

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES

MISSOURI CLEAN WATER COMMISSION



CONSTRUCTION PERMIT

The Missouri Department of Natural Resources hereby issues a permit to:

Jefferson Baptist Association
P.O. Box 100
Mapaville, MO 63065

for the construction of (described facilities):

See attached.

Permit Conditions:

See attached.

Construction of such proposed facilities shall be in accordance with the provisions of the Missouri Clean Water Law, Chapter 644, RSMo, and regulation promulgated thereunder, or this permit may be revoked by the Department of Natural Resources (Department).

As the Department does not examine structural features of design or the efficiency of mechanical equipment, the issuance of this permit does not include approval of these features.

A representative of the Department may inspect the work covered by this permit during construction. Issuance of a permit to operate by the Department will be contingent on the work substantially adhering to the approved plans and specifications.

This permit applies only to the construction of water pollution control components; it does not apply to other environmentally regulated areas.

December 4, 2014
Effective Date


Sara Parker Pauley, Director, Department of Natural Resources

December 3, 2016
Expiration Date


John Madras, Director, Water Protection Program

CONSTRUCTION PERMIT

I. CONSTRUCTION DESCRIPTION

The proposed project is the addition of a sprinkler irrigation system (32 sprinklers) to the existing storage lagoon/pump & haul system at the Bates Creek Baptist Camp. The 6.0 acre irrigation system is designed for 778,000 gallons per year (includes 1-in-10 year stormwater flows) at the seasonal camp. The design application rate is 17-inches per year. The existing three-cell lagoon system has a capacity of 750,100 gallons. Sludge is retained in the lagoon system.

II. FINDING OF AFFORDABILITY

The Finding of Affordability is not applicable. The permittee is not a combined or separate sanitary sewer system or a publicly owned treatment works.

III. CONSTRUCTION PERMIT CONDITIONS

The permittee is authorized to construct subject to the following conditions:

1. This construction permit does not authorize discharge.
2. All construction shall be in accordance with the plans and specifications submitted by Taylor Engineering received on June 20, 2014 and August 7, 2014.
3. The Department must be contacted in writing prior to making any changes to the approved plans and specifications that would directly or indirectly have an impact on the capacity, flow, system layout, or reliability of the proposed wastewater treatment facilities or any design parameter that is addressed by 10 CSR 20-8, in accordance with 10 CSR 20-8.110(8).
4. State and Federal Law does not permit bypassing of raw wastewater, therefore steps must be taken to ensure that raw wastewater does not discharge during construction. If a sanitary sewer overflow or bypass occurs, report the appropriate information to the Department's SE Regional Office per 10 CSR 20-7.015(9)(E)2.
5. This Construction Permit is invalid for projects required to comply with the requirements contained in 10 CSR 20-4, "Grants and Loans"
6. Protection of drinking water supplies shall be in accordance with 10 CSR 20-8.120(10). "There shall be no physical connections between a public or private potable water supply system and a sewer, or appurtenance thereto which would permit the passage of any wastewater or polluted water into the potable supply. No water pipe shall pass through or come in contact with any part of a sewer manhole."

