**

alpha-BHC	ND	0.05	ug/l	1	1D90635	"	04/10/09	EPA 608	
gamma-BHC (Lindane)	ND	0.05	"	"	"	"	"	"	
beta-BHC	ND	0.05	"	"	"	"	"	"	
Heptachlor	ND	0.05	"	"	"	"	"	"	
delta-BHC	ND	0.05	"	"	"	"	"	"	
Aldrin	ND	0.05	"	"	"	"	"	"	
Heptachlor Epoxide	ND	0.05	"	"	"	"	"	"	
Endosulfan I	ND	0.05	"	"	"	"	"	"	
4,4'-DDE	ND	0.05	"	"	"	"	"	"	
Dieldrin	ND	0.05	"	"	"	"	"	"	
Endrin	ND	0.05	"	"	"	"	"	"	
4,4'-DDD	ND	0.05	"	"	"	"	"	"	
Endosulfan II	ND	0.05	"	"	"	"	"	"	
4,4'-DDT	ND	0.05	"	"	"	"	"	"	
Endrin Aldehyde	ND	0.05	"	"	"	"	"	"	
Endosulfan Sulfate	ND	0.05	"	"	"	"	"	"	
Methoxychlor	ND	0.05	"	"	"	"	"	"	
Chlordane	ND	0.10	"	"	"	"	"	"	
Toxaphene	ND	0.10	"	"	"	"	"	"	

The results in this report apply to the samples analyzed in accordance with the Chain-of-Custody record.  
 This analytical report must be reproduced in its entirety.

Pace Analytical-KS 9608 Loiret Blvd. Lenexa KS, 66219	Project: PAS Subcontract-CG Project Number: 6056483 Project Manager: Connie Gardner	Reported 04/13/09 16:03
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**5785 EFF PRIO. POLLUT. C**  
**19D0178-01 (Water)**

**Date Sampled: 4/1/2009 9:00:00AM**

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
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**Keystone Laboratories, Inc. - Newton**

**Determination of Organochlorine Insecticides & PCBs**

Arochlor 1016	ND	0.10	ug/l	1	1D90635	04/06/09	04/10/09	EPA 608	
Arochlor 1221	ND	0.10	"	"	"	"	"	"	
Arochlor 1232	ND	0.10	"	"	"	"	"	"	
Arochlor 1242	ND	0.10	"	"	"	"	"	"	
Arochlor 1248	ND	0.10	"	"	"	"	"	"	
Arochlor 1254	ND	0.10	"	"	"	"	"	"	
Arochlor 1260	ND	0.10	"	"	"	"	"	"	
Total PCB's	ND	0.10	"	"	"	"	"	"	
Surrogate: Decachlorobiphenyl		78.4 %	60-140		"	"	"	"	
Surrogate: Tetrachloro-m-xylene		92.7 %	60-134		"	"	"	"	

*The results in this report apply to the samples analyzed in accordance with the Chain-of-Custody record.  
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# Self Reporting Form For Wastewater Bypasses



- Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:
- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone.  
(573) 634-2436 – 24 Hour Spill Line      or      (417) 891-4300 – Southwest Regional Office
  - Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name)	Permit Number	Overflow or Bypass Reported to MDNR	
Carthage WWTP	Mo-0039136	Date 7-27-08	Time 15:00 <input type="checkbox"/> am <input type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR		MDNR Office and Person Contacted	
Scott Daniels		# 080727-1419-KAH	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date 7-27-08	Time (to nearest 15 minutes) 09:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	End Date 7-27-08	Time (to nearest 15 minutes) 14:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes) 5 hours		Estimated Volume of Wastewater Discharged (gallons) 3000 gallons	
Location of the Overflow or Bypass (complete a separate form for each discharge location) 2232 S. Garrison			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input checked="" type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Broken Sewer	<input type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input checked="" type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Strength of Bypass: <input checked="" type="checkbox"/> Raw <input type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Operator called at about 13:00 on July 27 for sewer backup at 2232 Fairlawn. The sewer was plugged 350' upstream of manhole in Oriental Villa's parking lot. Crew found grease and rags.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

## Date(s) and Duration of Rainfall

Start Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm
Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)		Amount of Snow Melt (estimated inches melted)	

Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_

Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print) Glenn Chambers	Title Chief Operator
Authorized Representative Signature Glenn Chambers	Date July 28, 2008



# Self Reporting Form For Wastewater Bypasses



- Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:
- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone.  
(573) 634-2436 – 24 Hour Spill Line or (417) 891-4300 – Southwest Regional Office
  - Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name)	Permit Number	Overflow or Bypass Reported to MDNR	
Carthage WWTP	MO-0039136	Date July 28, 2008	Time 08:45 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR		MDNR Office and Person Contacted	
Glenn Chambers		E.C. West	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date	Time (to nearest 15 minutes)	End Date	Time (to nearest 15 minutes)
7/27-08	after 14:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	7-28-08	08:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes)		Estimated Volume of Wastewater Discharged (gallons)	
		500 gallons	
Location of the Overflow or Bypass (complete a separate form for each discharge location)			
WWTP Yard			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain	<input checked="" type="checkbox"/> Power Outage	<input checked="" type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Broken Sewer	<input type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input checked="" type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Strength of Bypass: <input type="checkbox"/> Raw <input checked="" type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Floating solids overflowed from sludge thickener effluent line manhole. A power interruption tripped the washdown pump. After it was reset, it plugged and could not keep the solids washed down the line to the plant influent.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

## Date(s) and Duration of Rainfall

Start Date	Time (to nearest 15 minutes)	End Date	Time (to nearest 15 minutes)
7-26-08	<input checked="" type="checkbox"/> pm 18:00 <input type="checkbox"/> am	7-27-08	early <input checked="" type="checkbox"/> am <input type="checkbox"/> pm

Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)

1.0

Amount of Snow Melt (estimated inches melted)

Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: Spilled onto ground, where it stayed.

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Solids were shoveled and squeegeed into manhole. Ground was hosed-down.

A spare washdown pump is in this year's budget

Type of Samples Taken:

 BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_

Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print)

Glenn Chambers

Title

Chief Operator

Authorized Representative Signature

Date

July 28, 2008



# Self Reporting Form For Wastewater Bypasses



- Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:
- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone.  
(573) 634-2436 – 24 Hour Spill Line      or      (417) 891-4300 – Southwest Regional Office
  - Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name) <i>Carthage WWTP</i>	Permit Number <i>MO-0039136</i>	Overflow or Bypass Reported to MDNR	
		Date <i>August 12, 2008</i>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR <i>Glenn Chambers</i>		MDNR Office and Person Contacted <i>Jonathan Blodgett</i>	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date <i>August 11, 2008</i>	Time (to nearest 15 minutes) <i>after 4:00</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	End Date <i>August 12, 2008</i>	Time (to nearest 15 minutes) <i>before 7:30</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes) <i>less than 16 hrs</i>		Estimated Volume of Wastewater Discharged (gallons) <i>100</i>	
Location of the Overflow or Bypass (complete a separate form for each discharge location) <i>manhole in plant yard</i>			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Broken Sewer	<input checked="" type="checkbox"/> Other (explain below) <i>low washdown flow</i>	
Type of Bypass:			
<input type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input checked="" type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Effluent Weir/Flume <input type="checkbox"/>			
Strength of Bypass: <input type="checkbox"/> Raw <input checked="" type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Floating solids overflowed from sludge thickener effluent line manhole. After wasting sludge, the flow from the washdown pump was set too low, allowing solids to build up in manhole

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

## Date(s) and Duration of Rainfall

Start Date N/A	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)	Amount of Snow Melt (estimated inches melted)
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Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Solids were shoveled and hosed back into manhole. All operators will be instructed to open washdown water valve completely after wasting.

