

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES

MISSOURI CLEAN WATER COMMISSION



CONSTRUCTION PERMIT

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

Marimack Development, LLC
PO Box 1330
Kearney, MO 64060

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.

August 19, 2014
Effective Date

August 18, 2016
Expiration Date

Sara Parker Pauley
Sara Parker Pauley, Director, Department of Natural Resources

John Madros
Director, Water Protection Program

CONSTRUCTION PERMIT

COLLECTION SYSTEM:

This project consists of the installation and construction of approximately 1025 linear feet (lf) of 8-inch (8") polyvinyl chloride (PVC) Standard Dimension Ratio (SDR)-21, 469 lf of 8" PVC SDR-26 and 537 lf of 8" PVC SDR-35 gravity sewer lines with approximately 9 manholes and all the necessary appurtenances to make a complete and usable wastewater collection system to serve an estimated population equivalent of 44 and an estimated design average flow of 3,300 gallons per day. The project will also include general site work appropriate to the scope and purpose of the project.

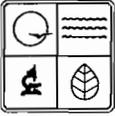
These wastewater facilities will be in the vicinity of Marimack Drive in Kearney, Clay County and discharge to an existing sewer system to be treated at the Kearney Wastewater Treatment Facility, Missouri State Operating Permit No. MO-0107883. Mr. Jay Bettis, Water/Sewer Superintendent, with the City of Kearney provided an acceptance letter dated on July 2, 2014.

PERMIT CONDITIONS:

1. All construction shall be in accordance with the plans and specifications submitted by Ronald L. Cowger, PE of AGC Engineers, Inc. as follows:
 - Plan and Specifications received on July 15, 2014 and signed and sealed by Ronald L. Cowger, P.E. on July 10, 2014.
2. 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).
3. 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 Kansas City Regional Office per 10 CSR 20-7.015(9)(E)2.
4. This Construction Permit is invalid for projects required to comply with the requirements contained in 10 CSR 20-4, "Grants and Loans".

5. 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.”
 - A. 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.
 - B. Sewer mains shall be laid at least ten feet (10’) 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 (10’) 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.
 - C. Manholes should be located at least ten feet (10’) horizontally from any existing or proposed water main.
 - D. 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:
 - 1) 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
 - 2) Either the water main or sewer line may be continuously encased or enclosed in a watertight carrier pipe which extends ten feet (10’) 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.

6. In addition to the requirements for a construction permit, 10 CSR 20-6.200 requires land disturbance activities of one (1) 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 may 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.
7. 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.
8. In accordance with 10 CSR 20-6.010(6)(B), submit the enclosed form Application for Letter of Authorization – Sewer Extension to the Department following completion of construction. Submit an electronic copy of the as built with this form.
9. Upon completion of construction, the City of Kearney will become the continuing authority for operation, maintenance, and modernization of these facilities.



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 Kearney Wastewater Treatment Facility	
PERMIT NO. MO-0107883	COUNTY Clay County

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.

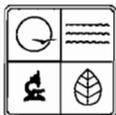
SUPPLEMENTAL APPLICATION INFORMATION

- 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*.

RECEIVED

NOV 16 2012

ALL APPLICANTS MUST COMPLETE PARTS A, B and C



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**

API: 3875
 CP0001419 C10412
FOR AGENCY USE ONLY
 CHECK NUMBER
 5475
 DATE RECEIVED 11/16/12 FEE SUBMITTED \$2200.00

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- _____ Expiration Date _____

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 Kearney Wastewater Treatment Facility		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS (PHYSICAL) P.O. Box 797	CITY Kearney	STATE MO	ZIP 64060

2.1 **LEGAL DESCRIPTION** (Plant Site): SW ¼, SE ¼, ¼, Sec. 2, T52N, R 31W County Clay

2.2 UTM Coordinates Easting (X): ^{+3920250 N} _____ Northing (Y): -094420599W
 For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)

3. OWNER

NAME City of Kearney		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS P.O. Box 797	CITY Kearney	STATE MO	ZIP 64060

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 of Kearney		CITY Kearney	
ADDRESS P.O. Box 797	CERTIFICATE NUMBER (IF APPLICABLE)	STATE MO	ZIP 64060

5. OPERATOR

NAME Mike Munsell	TITLE Operator	TELEPHONE NUMBER WITH AREA CODE 816-628-6689
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6. FACILITY CONTACT

NAME Jay Bettis	TITLE Water/Sewer Supt.
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MO 780-1805 (09-08)