7. Sewers in relation to water works structures shall meet the requirements of 10 CSR 23-3.010 with respect to minimum distances from public water supply wells or other water supply sources and structures.
 - A. Sewer mains shall be laid at least ten feet horizontally from any existing or proposed water main. The distances shall be measured edge-to-edge. In cases where it is not practical to maintain a ten foot separation, the Department may allow a deviation on a case-by-case basis, if supported by data from the design engineer. Such a deviation may allow installation of the sewer closer to a water main, provided that the water main is in a separate trench or on an undisturbed earth shelf located on either side of the sewer and at an elevation so the bottom of the water main is at least 18 inches above the top of the sewer. If it is impossible to obtain proper horizontal and vertical separation as described above for sewers, the sewer must be constructed of slip-on or mechanical joint pipe or continuously encased and be pressure tested to 150 pounds per square inch to assure water tightness.
 - B. Manholes should be located at least ten feet horizontally from any existing or proposed water main.
 - C. Sewers crossing water mains shall be laid to provide a minimum vertical distance of 18 inches between the outside of the water main and the outside of the sewer. This shall be the case where the water main is either above or below the sewer. The crossing shall be arranged so that the sewer joints will be equidistant and as far as possible from the water main joints. Where a water main crosses under a sewer, adequate structural support shall be provided for the sewer to maintain line and grade. When it is impossible to obtain proper vertical separation as stipulated above, one of the following methods must be specified:
 - a. The sewer shall be designed and constructed equal to the water pipe and shall be pressure tested to assure water tightness prior to backfilling; or
 - b. Either the water main or sewer line may be continuously encased or enclosed in a watertight carrier pipe which extends ten feet on both sides of the crossing, measured perpendicular to the water main. The carrier pipe shall be of materials approved by the Department for use in water main construction.
8. In addition to the requirements for a construction permit, 10 CSR 20-6.200 requires land disturbance activities of one acre or more to obtain a Missouri State Operating Permit to discharge stormwater. The permit requires Best Management Practices sufficient to control runoff and sedimentation to protect waters of the state. Land disturbance permits will only be obtained by means of the Department's ePermitting system available online at www.dnr.mo.gov/env/wpp/epermit/help.htm. See www.dnr.mo.gov/env/wpp/stormwater/sw-land-disturb-permits.htm for more information.
9. A United States (U.S.) Army Corps of Engineers (COE) permit (404) and a Water Quality Certification (401) issued by the Department or permit waiver may be required for the activities described in this permit. This permit is not valid until these requirements are satisfied. If construction activity will disturb any land below the ordinary high water mark of Jurisdictional Waters of the U.S. then a 404/401 will be required. Since the COE makes determinations on what is jurisdictional, you must contact the COE to determine permitting requirements. You may call the Department's Water Protection Program at 573-751-1300 for more information. See www.dnr.mo.gov/env/wpp/401/ for more information.

10. A full closure plan shall be submitted to the Department's SE Regional Office for review and approval of any permitted wastewater treatment system being replaced. In accordance with 10 CSR 20-6.010(12), the closure plan must meet the requirements outlined in Standard Conditions Part III of the Missouri State Operating Permit No. MO- 0123544. Closure shall not commence until the submitted closure plan is approved by the Department. Form J – Request for Termination of a State Operating Permit, shall be submitted to the Water Protection Program for termination of any existing Missouri State Operating Permit, once closure is completed in accordance with the approved closure plan.

11. Upon completion of construction;
 - A. The Jefferson Baptist Association will become the continuing authority for operation, maintenance, and modernization of these facilities;
 - B. Submit the enclosed form Statement of Work Completed to the Department in accordance with 10 CSR 20-6.010(5)(D);
 - C. Submit an electronic copy of the “as built” drawings if the project was not constructed in accordance with previously submitted plans and specifications; and
 - D. Submit a Form B - Application for an Operating Permit for Domestic or Municipal Wastewater ($\leq 100,000$ gallons per day) along with the modification fee.

IV. REVIEW SUMMARY

1. AMMONIA

The Water Protection Program is providing this notice to inform permittees that EPA's published ammonia criteria for aquatic life protection is lower than the current Missouri criteria. The department has initiated stakeholder discussions on this topic and at this time, there is no firm target date for starting the rulemaking to adopt new standards. More information can be found at <http://dnr.mo.gov/pubs/pub2481.pdf> .

The facility is currently a “no-discharge/pump & haul” system, which is not subject to EPA's published ammonia criteria. The proposed modification to the facility is the addition of a land treatment system that will retain its no-discharge status. The proposed modification will not subject the facility of EPA's published ammonia criteria.

2. CONSTRUCTION PURPOSE

The purpose of the construction is to provide a no-discharge wastewater treatment system with onsite treatment of wastewater to avoid hauling of wastewater to a permitted treatment facility.

3. FACILITY DESCRIPTION

The Bates Creek Baptist Camp wastewater treatment facility will consist of a three cell storage lagoon system with a capacity of 750,100 gallons followed by a 6-acre irrigation system. The application rate for the sprinkler system is designed at up to a 0.5 inches per hour rate. The population equivalent for the seasonal camp is 164 persons. The annual application rate is 17 inches.

4. COMPLIANCE PARAMETERS

The current facility is a “pump and haul” facility. The addition of the sprinkler system will eliminate the need to haul wastewater to a permitted facility by treating wastewater onsite.

5. REVIEW of MAJOR TREATMENT DESIGN CRITERIA

The proposed application rate for the irrigation system is up to 0.5 inches per hour and 17-inches per year. The anticipated application rate is 0.14-inch per hour. The design wet weather flow for the facility is 778,000 gallons per year. At the wastewater treatment facility’s design wet weather flow the application rate for the six acre irrigation system will be less than 5-inches per year for this seasonal facility.