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_

Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print) Glenn Chambers	Title Chief Operator
Authorized Representative Signature Glenn Chambers	Date August 12, 2008



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  - Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

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**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name)	Permit Number	Overflow or Bypass Reported to MDNR	
Carthage WWTP	MO-0039136	Date Oct 17 2008	Time 08:35 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR		MDNR Office and Person Contacted	
Glenn Chambers		Chuck Grueson	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date	Time (to nearest 15 minutes)	End Date	Time (to nearest 15 minutes)
October 16, 2008	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm	October 16, 2008	8:30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes)		Estimated Volume of Wastewater Discharged (gallons)	
		100	
Location of the Overflow or Bypass (complete a separate form for each discharge location)			
WWTP yard			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Broken Sewer	<input type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input checked="" type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Strength of Bypass: <input type="checkbox"/> Raw <input checked="" type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Floating solids overflowed from the sludge thickener effluent line manhole.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

## Date(s) and Duration of Rainfall

Start Date  N/A	Time (to nearest 15 minutes)  <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes)  <input type="checkbox"/> am <input type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)

Amount of Snow Melt (estimated inches melted)

Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Solids were shoveled and hosed back into manhole. Area was lined.

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_  
Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print)  Glenn Chambers	Title  Chief Operator
Authorized Representative Signature  Glenn Chambers	Date  October 17, 2008



# Self Reporting Form For Wastewater Bypasses



**Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:

- Within 24 hours of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone.  
(573) 634-2436 – 24 Hour Spill Line or (417) 891-4300 – Southwest Regional Office
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name) <b>Carthage WWTP</b>	Permit Number <b>Mo-0039136</b>	Overflow or Bypass Reported to MDNR	
		Date <b>October 20, 2008</b>	Time <b>15:50</b> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR <b>Glenn Chambers</b>		MDNR Office and Person Contacted <b>Jonathan Blodget</b>	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date <b>after October 16</b>	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date <b>October 20, 2008</b>	Time (to nearest 15 minutes) <b>12:15</b> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes)		Estimated Volume of Wastewater Discharged (gallons) <b>1,000 gallons</b>	
Location of the Overflow or Bypass (complete a separate form for each discharge location) <b>Flexolators Lift Station</b>			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input checked="" type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Broken Sewer	<input type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input checked="" type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Strength of Bypass: <input checked="" type="checkbox"/> Raw <input type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

During regular lift station check, a bypass was found at the Flexolators Lift Station. One pump failed, tripping the main circuit breaker. The auto dialer also failed. The pump that failed was installed on October 16, 2008.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

## Date(s) and Duration of Rainfall

Start Date

N/A

Time (to nearest 15 minutes)

 am  
 pm

End Date

Time (to nearest 15 minutes)

 am  pm

Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)

Amount of Snow Melt (estimated inches melted)

Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

 Runs on ground and absorbs into the soil.

 Ditch. Name of surface water it drains to: \_\_\_\_\_

 Storm sewer. Name of surface water it drains to: \_\_\_\_\_

 Surface water direct discharge: \_\_\_\_\_

 Other, describe: \_\_\_\_\_
**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Reset breaker. Sent failed motor to repair shop.

Repaired auto dialer and tested it. Lined area of spill

Type of Samples Taken:

 BOD TSS Fecal Ammonia DO None Other: \_\_\_\_\_

Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print)

Glenn Chambers

Title

Chief Operator

Authorized Representative Signature

Glenn Chambers

Date

October 20, 2008



# Self Reporting Form For Wastewater Bypasses



**Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:

- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone.  
(573) 634-2436 – **24 Hour Spill Line** or (417) 891-4300 – **Southwest Regional Office**
- Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the **Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.**

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name) <i>Carthage WWTP</i>	Permit Number <i>MO-0039136</i>	Overflow or Bypass Reported to MDNR	
Person Representing Permittee Who Contacted MDNR <i>Glenn Chambers</i>		Date <i>October 20, 2008</i>	Time <i>15:50</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
MDNR Office and Person Contacted <i>Jonathan Blodget</i>			
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date <i>October 20 2008</i>	Time (to nearest 15 minutes) <i>14:00</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes)		Estimated Volume of Wastewater Discharged (gallons) <i>3,000 gallons</i>	
Location of the Overflow or Bypass (complete a separate form for each discharge location) <i>HH highway between Chapel Road and telephone tower.</i>			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input checked="" type="checkbox"/> Broken Sewer	<input type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input checked="" type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Effluent Weir/Flume			
Strength of Bypass: <input checked="" type="checkbox"/> Raw <input type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Landowner called to say there was sewage on ground.  
Operator believes it is a broken pressure line.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

## Date(s) and Duration of Rainfall

Start Date  N/A	Time (to nearest 15 minutes)  <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes)  <input type="checkbox"/> am <input type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)	Amount of Snow Melt (estimated inches melted)
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Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Repaired leaking pipe. Lined area of spill

Type of Samples Taken:  BOD  TSS  Fecal,  Ammonia  DO  None  Other: \_\_\_\_\_

Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print)  Glenn Chambers	Title  <del>October 20, 2008</del> Chief Operator
Authorized Representative Signature  Glenn Chambers	Date  October 20, 2008



# Self Reporting Form For Wastewater Bypasses



- Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an **unscheduled sanitary sewer overflow or bypass occurs:**
- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone.  
**(573) 634-2436 – 24 Hour Spill Line** or **(417) 891-4300 – Southwest Regional Office**
  - Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all **unscheduled sanitary sewer overflow or bypass occurrences**. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name)	Permit Number	Overflow or Bypass Reported to MDNR	
Carthage WWTP	MO-0039136	Date	Time
		Nov 17, 2008	11:30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR		MDNR Office and Person Contacted	
Glenn Chambers		Tara Massley	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date	Time (to nearest 15 minutes)	End Date	Time (to nearest 15 minutes)
Nov. 16, 2008	after 2:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	November 17, 2008	07:30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes)		Estimated Volume of Wastewater Discharged (gallons)	
less than 18 hrs		10 gallons	
Location of the Overflow or Bypass (complete a separate form for each discharge location)			
Manhole near sludge pump building			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input checked="" type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input checked="" type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Broken Sewer	<input type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input checked="" type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Strength of Bypass: <input type="checkbox"/> Raw <input checked="" type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Floating solids from sludge thickener burped out of a manhole in the plant yard. The flow from the washdown pump may not have been enough to keep solids from returning to the head of the plant.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

## Date(s) and Duration of Rainfall

Start Date N/A	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)	Amount of Snow Melt (estimated inches melted)
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Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: shoveled and hosed back into manhole

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Jetted line. Cleaned washdown pump. Pump intake partially blocked with oak leaves.