FACILITY NAME Kearney WWTP	PERMIT NO. MO-0107883	OUTFALL NO. 001
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PART A – BASIC APPLICATION INFORMATION

7. ADDITIONAL FACILITY INFORMATION

7.1 BRIEF DESCRIPTION OF FACILITIES Addition of two Clarifiers and changing existing three Aeration Basins to continuous flow through/two (2) aerobic sludge digesters

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 4952	DISCHARGE SIC CODE: 4952	FACILITY NAICS CODE:	DISCHARGE NAICS CODE:
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7.5 NUMBER OF SEPARATE DISCHARGE POINTS

7.6 NUMBER OF PEOPLE PRESENTLY CONNECTED OR POPULATION EQUIVALENT 6,300 people, 8,000 PE	DESIGN POPULATION EQUIVALENT 15,300 PE
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NUMBER OF UNITS PRESENTLY CONNECTED
 HOMES 2400 APARTMENTS _____ TRAILERS _____ OTHER _____

TOTAL DESIGN FLOW (ALL OUTFALLS) 1.125 MGD	ACTUAL FLOW 0.87 MGD
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7.7 DOES ANY BYPASSING OCCUR ANYWHERE IN THE COLLECTION SYSTEM OR AT THE TREATMENT FACILITY?
 Yes No (If Yes, attach an explanation.)

7.8 LENGTH OF THE SANITARY SEWER COLLECTION SYSTEM IN MILES

7.9 IS INDUSTRIAL WASTE DISCHARGED TO THE FACILITY IDENTIFIED IN ITEM 2? Yes No

7.10 WILL THE DISCHARGE BE CONTINUOUS THROUGH THE YEAR? Yes No

A. DISCHARGE WILL OCCUR DURING THE FOLLOWING MONTHS All	B. HOW MANY DAYS OF THE WEEK WILL THE DISCHARGE OCCUR? All
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7.11 IS WASTEWATER LAND APPLIED? (If Yes, Attach Form I)
 Yes No

7.12 DOES THIS FACILITY DISCHARGE TO A LOSING STREAM OR SINKHOLE?
 Yes No

7.13 HAS A WASTE LOAD ALLOCATION STUDY BEEN COMPLETED FOR THIS FACILITY?
 Yes No

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. Ammonia N. February & March 2007

8. LABORATORY CONTROL INFORMATION

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 Kearney WWTP	PERMIT NO. MO-0107883	OUTFALL NO. 001
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PART A - BASIC APPLICATION INFORMATION

9. SLUDGE HANDLING, USE AND DISPOSAL

9.1 IS THE SLUDGE A HAZARDOUS WASTE AS DEFINED BY 10 CSR 25?
 Yes No

9.2 SLUDGE PRODUCTION, INCLUDING SLUDGE RECEIVED FROM OTHERS
 Design Dry Tons/Year 405 Actual Dry Tons/Year

9.3 CAPACITY OF SLUDGE HOLDING STRUCTURES

9.4 SLUDGE STORAGE PROVIDED
 Cubic Feet 87,000 Days of Storage 60 Average Percent Solids of Sludge 3% No Sludge Storage is Provided

9.5 TYPE OF STORAGE
 Holding Tank Basin Building Concrete Pad Other (Describe) _____

9.6 SLUDGE TREATMENT
 Anaerobic Digester Storage Tank Lime Stabilization Lagoon
 Aerobic Digester Air or Heat Drying Composting Other (Attach Description)

9.7 SLUDGE USE OR DISPOSAL
 Land Application Contract Hauler Hauled to Another Treatment Facility Solid Waste Landfill
 Surface Disposal (Sludge Disposal Lagoon, Sludge Held For More Than Two Years) Incineration
 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 MO-	

9.9 SLUDGE USE OR DISPOSAL FACILITY

By Applicant By Others (Complete Below)

NAME _____

ADDRESS _____	CITY _____	STATE _____	ZIP _____
CONTACT PERSON _____	TELEPHONE NUMBER WITH AREA CODE _____	PERMIT NO MO-	

9.10 DO THE SLUDGE OR BIOSOLIDS DISPOSAL COMPLY WITH FEDERAL SLUDGE REGULATIONS UNDER 40 CFR 503?
 Yes No (Attach Explanation)

10. DOWNSTREAM LANDOWNER(S). (ATTACH ADDITIONAL SHEETS AS NECESSARY.)

NAME _____

ADDRESS _____	CITY _____	STATE _____	ZIP _____
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11. DRINKING WATER SUPPLY INFORMATION