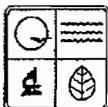
6. OPERATING PERMIT MODIFICATION

Operating permit MO-0123544 will require a modification to reflect the construction activities. Upon construction completion the permittee must submit a modification fee and Form B - Application for an Operating Permit for Domestic or Municipal Wastewater ($\leq 100,000$ gallons per day).

Stephen P. Busch, P.E.
Engineering Section
steve.busch@dnr.mo.gov

RECEIVED

C 2001660
AP 18760 C 13463



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
FORM B: APPLICATION FOR AN OPERATING PERMIT FOR DOMESTIC OR
MUNICIPAL WASTEWATER (≤100,000 gallons per day) WATER PROTECTION PROGRAM

JUN 20 2014

FOR AGENCY USE ONLY	
CHECK NUMBER	2952
DATE RECEIVED	6/20/14
FEES SUBMITTED	\$ 37.50

RB

PLEASE READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. THIS APPLICATION IS FOR:

An operating permit for a new (including antidegradation review) or unpermitted facility. Construction Permit # _____

An operating permit renewal: Permit #MO- _____ Expiration Date _____

An operating permit modification: Permit #MO- 0123544 Reason: Upgrade

1.1 Is the appropriate fee included with the application (see instructions for appropriate fee)? YES NO

1.2 Is a facility description included with this application (see 7.1)? YES NO

2. FACILITY

NAME Bates Creek Baptist Camp		TELEPHONE NUMBER WITH AREA CODE (573) 210-6135	
ADDRESS (PHYSICAL) Route 1	CITY Potosi	STATE MO	ZIP CODE 63664
OUTFALL NUMBER For multiple outfalls, this is number 001 of 1			
Estimated (actual) flow: 2739 gpd, Design Average Flow: 3770 gpd, Design Peak Hourly Flow: 318 gph			
2.1 Legal description: ¼, SW ¼, SE ¼, Sec. 21, T 37, R 2E County Washin			
2.2 UTM Coordinates Easting (X): 691259 Northing (Y): 4197768 For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)			
2.3 Name of receiving stream: Bates Creek			

3. OWNER

NAME Jefferson Baptist Association		E-MAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE (573) 210-6135-636-937-8608
ADDRESS P.O. Box 100	CITY Mapaville	STATE MO	ZIP CODE 63065
3.1 Request review of draft permit prior to public notice? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

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

NAME Same		E-MAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE
ADDRESS	CITY	STATE	ZIP CODE

5. OPERATOR

NAME N/A		CERTIFICATE NUMBER
E-MAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE	

6. FACILITY CONTACT

NAME John Jones		TITLE Director
E-MAIL ADDRESS jjpastorjohn3@gmail.com	TELEPHONE NUMBER WITH AREA CODE 573-431-1069 573-210-6135	

7. DESCRIPTION OF FACILITY

7.1 Describe the facility (attach additional sheet if required) and attach a flow chart showing the influents, treatment facilities and outfalls.
The lagoon system was previously modified in 2011 from a discharging system to a no-discharge system. This permit application is for the addition of the fixed irrigation field.

7.2 Attach an aerial photograph or USGS topographic map showing the location of the facility and outfall.

7.3 Design flow for this outfall: 3770 Total design flow for the facility: 3770 Actual flow for this outfall: 3770

7.4 Number of people presently connected or population equivalent (P.E.): N/A Design P.E.: 164

7.5 Does the facility accept or process leachate from landfills? Yes No

8. ADDITIONAL FACILITY INFORMATION8.1 Facility SIC code: 8661; Discharge SIC code: 4952

8.2 Milestone dates:

Date of completion of construction of facility: TBDDates of any construction modifications to the facility (along with description of modification): 2011

Modified discharging lagoon system into a no-discharge system.

8.3 Connections to the facility:

Number of units presently connected: Homes N/A Trailers N/A Apartments N/A

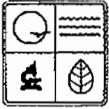
Other (including industrial) _____ (If industrial, see instructions 8.1)

Number of commercial establishments: 0Daily number of employees working (total estimate): Varie Daily number of customers/guests (total estimate): Varie8.4 Length of pipe in the sewer collection system? 3500 feet or _____ miles (either unit is appropriate.)8.5 Does any bypassing occur in the collection system or at the treatment facility? Yes No (If yes, explain.)8.6 Does significant infiltration occur in the collection system? Yes No (If yes, explain and attach proposed repair.)**9. DISCHARGE INFORMATION**9.1 Will the discharge be continuous throughout the year? Yes No9.2 Discharge will occur during the following months: 09.3 How many days of the week will the discharge occur? 09.4 Is wastewater land-applied? Yes No (If yes, attach Form I.)9.5 Will chlorine be added to the effluent? Yes NoIf chlorine is added, what is the resulting residual? _____ $\mu\text{g/l}$ (micrograms per liter)9.6 Does this facility discharge to a losing stream or sinkhole? Yes No9.7 Has a waste load allocation study been completed for this facility? Yes No10. List all permit violations, including effluent limit exceedances, in the last five years. Attach a separate sheet if necessary.
If none, write none.