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_

Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print) Glenn Chambers	Title Chief Operator
Authorized Representative Signature <i>Glenn Chambers</i>	Date November 17, 2008



# Self Reporting Form For Wastewater Bypasses



- Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:
- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone.  
**(573) 634-2436 – 24 Hour Spill Line** or **(417) 891-4300 – Southwest Regional Office**
  - Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the **Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.**

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name) <i>Carthage WWTP</i>	Permit Number <i>MO-0039136</i>	Overflow or Bypass Reported to MDNR	
		Date <i>11-21-08</i>	Time <i>11:45</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR <i>Glenn Chambers</i>		MDNR Office and Person Contacted <i>Greg Perkins</i>	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date <i>Nov 20, 2008</i>	Time (to nearest 15 minutes) <i>7:00</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	End Date <i>Nov 20, 2008</i>	Time (to nearest 15 minutes) <i>10:00</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes) <i>Three hours</i>		Estimated Volume of Wastewater Discharged (gallons) <i>500 gallons</i>	
Location of the Overflow or Bypass (complete a separate form for each discharge location) <i>1300 block Robertson</i>			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input checked="" type="checkbox"/> Broken Sewer	<input type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input checked="" type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Effluent Weir/Flume
Strength of Bypass: <input checked="" type="checkbox"/> Raw <input type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The sewer line at 1300 Roberston St was broken while repairing a water main break.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

Date(s) and Duration of Rainfall

Start Date N/A	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)	Amount of Snow Melt (estimated inches melted)
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Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

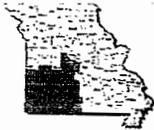
Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_  
Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print) Glenn Chambers	Title Chief Operator
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Authorized Representative Signature Glenn Chambers	Date November 21
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# Self Reporting Form For Wastewater Bypasses



- Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:
- Within 24 hours of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone. (573) 634-2436 – 24 Hour Spill Line or (417) 891-4300 – Southwest Regional Office
  - Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name) <i>Carthage WWTP</i>	Permit Number <i>MO-0039136</i>	Overflow or Bypass Reported to MDNR	
		Date <i>11-21-08</i>	Time <i>1:45</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR <i>Glenn Chambers</i>		MDNR Office and Person Contacted <i>Greg Perkins</i>	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date <i>Nov 20, 2008</i>	Time (to nearest 15 minutes) <i>after 4:00</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	End Date <i>Nov 21, 2008</i>	Time (to nearest 15 minutes) <i>9:00</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes) <i>less than 17 hrs</i>		Estimated Volume of Wastewater Discharged (gallons) <i>200 gallons</i>	
Location of the Overflow or Bypass (complete a separate form for each discharge location) <i>1020 Southern Hills</i>			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input checked="" type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Broken Sewer	<input type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input checked="" type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Effluent Weir/Flume <input type="checkbox"/>			
Strength of Bypass: <input checked="" type="checkbox"/> Raw <input type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The sewer line downstream of 1020 Southern Hills plugged up and bypassed out of manhole at 1020 Southern Hills. The line was jetted, which cleared the blockage. The area was lined.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

Date(s) and Duration of Rainfall

Start Date N/A	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)	Amount of Snow Melt (estimated inches melted)
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Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_

Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print) Glenn Chambers	Title Chief Operator
Authorized Representative Signature Glenn Chambers	Date November 21, 2008



# Self Reporting Form For Wastewater Bypasses



- Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:
- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone. (573) 634-2436 – 24 Hour Spill Line or (417) 891-4300 – Southwest Regional Office
  - Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name) <i>Carthage WLOTP</i>	Permit Number <i>MO-0039136</i>	Overflow or Bypass Reported to MDNR	
		Date <i>December 3, 2008</i>	Time <i>08:10</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR <i>Glenn Chambers</i>		MDNR Office and Person Contacted <i>Tara</i>	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date <i>December 2, 2008</i>	Time (to nearest 15 minutes) <i>9:00</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	End Date <i>Dec 3, 2008</i>	Time (to nearest 15 minutes) <i>7:45</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes) <i>less than 10 hrs 45 min</i>		Estimated Volume of Wastewater Discharged (gallons) <i>20</i>	
Location of the Overflow or Bypass (complete a separate form for each discharge location) <i>manhole near sludge pump building in plant yard</i>			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Broken Sewer	<input checked="" type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input checked="" type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Effluent Weir/Flume <input type="checkbox"/>			
Strength of Bypass: <input type="checkbox"/> Raw <input checked="" type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Floating solids were flowed out of the manhole. Floating solids also tripped a screw pump on, causing a callout. The floating solids are most likely generated by residual polymer fed at an industrial pretreatment DAF unit. The area was cleaned up.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

Date(s) and Duration of Rainfall

Start Date <i>N/A</i>	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)	Amount of Snow Melt (estimated inches melted)
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Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: *shoveled back into manhole*

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_

Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print) <i>Glenn Chambers</i>	Title <i>Chief Operator</i>
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Authorized Representative Signature <i>Glenn Chambers</i>	Date <i>December 3, 2008</i>
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# Self Reporting Form For Wastewater Bypasses



- Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:
- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone. (573) 634-2436 – 24 Hour Spill Line or (417) 891-4300 – Southwest Regional Office
  - Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

<b>Notification Information</b>			
Permittee (Municipality or Facility Name) <i>Carthage WWTP</i>	Permit Number <i>MO-0039136</i>	<b>Overflow or Bypass Reported to MDNR</b>	
		Date <i>Dec 5, 2008</i>	Time <i>09:25</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR <i>Glenn Chambers</i>		MDNR Office and Person Contacted <i>Jonathan Blodgett</i>	
<b>Overflow or Bypass Details</b>			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date <i>Dec 4, 2008</i>	Time (to nearest 15 minutes) <i>after 4:00</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	End Date <i>Dec 5, 2008</i>	Time (to nearest 15 minutes) <i>before 7:30</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes)		Estimated Volume of Wastewater Discharged (gallons) <i>5</i>	
Location of the Overflow or Bypass (complete a separate form for each discharge location) <i>manhole in WWTP yard near sludge pump building</i>			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain <input type="checkbox"/> Power Outage <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Rain and/or Snow Melt <input type="checkbox"/> Plugged Sewer <input type="checkbox"/> Widespread Flooding <input type="checkbox"/> Vandalism <input type="checkbox"/> Broken Sewer <input checked="" type="checkbox"/> Other (explain below)			
Type of Bypass:			
<input type="checkbox"/> Pipe Break <input type="checkbox"/> Lagoon/Basin Overflow <input type="checkbox"/> Digester <input checked="" type="checkbox"/> Manhole <input type="checkbox"/> Head Works <input type="checkbox"/> Drying Beds <input type="checkbox"/> Lift Station <input type="checkbox"/> Clarifier/Filter/Batch Reactor <input type="checkbox"/> Effluent Weir/Flume			
Strength of Bypass: <input type="checkbox"/> Raw <input checked="" type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Floating solids flowed out of the manhole. The floating solids appear to be generated by residual polymer fed at an industry DAF Unit.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