11.1 SOURCE OF YOUR DRINKING WATER SUPPLY City of Kearney

A. PUBLIC SUPPLY (MUNICIPAL OR WATER DISTRICT WATER) (IF PUBLIC, PLEASE GIVE NAME OF PUBLIC SUPPLY)
City of Kearney

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 No

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 No

END OF PART A

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL

FACILITY NAME <u>Kearney WWTP</u>	PERMIT NO. <u>MO-0107883</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 50,000

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

Manhole Inspections and repair

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. <u>001</u></p>	<p>B. Indicate whether the planned improvements or implementation schedule are required by local, state or federal agencies. Yes <input checked="" 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 001

OUTFALL NUMBER

A. LOCATION

$\frac{1}{4}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$ _____ Section 2 Township 52N Range 31 E W

UTM Coordinates Easting (X): _____ Northing (Y): _____
For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)

<p>B. Distance from Shore (If Applicable) _____ ft.</p>	<p>C. Depth Below Surface (If Applicable) _____ ft.</p>	<p>D. Average Daily Flow Rate _____ mgd</p>
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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:	Average Duration of Each Discharge:	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>Fishing River (P)</u>	
B. Name of Watershed (If Known) <u>Fishing River (P) (00383)</u>	U.S. Soil Conservation Service 14-Digit Watershed Code (If Known) <u>(10300101-060004)</u>
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 ₃

FACILITY NAME Kearney WWTP	PERMIT NO. MO- 0107883	OUTFALL NO. 001
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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 BOD₅ Removal Or Design CBOD₅ Removal 90% Design SS Removal 90%
 Design P Removal 70% Design N Removal 70% Other _____%

C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:
UV Disinfection completed 2012

If disinfection is by chlorination, is dechlorination used for this outfall? Yes No

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)	6.72	S.U.	6.97	S.U.	111
pH (Maximum)	7.14	S.U.	6.97	S.U.	111
FLOW RATE	3.13	MGD	0.87	MGD	1216
TEMPERATURE (Winter)	13	°C	15	°C	778
TEMPERATURE (Summer)	22	°C	19	°C	778

*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 ₅	21	mg/L	11	mg/L	80	SM 5210-B	
	CBOD ₅	NA	mg/L		mg/L			
FECAL COLIFORM	12,000	#/100 mL	3,886	#/100 mL	8			
TOTAL SUSPENDED SOLIDS (TSS)	29	mg/L	18	mg/L	119	SM 2540-B		
AMMONIA (AS N)	0.57	mg/L	0.03	mg/L	80	EPA 350.2		
CHLORINE (TOTAL RESIDUAL, TRC)		mg/L		mg/L				
DISSOLVED OXYGEN		mg/L		mg/L				
TOTAL KJELDAHL NITROGEN (TKN)		mg/L		mg/L		EPA 351.3		
NITRATE PLUS NITRITE NITROGEN		mg/L		mg/L		EPA 353.2		
OIL AND GREASE	ND	mg/L	ND	mg/L	39			
PHOSPHORUS (TOTAL)		mg/L		mg/L		SM 4500 P-F		
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)

Jim Eldridge City Administrator City of Kearney Mo.

SIGNATURE

[Handwritten Signature] JEldridge@ci.kearney.mo.us

TELEPHONE NUMBER WITH AREA CODE

816 628 4142

DATE SIGNED

11-9-12

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.

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 Kearney (SBR) WWTP	PERMIT NO. MO-0107883	OUTFALL NO. 001
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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.
SEE ATTACHMENT

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		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS AND HARDNESS											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (as CaCO ₃)											

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

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
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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											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CHLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLORO-ETHANE											
1,2-DICHLORO-ETHANE											
TRANS-1,2-DICHLOROETHYLENE											
1,1-DICHLORO-ETHYLENE											
1,2-DICHLORO-PROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLOROETHANE											
TETRACHLORO-ETHANE											
TOLUENE											
3,4-BENZO-FLUORANTHENE											
BENZO(GH) PHERYLENE											
BENZO(K) FLUORANTHENE											

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
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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											
BIS (2-CHLOROETHYL) – ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DEBENZO (A,H) ANTHRACENE											
1,2-DICHLORO-BENZENE											
1,3-DICHLORO-BENZENE											
1,4-DICHLORO-BENZENE											
3,3-DICHLORO-BENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITRO-TOLUENE											
2,6-DINITRO-TOLUENE											
1,2-DIPHENYL-HYDRAZINE											
1,1,1-TRICHLORO-ETHANE											
1,1,2-TRICHLORO-ETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											