None

11. SLUDGE HANDLING, USE AND DISPOSAL			
11.1 Is the sludge a hazardous waste as defined by 10 CSR 25? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sludge production, including sludge received from others: <u>0.6</u> Design Dry Tons/Year _____ Actual Dry Tons/Year			
11.3 Capacity of sludge holding structures: Sludge storage provided: _____ cubic feet; _____ days of storage; _____ average percent solids of sludge; <input type="checkbox"/> No sludge storage is provided.			
Type of Storage:		<input type="checkbox"/> Holding tank <input type="checkbox"/> Building <input type="checkbox"/> Basin <input checked="" type="checkbox"/> Other (Please describe) <u>Lagoon</u>	
<input type="checkbox"/> Concrete Pad			
Sludge Treatment:		<input checked="" type="checkbox"/> Lagoon <input type="checkbox"/> Composting <input type="checkbox"/> Anaerobic Digester <input type="checkbox"/> Aerobic Digester <input type="checkbox"/> Other (Attach description) <input type="checkbox"/> Storage Tank <input type="checkbox"/> Lime Stabilization <input type="checkbox"/> Air or Heat Drying	
Sludge Use or Disposal:		<input checked="" type="checkbox"/> Surface Disposal (Sludge Disposal Lagoon, Sludge held for more than two years) <input type="checkbox"/> Land Application <input type="checkbox"/> Incineration <input type="checkbox"/> Contract Hauler <input type="checkbox"/> Sludge Retained in Wastewater treatment lagoon <input type="checkbox"/> Hauled to Another <input type="checkbox"/> Other _____ Attach explanation sheet.	
Treatment Facility		<input type="checkbox"/> Solid Waste Landfill	
Person responsible for hauling sludge to disposal facility <input type="checkbox"/> By Applicant <input type="checkbox"/> By Others (complete below)			
NAME		E-MAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE NUMBER WITH AREA CODE	PERMIT NO. MO-	
Sludge use or disposal facility <input checked="" type="checkbox"/> By applicant <input type="checkbox"/> By others (Please complete below.)			
NAME		E-MAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE NUMBER WITH AREA CODE	PERMIT NO. MO-	
Does the sludge or biosolids disposal comply with federal sludge regulations under 40 CFR 503? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Please explain)			
12. DOWNSTREAM LANDOWNERS - ATTACH ADDITIONAL SHEETS AS NECESSARY. SEE INSTRUCTIONS.			
NAME <u>Tom Dee</u>			
ADDRESS <u>10854 Delbridge Rd.</u>	CITY <u>Potosi.</u>	STATE <u>MO</u>	ZIP CODE <u>63464</u>
13. CERTIFICATION			
I certify that I am familiar with the information contained in the application, that to the best of my knowledge and belief such information is true, complete and accurate, and if granted this permit, I agree to abide by the Missouri Clean Water Law and all rules, regulations, orders and decisions, subject to any legitimate appeal available to applicant under the Missouri Clean Water Law.			
NAME AND OFFICIAL TITLE (TYPE OR PRINT) Mr. John Jones, Director		TELEPHONE NUMBER WITH AREA CODE (573) 210-6135	
SIGNATURE 		DATE SIGNED <u>6-4-14</u>	

JUN 20 2014



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH
 (SEE MAP FOR APPROPRIATE REGIONAL OFFICE)

**FORM I - PERMIT APPLICATION FOR WATER PROTECTION PROGRAM
 OPERATION OF WASTEWATER IRRIGATION SYSTEMS**

FOR AGENCY USE ONLY	
PERMIT NUMBER	
DATE RECEIVED	<u>6/20/14</u>

INSTRUCTIONS: The following forms must be submitted with Form I: **FORM B** for domestic wastewater. **Submit FORMS E and G** for land disturbance permit if construction areas total one acre or more.