## Date(s) and Duration of Rainfall

Start Date  NA	Time (to nearest 15 minutes)  <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes)  <input type="checkbox"/> am <input type="checkbox"/> pm
Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)		Amount of Snow Melt (estimated inches melted)	

Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: Shoveled into dumpster

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_

Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print)  Glenn Chambers	Title  Chief Operator
Authorized Representative Signature  <i>Glenn Chambers</i>	Date  December 5, 2008



# Self Reporting Form For Wastewater Bypasses



- Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:
- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone.  
(573) 634-2436 – 24 Hour Spill Line or (417) 891-4300 – Southwest Regional Office
  - Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name)	Permit Number	Overflow or Bypass Reported to MDNR	
Carthage WWTP	MO-0039136	Date	Time
Person Representing Permittee Who Contacted MDNR		MDNR Office and Person Contacted	
Glenn Chambers		Chuck Grieson	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date	Time (to nearest 15 minutes)	End Date	Time (to nearest 15 minutes)
Dec 8 2008	after 4:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	Dec 9, 2008	after 7:30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes)		Estimated Volume of Wastewater Discharged (gallons)	
		55 gallons	
Location of the Overflow or Bypass (complete a separate form for each discharge location)			
manhole in WWTP yard near sludge pump building			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Broken Sewer	<input checked="" type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input checked="" type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Strength of Bypass: <input type="checkbox"/> Raw <input checked="" type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

floating solids flowed out of the manhole.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

Date(s) and Duration of Rainfall

Start Date <i>N/A</i>	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)	Amount of Snow Melt (estimated inches melted)
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Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: *Shoveled back into manhole*

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_  
Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print) <i>Glenn Chambers</i>	Title <i>Chief Operator</i>
Authorized Representative Signature <i>Glenn Chambers</i>	Date <i>December 9, 2008</i>



# Self Reporting Form For Wastewater Bypasses



**Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:

- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone.  
**(573) 634-2436 – 24 Hour Spill Line** or **(417) 891-4300 – Southwest Regional Office**
- Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the **Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.**

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name) <i>Carthage WWTTP</i>	Permit Number <i>MO-0039136</i>	Overflow or Bypass Reported to MDNR	
		Date <i>Dec 29, 2008</i>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR <i>Glenn Chambers</i>		MDNR Office and Person Contacted <i>Jonathan Blodgett</i>	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date <i>Dec 26, 2008</i>	Time (to nearest 15 minutes) <i>14:00</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes) <i>Less than 72 hrs</i>		Estimated Volume of Wastewater Discharged (gallons) <i>&gt;1000 gallons</i>	
Location of the Overflow or Bypass (complete a separate form for each discharge location) <i>Church of Christ Lift Station 3122 S Grand</i>			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain <input type="checkbox"/> Power Outage <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Rain and/or Snow Melt <input type="checkbox"/> Plugged Sewer <input type="checkbox"/> Widespread Flooding <input type="checkbox"/> Vandalism <input checked="" type="checkbox"/> Broken Sewer <input type="checkbox"/> Other (explain below)			
Type of Bypass:			
<input type="checkbox"/> Pipe Break <input type="checkbox"/> Lagoon/Basin Overflow <input type="checkbox"/> Digester <input type="checkbox"/> Manhole <input type="checkbox"/> Head Works <input type="checkbox"/> Drying Beds <input checked="" type="checkbox"/> Lift Station <input type="checkbox"/> Clarifier/Filter/Batch Reactor <input type="checkbox"/> Effluent Weir/Flume			
Strength of Bypass: <input checked="" type="checkbox"/> Raw <input type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The lift station discharge line sheared just outside of the wet well. The line was repaired.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

Date(s) and Duration of Rainfall

Start Date <i>N/A</i>	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)	Amount of Snow Melt (estimated inches melted)
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Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_  
 Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print) <i>Glenn Chambers</i>	Title <i>Chief Operator</i>
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Authorized Representative Signature <i>Glenn Chambers</i>	Date <i>December 29, 2008</i>
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**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Floating solids flowed out of manhole.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

Date(s) and Duration of Rainfall

Start Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm
N/A			

Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)	Amount of Snow Melt (estimated inches melted)

Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: Shoveled back into manhole.

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_

Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print) Glenn Chambers	Title Chief Operator
Authorized Representative Signature <i>Glenn Chambers</i>	Date December 29, 2008



**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Floating solids flowed out of manhole in the plant yard.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

Date(s) and Duration of Rainfall

Start Date <i>N/A</i>	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)	Amount of Snow Melt (estimated inches melted)
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Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: *Shoveled back into manhole*

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Solids were shoveled back into manhole

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_

Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print) <i>Glenn Chambers</i>	Title <i>Chief Operator</i>
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Authorized Representative Signature <i>Glenn Chambers</i>	Date <i>December 31, 2008</i>
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# Self Reporting Form For Wastewater Bypasses



- Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:
- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone.  
(573) 634-2436 – 24 Hour Spill Line or (417) 891-4300 – Southwest Regional Office
  - Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

<b>Notification Information</b>			
Permittee (Municipality or Facility Name) <i>Carthage WWTP</i>	Permit Number <i>MO-0039136</i>	<b>Overflow or Bypass Reported to MDNR</b>	
		Date <i>1-2-09</i>	Time <i>15:40</i> <input type="checkbox"/> am <input type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR <i>Glenn Chambers</i>		MDNR Office and Person Contacted <i>Chris Ray</i>	
<b>Overflow or Bypass Details</b>			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date <i>1-2-09</i>	Time (to nearest 15 minutes) <i>7:30</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	End Date <i>1-2-09</i>	Time (to nearest 15 minutes) <i>12:30</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes) <i>less than 5 hours</i>		Estimated Volume of Wastewater Discharged (gallons) <i>3,000 gallons</i>	
Location of the Overflow or Bypass (complete a separate form for each discharge location) <i>Pearl &amp; Fairview</i>			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain <input type="checkbox"/> Power Outage <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Rain and/or Snow Melt <input checked="" type="checkbox"/> Plugged Sewer <input type="checkbox"/> Widespread Flooding <input type="checkbox"/> Vandalism <input type="checkbox"/> Broken Sewer <input type="checkbox"/> Other (explain below)			
Type of Bypass:			
<input type="checkbox"/> Pipe Break <input type="checkbox"/> Lagoon/Basin Overflow <input type="checkbox"/> Digester <input checked="" type="checkbox"/> Manhole <input type="checkbox"/> Head Works <input type="checkbox"/> Drying Beds <input type="checkbox"/> Lift Station <input type="checkbox"/> Clarifier/Filter/Batch Reactor <input type="checkbox"/> Effluent Weir/Flume			
Strength of Bypass: <input checked="" type="checkbox"/> Raw <input type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Sewage was bypassing due to a plugged sewer.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