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

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
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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			
BASE-NEUTRAL COMPOUNDS												
ACENAPHTHENE												
ACENAPHTHYLENE												
ANTHRACENE												
BENZIDINE												
BENZO(A)ANTHRACENE												
BENZO(A)PYRENE												
FLUORANTHENE												
FLUORENE												
HEXACHLOROBENZENE												
HEXACHLOROCYCLO-PENTADIENE												
HEXACHLOROETHANE												
INDENO (1,2,3-CD) PYRENE												
ISOPHORONE												
NAPHTHALENE												
NITROBENZENE												
N-NITROSODI-PROPYLAMINE												
N-NITROSODI-METHYLAMINE												
N-NITROSODI-PHENYLAMINE												
PHENANTHRENE												
PYRENE												
1,2,4-TRICHLOROBENZENE												

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.

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.			
FACILITY NAME Kearney WWTP	PERMIT NO. MO-0107883	OUTFALL NO. 001	
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.			
<ul style="list-style-type: none"> 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"> ◆ 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		
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 ND MOST RECENT	3 RD MOST RECENT
A. TEST INFORMATION			
TEST NUMBER			
TEST SPECIES AND TEST METHOD NUMBER			
AGE AT INITIATION OF TEST			
OUTFALL NUMBER			
DATES SAMPLE COLLECTED			
DATE TEST STARTED			
DURATION			
B. GIVE TOXICITY TEST METHODS FOLLOWED			
MANUAL TITLE			
EDITION NUMBER AND YEAR OF PUBLICATION			
PAGE NUMBER(S)			
C. GIVE THE SAMPLE COLLECTION METHOD(S) USED. FOR MULTIPLE GRAB SAMPLES, INDICATE THE NUMBER OF GRAB SAMPLES USED.			
24-HOUR COMPOSITE			
GRAB			
D. INDICATE WHERE THE SAMPLE WAS TAKEN IN RELATION TO DISINFECTION. (CHECK ALL THAT APPLY FOR EACH)			
BEFORE DISINFECTION	<input 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"/>
E. DESCRIBE THE POINT IN THE TREATMENT PROCESS AT WHICH THE SAMPLE WAS COLLECTED			
SAMPLE WAS COLLECTED			
F. FOR EACH TEST, INCLUDE WHETHER THE TEST WAS INTENDED TO ASSESS CHRONIC TOXICITY, ACUTE TOXICITY OR BOTH.			
CHRONIC TOXICITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACUTE TOXICITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. PROVIDE THE TYPE OF TEST PERFORMED			
STATIC	<input 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"/>
H. SOURCE OF DILUTION WATER. IF LABORATORY WATER, SPECIFY TYPE; IF RECEIVING WATER, SPECIFY SOURCE			
LABORATORY WATER			
RECEIVING WATER			

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
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PART E – TOXICITY TESTING DATA (CONTINUED)

50.1 WHOLE EFFLUENT TOXICITY TESTS DATA (CONTINUED)

	MOST RECENT	2 ND MOST RECENT	3 RD MOST RECENT
I. TYPE OF DILUTION WATER, IF SALT WATER, SPECIFY "NATURAL" OR TYPE OF ARTIFICIAL SEA SALTS OR BRINE USED.			
FRESH WATER			
SALT WATER			
J. GIVE THE PERCENTAGE EFFLUENT USED FOR ALL CONCENTRATIONS IN THE TEST SERIES.			
K. PARAMETERS MEASURED DURING THE TEST. (STATE WHETHER PARAMETER MEETS TEST METHOD SPECIFICATIONS)			
pH			
SALINITY			
TEMPERATURE			
AMMONIA			
DISSOLVED OXYGEN			
L. TEST RESULTS			
ACUTE:			
PERCENT IN SURVIVAL IN 100% EFFLUENT			
LC ₅₀			
95% C.I.			
CONTROL PERCENT SURVIVAL			
OTHER (DESCRIBE)			
CHRONIC:			
NOEC			
IC ₂₅			
CONTROL PERCENT SURVIVAL			
OTHER (DESCRIBE)			
M. QUALITY CONTROL ASSURANCE			
IS REFERENCE TOXICANT DATA AVAILABLE?			
WAS REFERENCE TOXICANT TEST WITHIN ACCEPTABLE BOUNDS?			
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 Kearney WWTP	PERMIT NO. MO-0107883	OUTFALL NO. 001
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PART F – INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

60. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

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

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete this form.