1.00 FACILITY INFORMATION

1.10 Facility Name

Bates Creek Baptist Camp

1.20 Application for: Construction Permit (attach Engineering report, Plans and Specifications per 10 CSR 20-8)
 Operating Permit (if no construction permit, attach engineering documents)
 Date Irrigation System Began Operation: _____
 Operating Permit Renewal

1.30 Type of wastewater to be irrigated: Domestic Municipal State/National Park Seasonal business
 Municipal with Pretreatment Program or Significant Industrial Users Other (explain) _____
 SIC Codes (list all that apply, in order of importance) 8661, 4952

1.40 Months when the business or enterprise will operate or generate wastewater:
 12 months per year Part of year (list Months): _____

1.50 This system is designed for:
 No-discharge Partial irrigation when feasible and discharge rest of time.
 Irrigation during recreation season (April - October) and discharge during November - March.
 Other (explain) _____

1.60 List the Facility outfalls which will be applicable to the irrigation system from outfalls listed on Form B.
 Outfall Nos. 001 _____

2.00 STORAGE BASINS

2.10 Number of storage basins: 3 Type of basin: Steel Concrete Fiberglass Earthen
 Earthen with membrane liner

2.20 Storage basin dimensions at inside top of berm (feet): Report freeboard as feet from top of berm to emergency spillway or overflow pipe.

(Complete Attachment A: Profile Sketch) *See attached Permit*

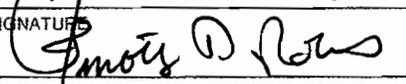
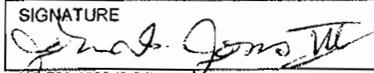
Basin #1:	Length _____	Width _____	Depth <u>7</u>	Freeboard <u>1</u>	Berm Width <u>4</u>	% Slope <u>33</u>
Basin #2:	Length _____	Width _____	Depth <u>7</u>	Freeboard <u>1</u>	Berm Width <u>4</u>	% Slope <u>33</u>

2.30 Storage Basin operating levels (report as feet below emergency overflow level)
 Basin #1: Maximum water level 6 ft. Minimum operating water level 2 ft.
 Basin #2: Maximum water level 6 ft. Minimum operating water level 0 ft.

2.40 Depth of sludge in lagoons and storage basins 0 ft.
 Total sludge stored 0 dry tons 0 cu. ft.

3.00 LAND APPLICATION SYSTEM

3.10 Number of irrigation sites 1 Total Acres 6 Maximum % field slopes 6
 Location: 1/4 SW 1/4, SE 1/4, 21 Sec. 37 T 2E R Was County 5.1 Acres
 Location: 1/4, 1/4, 1/4, 1/4 Sec. T R County Acres