Date(s) and Duration of Rainfall

Start Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm
N/A			

Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)	Amount of Snow Melt (estimated inches melted)

Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Jetted line

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_

Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print) Glenn Chambers	Title Chief Operator
Authorized Representative Signature Glenn Chambers	Date 1-2-09



# Self Reporting Form For Wastewater Bypasses



**Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:

- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone. (573) 634-2436 – 24 Hour Spill Line or (417) 891-4300 – Southwest Regional Office
- Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name) <i>Carthage WWTP</i>	Permit Number <i>MO-0039136</i>	Overflow or Bypass Reported to MDNR	
		Date <i>Jan 30, 2009</i>	Time <i>15:35</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR <i>Glenn Chambers</i>		MDNR Office and Person Contacted <i>Jonathan Blodgett</i>	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date <i>Jan 29, 2009</i>	Time (to nearest 15 minutes) <i>after 4:00</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	End Date <i>Jan 30, 2009</i>	Time (to nearest 15 minutes) <i>7:30</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes)		Estimated Volume of Wastewater Discharged (gallons) <i>10 gallons</i>	
Location of the Overflow or Bypass (complete a separate form for each discharge location) <i>manhole in WWTP yard near sludge pump building</i>			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Broken Sewer	<input checked="" type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input checked="" type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Strength of Bypass: <input type="checkbox"/> Raw <input checked="" type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Floating Solids flowed out of the manhole onto the plant yard

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

Date(s) and Duration of Rainfall

Start Date  N/A	Time (to nearest 15 minutes)  <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes)  <input type="checkbox"/> am <input type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)	Amount of Snow Melt (estimated inches melted)
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Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: Shoveled Solids back into manhole

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

We are currently feeding an anti foam agent to reduce the volume of floating sludge, which should decrease the probability of a bypass.

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_  
Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print)  Glenn Chambers	Title  Chief Operator
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Authorized Representative Signature  Glenn Chambers	Date  January 30, 2009
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# Self Reporting Form For Wastewater Bypasses



- Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:
- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone.  
**(573) 634-2436 – 24 Hour Spill Line** or **(417) 891-4300 – Southwest Regional Office**
  - Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the **Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.**

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name) <i>Carthage WWTP</i>	Permit Number <i>MO-0039136</i>	Overflow or Bypass Reported to MDNR	
		Date <i>Feb 2, 2009</i>	Time <i>15:50</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR <i>Glenn Chambers</i>		MDNR Office and Person Contacted <i>Chuck Grusen</i>	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date <i>Feb 1, 2009</i>	Time (to nearest 15 minutes) <i>after 2:00</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	End Date <i>Feb 2, 2009</i>	Time (to nearest 15 minutes) <i>7:30</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes)		Estimated Volume of Wastewater Discharged (gallons) <i>40 gallons</i>	
Location of the Overflow or Bypass (complete a separate form for each discharge location) <i>manhole near sludge pump building in plant yard.</i>			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Broken Sewer	<input checked="" type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input checked="" type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Effluent Weir/Flume <input type="checkbox"/>			
Strength of Bypass: <input type="checkbox"/> Raw <input checked="" type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Floating solids flowed out of manhole in plant yard.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

Date(s) and Duration of Rainfall

Start Date N/A	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)	Amount of Snow Melt (estimated inches melted)
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Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: Shoveled back into manhole

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

we are currently feeding an antifoam agent to reduce the probability of a bypass.

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_  
 Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print) Glenn Chambers	Title Chief Operator
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Authorized Representative Signature <i>Glenn Chambers</i>	Date February 2, 2009
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# Self Reporting Form For Wastewater Bypasses



- Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:
- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone.  
**(573) 634-2436 – 24 Hour Spill Line** or **(417) 891-4300 – Southwest Regional Office**
  - Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the **Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.**

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

<b>Notification Information</b>			
Permittee (Municipality or Facility Name) <i>Carthage WWTP</i>	Permit Number <i>MO-0039136</i>	<b>Overflow or Bypass Reported to MDNR</b>	
Person Representing Permittee Who Contacted MDNR <i>Glenn Chambers</i>		Date <i>Feb 3 2009</i>	Time <i>10:45</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
		MDNR Office and Person Contacted <i>Tara Massey</i>	
<b>Overflow or Bypass Details</b>			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date <i>Feb 3, 2009</i>	Time (to nearest 15 minutes) <i>09:15</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes)		Estimated Volume of Wastewater Discharged (gallons) <i>500 gallons</i>	
Location of the Overflow or Bypass (complete a separate form for each discharge location) <i>Fairview &amp; Pearl</i>			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input checked="" type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Broken Sewer	<input type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input checked="" type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Strength of Bypass: <input checked="" type="checkbox"/> Raw <input type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Sewer line was plugged with grease

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

Date(s) and Duration of Rainfall

Start Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)	Amount of Snow Melt (estimated inches melted)
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Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Jetted the sewer line

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_

Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print) Glenn Chambers	Title Chief Operator
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Authorized Representative Signature Glenn Chambers	Date February 3, 2009
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# Self Reporting Form For Wastewater Bypasses



- Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:
- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone.  
(573) 634-2436 – 24 Hour Spill Line or (417) 891-4300 – Southwest Regional Office
  - Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name) <i>Carthage WWTP</i>	Permit Number <i>Mo-0039136</i>	Overflow or Bypass Reported to MDNR	
		Date <i>2-11-09</i>	Time <i>15:50</i> <input type="checkbox"/> am <input type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR <i>Glenn Chambers</i>		MDNR Office and Person Contacted <i>Tina White</i>	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date <i>2-11-09</i>	Time (to nearest 15 minutes) <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	End Date <i>2-11-09</i>	Time (to nearest 15 minutes) <i>12:30</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes)		Estimated Volume of Wastewater Discharged (gallons) <i>200 gallons</i>	
Location of the Overflow or Bypass (complete a separate form for each discharge location) <i>1903 Main</i>			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain <input type="checkbox"/> Power Outage <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Rain and/or Snow Melt <input type="checkbox"/> Plugged Sewer <input type="checkbox"/> Widespread Flooding <input type="checkbox"/> Vandalism <input type="checkbox"/> Broken Sewer <input checked="" type="checkbox"/> Other (explain below)			
Type of Bypass:			
<input type="checkbox"/> Pipe Break <input type="checkbox"/> Lagoon/Basin Overflow <input type="checkbox"/> Digester <input type="checkbox"/> Manhole <input type="checkbox"/> Head Works <input type="checkbox"/> Drying Beds <input type="checkbox"/> Lift Station <input type="checkbox"/> Clarifier/Filter/Batch Reactor <input type="checkbox"/> Effluent Weir/Flume			
Strength of Bypass: <input checked="" type="checkbox"/> Raw <input type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Resident had to open service cleanout to keep sewage from backing up into house