GENERAL INFORMATION

60.1 PRETREATMENT PROGRAM

Does the treatment works have, or is it subject to, an approved pretreatment program?

Yes No

60.2 NUMBER OF NON-CATEGORICAL SIGNIFICANT INDUSTRIAL USERS, or SIUs AND CATEGORICAL INDUSTRIAL USERS, or 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. Number of CIUs

60.3 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. Submit additional pages as necessary.

NAME			
MAILING ADDRESS	CITY	STATE	ZIP

60.4 INDUSTRIAL PROCESSES

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

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

Describe all of the principle processes and raw materials that affect or contribute to the SIU's discharge.

PRINCIPAL PRODUCT(S)
RAW MATERIAL(S)

60.6 FLOW RATE

A. PROCESS WASTEWATER FLOW RATE. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day, or gpd, and whether the discharge is continuous or intermittent.

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, or gpd, and whether the discharge is continuous or intermittent.

C. gpd Continuous Intermittent

60.7 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?

60.8 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

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
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PART F – INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES (CONTINUED)

60.9 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

60.10 CERCLA, OR 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.

60.11 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).

60.12 POLLUTANTS

List the hazardous constituents that are received (or are expected to be received). Included data on volume and concentration, if known. (Attach additional sheets if necessary)

60.13 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):

B. Is the discharge (or will the discharge be) continuous or intermittent?

Continuous Intermittent

If intermittent, describe the 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	PERMIT NO. MO-	OUTFALL NO.
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PART G – COMBINED SEWER SYSTEMS

70. COMBINED SEWER SYSTEMS (COMPLETE THIS PART IF THE TREATMENT WORKS HAS A COMBINED SEWER SYSTEM.)

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

70.1 SYSTEM MAP

Provide a map indicating the following: (May be included with basic application information.)

- A. All CSO Discharges.
- B. Sensitive Use Areas Potentially Affected by CSOs. (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems and Outstanding Natural Resource Waters.)
- C. Waters that Support Threatened and Endangered Species Potentially Affected by CSOs.

70.2 SYSTEM DIAGRAM

Provide a diagram, either in the map provided above or on a separate drawing, of the Combined Sewer Collection System that includes the following information:

- A. Locations of Major Sewer Trunk Lines, Both Combined and Separate Sanitary.
- B. Locations of Points where Separate Sanitary Sewers Feed into the Combined Sewer System.
- C. Locations of In-Line or Off-Line Storage Structures.
- D. Locations of Flow-Regulating Devices.
- E. Locations of Pump Stations.

70.3 PERCENT OF COLLECTION SYSTEM THAT IS COMBINED SEWER

70.4 POPULATION SERVED BY COMBINED SEWER COLLECTION SYSTEM

70.5 NAME OF ANY SATELLITE COMMUNITY WITH COMBINED SEWER COLLECTION SYSTEM

70.6 CSO OUTFALLS. COMPLETE THE FOLLOWING ONCE FOR EACH CSO DISCHARGE POINT

70.7 DESCRIPTION OF OUTFALL

A. Outfall Number	B. Location
C. Distance from Shore (if applicable) _____ ft	D. Depth Below Surface (if applicable) _____ ft

E. Which of the following were monitored during the last year for this CSO?
 Rainfall CSO Pollutant Concentrations CSO CSO Flow Volume Receiving Water Quality

F. How many storm events were monitored last year?

70.8 CSO EVENTS

A. Give the Number of CSO Events in the Last Year _____ Events <input type="checkbox"/> Actual <input type="checkbox"/> Approximate	B. Give the Average Duration Per CSO Event _____ Hours <input type="checkbox"/> Actual <input type="checkbox"/> Approximate
C. Give the Average Volume Per CSO Event _____ Million Gallons <input type="checkbox"/> Actual <input type="checkbox"/> Approximate	D. GIVE THE MINIMUM RAINFALL THAT CAUSED A CSO EVENT IN THE LAST YEAR _____ INCHES OF RAINFALL

70.9 DESCRIPTION OF RECEIVING WATERS

A. Name of Receiving Water	B. Name of Watershed/River/Stream System	U.S. Soil Conservation Service 14-Digit Watershed Code (If Known)
Name of State Management/River Basin	U.S. Geological Survey 8- Digit Hydrologic Cataloging Unit Code (If Known)	

70.10 CSO OPERATIONS

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shellfish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable state water quality standard.)

END OF PART G.