3.11	Type of vegetation: <input type="checkbox"/> Grass hay <input type="checkbox"/> Pasture <input checked="" type="checkbox"/> Timber <input type="checkbox"/> Row crops <input type="checkbox"/> Other (describe) _____
3.20	Wastewater flow (dry weather) gallons/day: Average annual: <u>1822</u> Seasonal <u>7640</u> Off-season _____ Months of seasonal flow: _____ Human Population Equivalent: <u>164</u>
3.21	Land Application rate per acre (design flow including 1 in 10 year storm water flows): Design: <u>17</u> inches/year <u>1/2</u> inches/hour <u>1</u> inches/day <u>3</u> inches/week Actual: <u>17</u> inches/year <u>.14</u> inches/hour <u>1</u> inches/day <u>3</u> inches/week Total Irrigation per year (gallons): <u>1.31</u> Design <u>?</u> Actual Actual months used for Irrigation (check): <input checked="" type="checkbox"/> Jan <input checked="" type="checkbox"/> Feb <input checked="" type="checkbox"/> Mar <input checked="" type="checkbox"/> Apr <input checked="" type="checkbox"/> May <input checked="" type="checkbox"/> Jun <input checked="" type="checkbox"/> Jul <input checked="" type="checkbox"/> Aug <input checked="" type="checkbox"/> Sep <input checked="" type="checkbox"/> Oct <input checked="" type="checkbox"/> Nov <input checked="" type="checkbox"/> Dec
3.22	Land Application Rate is based on: <input type="checkbox"/> Nutrient Management Plan (N&P) <input checked="" type="checkbox"/> Hydraulic Loading <input type="checkbox"/> Other (describe) _____
3.30	Equipment type: <input checked="" type="checkbox"/> Sprinklers <input type="checkbox"/> Gated pipe <input type="checkbox"/> Center pivot <input type="checkbox"/> Traveling gun <input type="checkbox"/> Other (describe) _____ Equipment Flow Capacity: <u>7200</u> Gallons per hour <u>181</u> Total hours of operation per year
3.40	Public Access Restrictions for irrigation sites: <input checked="" type="checkbox"/> Site is Fenced <input type="checkbox"/> Wastewater disinfection prior to irrigation <input type="checkbox"/> Other (describe): _____
3.50	Separation distance (in feet) from the outside edge of the wetted irrigation area to down gradient features: <u>425</u> Permanent flowing stream <u>N/A</u> Losing Stream <u>N/A</u> Intermittent (wet weather) stream <u>NA</u> Lake or pond <u>425</u> Property boundary <u>400</u> Dwellings <u>980</u> Water supply well _____ Other (describe) _____
3.60	SOILS INFORMATION: Use information from the County Soil Survey, NRCS, or professional soil scientist. <i>See Attached</i> Soil Series Name _____ Depth of bedrock <u>15</u> Feet Depth of water table <u>2-4</u> Feet Soil Infiltration rate in inches/hour (in/hr) for most restrictive layer within the following soil depth ranges: _____ in/hr for 0-12 in soil depth _____ in/hr for 12-24 inch soil depth _____ in/hr for 24-60 inch soil depth
3.70	Include a recent Geologic Report by the Department's Geological Survey and Resource Assessment Division with your construction permit.
3.80	Attach a current copy of the Operation and Maintenance (O&M) Plan for the irrigation system. Date of O&M Plan: <u>6-14</u>
3.81	Attach a site map showing topography, storage basins, irrigation sites, property boundary, streams, wells, roads, dwellings and other pertinent features.
3.82	Attach a facility sketch showing treatment units, storage basins, pipelines, irrigation equipment, application sites and other features.
4.00 CERTIFICATION	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.	
CONSULTING ENGINEER - Name, Official Title and Engineering Firm (TYPE OR PRINT) Timothy D. Robbs, P.E., Senior Project Manager, Taylor Engineering, LLC	TELEPHONE NUMBER (area code and number) (573) 756-9226
SIGNATURE 	DATE SIGNED <u>6-4-14</u>
OWNER OR AUTHORIZED REPRESENTATIVE - Name and Official Title (TYPE OR PRINT) Mr. John Jones, Director	TELEPHONE NUMBER (area code and number) (573) 210-6135
SIGNATURE 	DATE SIGNED <u>6-4-14</u>

RECEIVED

JUN 20 2014



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH
(SEE MAP FOR APPROPRIATE REGIONAL OFFICE)
**FORM I - PERMIT APPLICATION FOR CONSTRUCTION AND
OPERATION OF WASTEWATER IRRIGATION SYSTEMS**

FOR AGENCY USE ONLY
PERMIT NUMBER _____
DATE RECEIVED 6/20/14

INSTRUCTIONS: The following forms must be submitted with Form I: FORM B for domestic wastewater. Submit FORMS E and G for land disturbance permit if construction areas total one acre or more.

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1.10 Facility Name

Bates Creek Baptist Camp

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SIC Codes (list all that apply, in order of importance) 8661, 4952

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1.50 This system is designed for:
 No-discharge Partial irrigation when feasible and discharge rest of time.
 Irrigation during recreation season (April - October) and discharge during November - March.
 Other (explain) _____

1.60 List the Facility outfalls which will be applicable to the irrigation system from outfalls listed on Form B.
Outfall Nos. 001 _____

2.00 STORAGE BASINS

2.10 Number of storage basins: 3 Type of basin: Steel Concrete Fiberglass Earthen
 Earthen with membrane liner

2.20 Storage basin dimensions at inside top of berm (feet): Report freeboard as feet from top of berm to emergency spillway or overflow pipe.

(Complete Attachment A: Profile Sketch) *See attached Permit*
Basin #1: Length _____ Width _____ Depth 7 Freeboard 1 Berm Width 4 % Slope 33

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING



BATES CREEK BAPTIST CAMP
C/O BETTY MESPLAY
1038 TRACY LANE
HILLSBORO, MO 63050

COMMERCE BANK, NA
FESTUS, MO 63028
18-1/1010

2952

6/3/2014

PAY TO THE ORDER OF State of Missouri

\$ ****787.50**

Seven Hundred Eighty-Seven and 50/100*** DOLLARS**

State of Missouri

Betty Mesplay

MEMO

Details on Back
Inkjet® CheckLock™ Secure Check