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

Date(s) and Duration of Rainfall

Start Date 2-10-09	Time (to nearest 15 minutes) 19:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	End Date 2-11-09	Time (to nearest 15 minutes) 11:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy) 2.2	Amount of Snow Melt (estimated inches melted)
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Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_  
Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print) Glenn Chambers	Title Chief Operator
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Authorized Representative Signature <i>Glenn Chambers</i>	Date February 12, 2009
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# Self Reporting Form For Wastewater Bypasses



- Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:
- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone.  
(573) 634-2436 – 24 Hour Spill Line      or      (417) 891-4300 – Southwest Regional Office
  - Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name) <i>Carthage WWTP</i>	Permit Number <i>Mo-0039136</i>	Overflow or Bypass Reported to MDNR	
		Date <i>2-12-09</i>	Time <i>15:30</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR <i>Glenn Chamber</i>		MDNR Office and Person Contacted <i>Brad Harris #090212-1522-BWH</i>	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date <i>2-11-09</i>	Time (to nearest 15 minutes) <i>18:00</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	End Date <i>2-12-09</i>	Time (to nearest 15 minutes) <i>12:30</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes) <i>18 hrs 30 min (estimated)</i>		Estimated Volume of Wastewater Discharged (gallons) <i>110,000 gallons</i>	
Location of the Overflow or Bypass (complete a separate form for each discharge location) <i>Manholes # 2.32 &amp; 2.32-1 between RR tracks and Orner &amp; Budlong</i>			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Broken Sewer	<input type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input checked="" type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Strength of Bypass: <input checked="" type="checkbox"/> Raw <input type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Various materials in manhole blocked the flow of sewage. Materials included rocks, posts, sign, and a concrete block.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

Date(s) and Duration of Rainfall

Start Date 2-10-08	Time (to nearest 15 minutes) 19:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	End Date 2-11-09	Time (to nearest 15 minutes) 11:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy) 2.2	Amount of Snow Melt (estimated inches melted)
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Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: Spring River
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Material was cleared from manhole.

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_  
Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print)	Title
Authorized Representative Signature	Date



# Self Reporting Form For Wastewater Bypasses



- Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:
- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone. (573) 634-2436 – 24 Hour Spill Line or (417) 891-4300 – Southwest Regional Office
  - Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name) <i>Carthage WWTP</i>	Permit Number <i>MO-0039136</i>	Overflow or Bypass Reported to MDNR	
		Date <i>March 3, 2009</i>	Time <i>12:45</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR <i>Glenn Chambers</i>		MDNR Office and Person Contacted <i>Randy Bradley</i>	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date <i>unknown</i>	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date <i>Feb 23, 2009</i>	Time (to nearest 15 minutes) <i>2:00</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes)		Estimated Volume of Wastewater Discharged (gallons) <i>200 gallons</i>	
Location of the Overflow or Bypass (complete a separate form for each discharge location) <i>1028 Olive St</i>			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input checked="" type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Broken Sewer	<input type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Strength of Bypass: <input checked="" type="checkbox"/> Raw <input type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Customer's cleanout was off and sewage was seeping into yard.  
City's line was jetted, but did not clear customer's service line.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

## Date(s) and Duration of Rainfall

Start Date <i>N/A</i>	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)

Amount of Snow Melt (estimated inches melted)

Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_

Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print) <i>Glenn Chambers</i>	Title <i>Chief Operator</i>
Authorized Representative Signature <i>Glenn Chambers</i>	Date <i>February March 3, 2009</i>



# Self Reporting Form For Wastewater Bypasses



- Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:
- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone.  
(573) 634-2436 – 24 Hour Spill Line or (417) 891-4300 – Southwest Regional Office
  - Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name)	Permit Number	Overflow or Bypass Reported to MDNR	
Carthage WWTP	MO-0039136	Date Apr 20, 2009	Time 14:45 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Person Representing/Permittee Who Contacted MDNR		MDNR Office and Person Contacted	
Glenn Chambers		Jonathan Blodgett	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date	Time (to nearest 15 minutes)	End Date	Time (to nearest 15 minutes)
April 20, 2009	09:30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	April 20, 2009	11:30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes)		Estimated Volume of Wastewater Discharged (gallons)	
two hours		15,000 gallons	
Location of the Overflow or Bypass (complete a separate form for each discharge location)			
manhole 2-25, Sycamore & Sophia St.			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input checked="" type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input checked="" type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Broken Sewer	<input type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input checked="" type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Strength of Bypass: <input checked="" type="checkbox"/> Raw <input type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

A sewer main plugged with roots and grease caused a bypass at the manhole.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

Date(s) and Duration of Rainfall

Start Date April 18, 2009	Time (to nearest 15 minutes) 4:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	End Date April 19, 2009	Time (to nearest 15 minutes) 2:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy) 0.6	Amount of Snow Melt (estimated inches melted)
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Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: Springer River
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

The line was cleaned by the jetter truck

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_  
Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print) Glenn Chambers	Title Chief Operator
Authorized Representative Signature Glenn Chambers	Date April 20, 2009



# Self Reporting Form For Wastewater Bypasses



- Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:
- Within **24 hours** of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone. (573) 634-2436 – 24 Hour Spill Line or (417) 891-4300 – Southwest Regional Office
  - Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name)	Permit Number	Overflow or Bypass Reported to MDNR	
Carthage WWTP	Mo 0039136	Date	Time
		April 20, 2009	19:45 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR		MDNR Office and Person Contacted	
Glean Chambers		Jonathan Blodgett	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date	Time (to nearest 15 minutes)	End Date	Time (to nearest 15 minutes)
April 19, 2009	11:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	April 20, 2009	9:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes)		Estimated Volume of Wastewater Discharged (gallons)	
Thru 30 min		3,000	
Location of the Overflow or Bypass (complete a separate form for each discharge location)			
manhole 4S.B# 800 E Chestnut			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input checked="" type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input checked="" type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Broken Sewer	<input type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input checked="" type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Strength of Bypass: <input checked="" type="checkbox"/> Raw <input type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

A plugged sewer main caused a bypass at the manhole.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

## Date(s) and Duration of Rainfall

Start Date	Time (to nearest 15 minutes)	End Date	Time (to nearest 15 minutes)
April 18, 2009	4:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	April 19, 2009	2:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm

Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)

0.6

Amount of Snow Melt (estimated inches melted)

Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: Spring River
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

The line was jetted.

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_

Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print)	Title
Glenn Chambers	Chief Operator
Authorized Representative Signature	Date
Glenn Chambers	April 20, 2009



# Self Reporting Form For Wastewater Bypasses



**Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:

- Within 24 hours of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone.  
(573) 634-2436 – 24 Hour Spill Line or (417) 891-4300 – Southwest Regional Office
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name)	Permit Number	Overflow or Bypass Reported to MDNR	
Carthage WWTP	MO-0039136	Date	Time
Person Representing Permittee Who Contacted MDNR		MDNR Office and Person Contacted	
Glenn Chambers		Chuck Grueson	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date	Time (to nearest 15 minutes)	End Date	Time (to nearest 15 minutes)
April 23, 2009	09:30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	April <del>23</del> 23, 2009	09:45 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes)		Estimated Volume of Wastewater Discharged (gallons)	
15 minutes		2000 gallons	
Location of the Overflow or Bypass (complete a separate form for each discharge location)			
plant yard			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input checked="" type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Broken Sewer	<input type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input type="checkbox"/> Digester	<input type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input checked="" type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Strength of Bypass: <input checked="" type="checkbox"/> Raw <input type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Exited out fecal pit at #4 sludge tank. The influent pumps were turned off to exercise the peak flow pumps. When inspected the following morning, both peak flow pumps had broken impellers caused by rocks.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

Date(s) and Duration of Rainfall

Start Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)	Amount of Snow Melt (estimated inches melted)
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Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

The impellers will be replaced, and pumps will be checked for discharge before turning influent pumps off

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_

Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print) Glenn Chambers	Title Chief Operator
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Authorized Representative Signature Glenn Chambers	Date April 24, 2009
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# Self Reporting Form For Wastewater Bypasses



- Notice:** Under RSMO 10 CSR 20-7.015(9)(E) and in accordance with reporting requirements in your Missouri State Operating Permit (MSOP), all permittees shall provide the following notices if an unscheduled sanitary sewer overflow or bypass occurs:
- Within 24 hours of the occurrence, notify the Missouri Department of Natural Resources (MDNR) by telephone. (573) 634-2436 – 24 Hour Spill Line or (417) 891-4300 – Southwest Regional Office
  - Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Missouri Department of Natural Resources, Southwest Regional Office, 2040 W. Woodland, Springfield, MO 65807.

Failure to notify the department as specified may result in civil or criminal penalties for noncompliance.

**Instructions:** Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the diversion of wastewater from any portion of a wastewater treatment facility or sewer system to waters of the state or where the contaminants might reasonably reach waters of the state.

Use one form per occurrence. A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24 hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it is caused by the same circumstance, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information			
Permittee (Municipality or Facility Name)	Permit Number	Overflow or Bypass Reported to MDNR	
Carthage WWTP	MO-0039136	Date	Time
		June 5, 2009	10:05 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Person Representing Permittee Who Contacted MDNR		MDNR Office and Person Contacted	
		Greg Perkins	
Overflow or Bypass Details			
Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date	Time (to nearest 15 minutes)	End Date	Time (to nearest 15 minutes)
June 5, 2009	08:15 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	June 5, 2009	08:15 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes)		Estimated Volume of Wastewater Discharged (gallons)	
1 minute		100 gallons	
Location of the Overflow or Bypass (complete a separate form for each discharge location)			
by digester			
Circumstances Causing the Overflow or Bypass (check all that apply)			
<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Rain and/or Snow Melt	<input type="checkbox"/> Plugged Sewer	<input type="checkbox"/> Widespread Flooding	
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Broken Sewer	<input checked="" type="checkbox"/> Other (explain below)	
Type of Bypass:			
<input type="checkbox"/> Pipe Break	<input type="checkbox"/> Lagoon/Basin Overflow	<input checked="" type="checkbox"/> Digester	<input type="checkbox"/> Manhole
<input type="checkbox"/> Drying Beds	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Clarifier/Filter/Batch Reactor	<input type="checkbox"/> Head Works
Strength of Bypass: <input type="checkbox"/> Raw <input checked="" type="checkbox"/> Partially Treated			

**Overflow or Bypass Details**

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Operator was trying get decant line to flow. When it started flowing, it overflowed the flow junction box by digester.

**Wet Weather Data (if applicable)**

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

Date(s) and Duration of Rainfall

Start Date <i>N/A</i>	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm
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Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)	Amount of Snow Melt (estimated inches melted)
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Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: *ran onto asphalt, was hosed into washdown drain in plant.*

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The MSOP permit prohibits bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Type of Samples Taken:  BOD  TSS  Fecal  Ammonia  DO  None  Other: \_\_\_\_\_  
Attach copies of any test results.

**Report Completed By**

Authorized Representative Name (Print) <i>Glenn Chambers</i>	Title <i>Chief Operator</i>
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Authorized Representative Signature <i>Glenn Chamber</i>	Date <i>June 8, 2009</i>
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## CARTHAGE WATER & ELECTRIC PLANT

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July 2, 2009

Department of Natural Resources  
Water Protection Program  
Attn: NPDES Permits & Engineering Section  
P O Box 176  
Jefferson City MO 65102

In Re: Renewal Permit Number MO0039136  
Carthage WWTP

Dear Sirs:

Enclosed please find NPDES renewal application and backup documentation for Carthage Wastewater Treatment Plant Permit Number MO0039136.

We appreciate your processing this information.

Sincerely,

A handwritten signature in cursive script that reads "Susan Wendleton".

Susan Wendleton  
Administrative Assistant

Enc.

Cc: Glenn Chambers  
Tom Pittman

RECEIVED  
JUL 06 2009  
WATER PROTECTION PROGRAM

*Building on a Century of Service since 1898*

Main Office • 149 E. Third • P.O. Box 611 • Carthage, Missouri 64836 • Phone (417) 237-7300 • Fax (417) 237-7310



**A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS**

PERMIT NUMBER MO-0039136

The permittee is authorized to discharge from outfall(s) with serial number(s) as specified in the application for this permit. The final effluent limitations shall become effective upon issuance and remain in effect until expiration of the permit. Such discharges shall be controlled, limited and monitored by the permittee as specified below:

OUTFALL NUMBER AND EFFLUENT PARAMETER(S)	UNITS	FINAL EFFLUENT LIMITATIONS			MONITORING REQUIREMENTS	
		DAILY MAXIMUM	WEEKLY AVERAGE	MONTHLY AVERAGE	MEASUREMENT FREQUENCY	SAMPLE TYPE
<u>Outfall #001</u>						
Flow	MGD	*		*	once/day	24 hr. total
Carbonaceous Biochemical Oxygen Demand,**	mg/L		15	15	once/week	24 hr. composite
Total Suspended Solids**	mg/L		45	30	once/week	24 hr. composite
pH - Units	SU	***		***	once/week	grab
Ammonia as N	mg/L	*		*	once/month	grab
Fecal Coliform****	#/100 mL	1,000		400	once/week	grab
Oil and Grease	mg/L	15		10	once/month	grab

MONITORING REPORTS SHALL BE SUBMITTED MONTHLY; THE FIRST REPORT IS DUE March 28, 2005.

Whole Effluent Toxicity (WET) Test	(%Survival)	(See Special Conditions)	once/year	24 hr. composite
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MONITORING REPORTS SHALL BE SUBMITTED ANNUALLY; THE FIRST REPORT IS DUE October 28, 2005.

Cadmium, Total Recoverable	µg/L	24		24	once/quarter*****	24 hr. composite
Chromium, Total Recoverable	µg/L	75		75	once/quarter*****	24 hr. composite
Copper, Total Recoverable	µg/L	48		48	once/quarter*****	24 hr. composite
Lead, Total Recoverable	µg/L	32		32	once/quarter*****	24 hr. composite
Nickel, Total	µg/L	1050		1050	once/quarter*****	24 hr. composite

MONITORING REPORTS SHALL BE SUBMITTED QUARTERLY; THE FIRST REPORT IS DUE April 28, 2005. THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

**B. STANDARD CONDITIONS**

IN ADDITION TO SPECIFIED CONDITIONS STATED HEREIN, THIS PERMIT IS SUBJECT TO THE ATTACHED Parts I, II & III STANDARD CONDITIONS DATED October 1, 1980 and August 15, 1994, AND HEREBY INCORPORATED AS THOUGH FULLY SET FORTH HEREIN.

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS					PAGE NUMBER 3 of 8	
					PERMIT NUMBER MO-0039136	
The permittee is authorized to discharge from outfall(s) with serial number(s) as specified in the application for this permit. The final effluent limitations shall become effective upon issuance and remain in effect until expiration of the permit. Such discharges shall be controlled, limited and monitored by the permittee as specified below:						
OUTFALL NUMBER AND EFFLUENT PARAMETER(S)	UNITS	FINAL EFFLUENT LIMITATIONS			MONITORING REQUIREMENTS	
		DAILY MAXIMUM	WEEKLY AVERAGE	MONTHLY AVERAGE	MEASUREMENT FREQUENCY	SAMPLE TYPE
<u>Outfall #001(continued)</u>						
Silver, Total Recoverable	µg/L	10		10	once/quarter*****	24 hr comp
Zinc, Total Recoverable	µg/L	418		418	once/quarter*****	24 hr comp
Cyanide (Amenable to Chlorination)	µg/L	11		11	once/quarter*****	24 hr comp
MONITORING REPORTS SHALL BE SUBMITTED <u>QUARTERLY</u> ; THE FIRST REPORT IS DUE <u>March 28, 2005</u> .						
<u>Outfall #002 (Note 1)</u>						
Flow	MGD	*		*	once/day	24 hr. total
Biochemical Oxygen Demand <sub>5</sub>	mg/L		45		once/week	24 hr. comp
Total Suspended Solids	mg/L		45		once/week	24 hr. comp
pH - Units	SU	***		***	once/week	grab
MONITORING REPORTS SHALL BE SUBMITTED <u>MONTHLY</u> ; THE FIRST REPORT IS DUE <u>March 28, 2005</u> .						
<u>Stream Monitoring(S1&amp;S2)</u> (Note 2)						
Temperature	°F	*		*	once/quarter*****	grab
pH	SU	*		*	once/quarter*****	grab
Dissolved oxygen	mg/L	*		*	once/quarter*****	grab
Ammonia as N	mg/L	*		*	once/quarter*****	grab
Cadmium, Total Recoverable	µg/L	*		*	once/quarter*****	grab
Chromium, Total Recoverable	µg/L	*		*	once/quarter*****	grab
Copper, Total Recoverable	µg/L	*		*	once/quarter*****	grab
Lead, Total Recoverable	µg/L	*		*	once/quarter*****	grab
Nickel, Total Recoverable	µg/L	*		*	once/quarter*****	grab
Silver, Total Recoverable	µg/L	*		*	once/quarter*****	grab
Zinc, Total Recoverable	µg/L	*		*	once/quarter*****	grab
Cyanide (amenable to chlorination)	µg/L	*		*	once/quarter*****	grab
MONITORING REPORTS SHALL BE SUBMITTED <u>QUARTERLY</u> ; THE FIRST REPORT IS DUE <u>April 28, 2005</u> . THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.						
<b>B. STANDARD CONDITIONS</b>						
IN ADDITION TO SPECIFIED CONDITIONS STATED HEREIN, THIS PERMIT IS SUBJECT TO THE ATTACHED <u>Parts I, II&amp; III</u> STANDARD CONDITIONS DATED <u>October 1, 1980 and August 15, 1994</u> , AND HEREBY INCORPORATED AS THOUGH FULLY SET FORTH HEREIN.						

MISSOURI DEPARTMENT OF NATURAL RESOURCES

WATER POLLUTION CONTROL BRANCH  
PERMIT SECTION  
POST OFFICE BOX 176  
JEFFERSON CITY, MO. 65102-0176

MAY 20 2009

DATE: May 21, 2009

MAIL TO: CARTHAGE CITY OF  
PO BOX 611  
CARTHAGE, MO. 64836-

FACILITY NAME: CARTHAGE WWTP  
PERMIT NUMBER: MO0039136

COUNTY: JASPER  
TREATMENT: OXI D

FORM(S) NEEDED TO RENEW: B2

RECEIVED  
JUL 06 2009  
WATER PROTECTION PROGRAM

Dear Permittee:

Your NPDES permit for the above facility will be expiring on 01/20/2010.

A renewal application must be filed 180 days before your current permit expires. You must submit information on the current nature of the discharge and the status of compliance with the renewal application. You should also forward any information regarding abandonment, non-use, or change of name or ownership of the facility.

1. In order to process the application, the appropriate form(s) must be completed, have original signature(s), and include an updated location map. Please be aware that a renewal application must be submitted unless the permit has been terminated. Failure to have a valid permit is a violation of the Missouri Clean Water Law and Regulations.

2. If the activity covered by this permit has ceased, you must request the termination of your permit by completing a Request For Termination Form H or J as appropriate.

The form(s) needed to renew the current permit are listed above. Please send the appropriate completed forms to your DNR Regional Office at the address listed at the top of the letter.

Additional information may be obtained at the Department's web site: [www.dnr.mo.gov](http://www.dnr.mo.gov). Forms referenced above are included and can be found at: [www.dnr.mo.gov/forms/index.html#WaterPollution](http://www.dnr.mo.gov/forms/index.html#WaterPollution) under the 'Discharge (Water Pollution)' or 'Termination' heading.

If you have any questions pertaining to your permit or need assistance obtaining a form, please contact our office at (573) 751-6825.

Thank you for protecting Missouri's natural resources by helping us keep your permit up to date.

Sincerely,

WATER POLLUTION CONTROL BRANCH