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



Kearney, Missouri WWTP

Design Flow 1.125 MGD

2007

Three basin SBR

Two Sludge Digesters – 87,000 cf total aerobic digestion

Land Application Sludge 405 T/year

Discharge to Fishing River (10300101-060004) (P) (00383)

SW ¼ , SE ¼ , Section 2 , T52N, R31W

Lat 39 deg 20 min.; Long 94 deg 20 min.

Kearney, Mo. WWTP Site

Kearney, Missouri WWTP

Design Flow 1.125 MGD

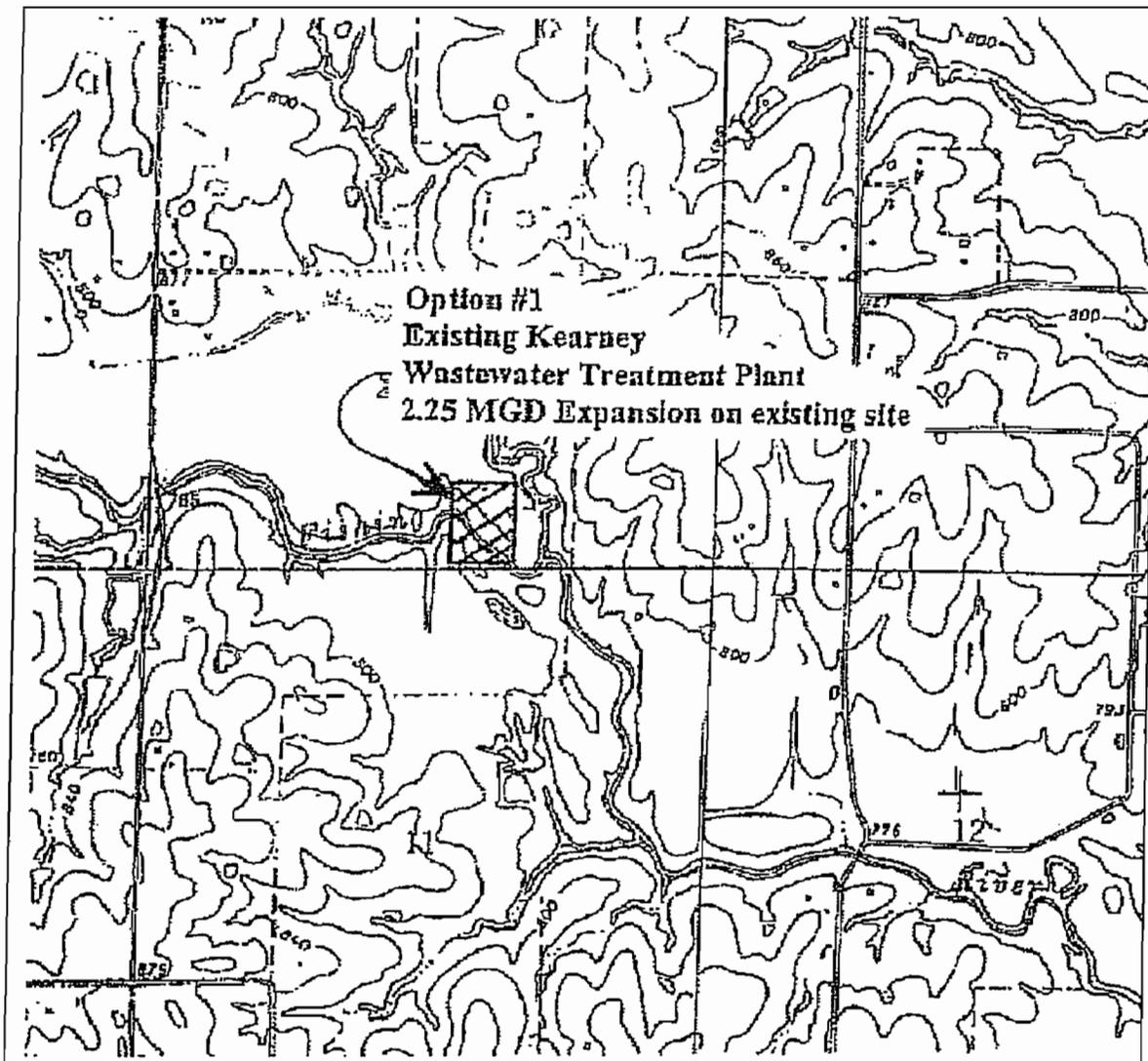
2007

Three basin SBR

Two Sludge Digesters – 87,000 cf total aerobic digestion

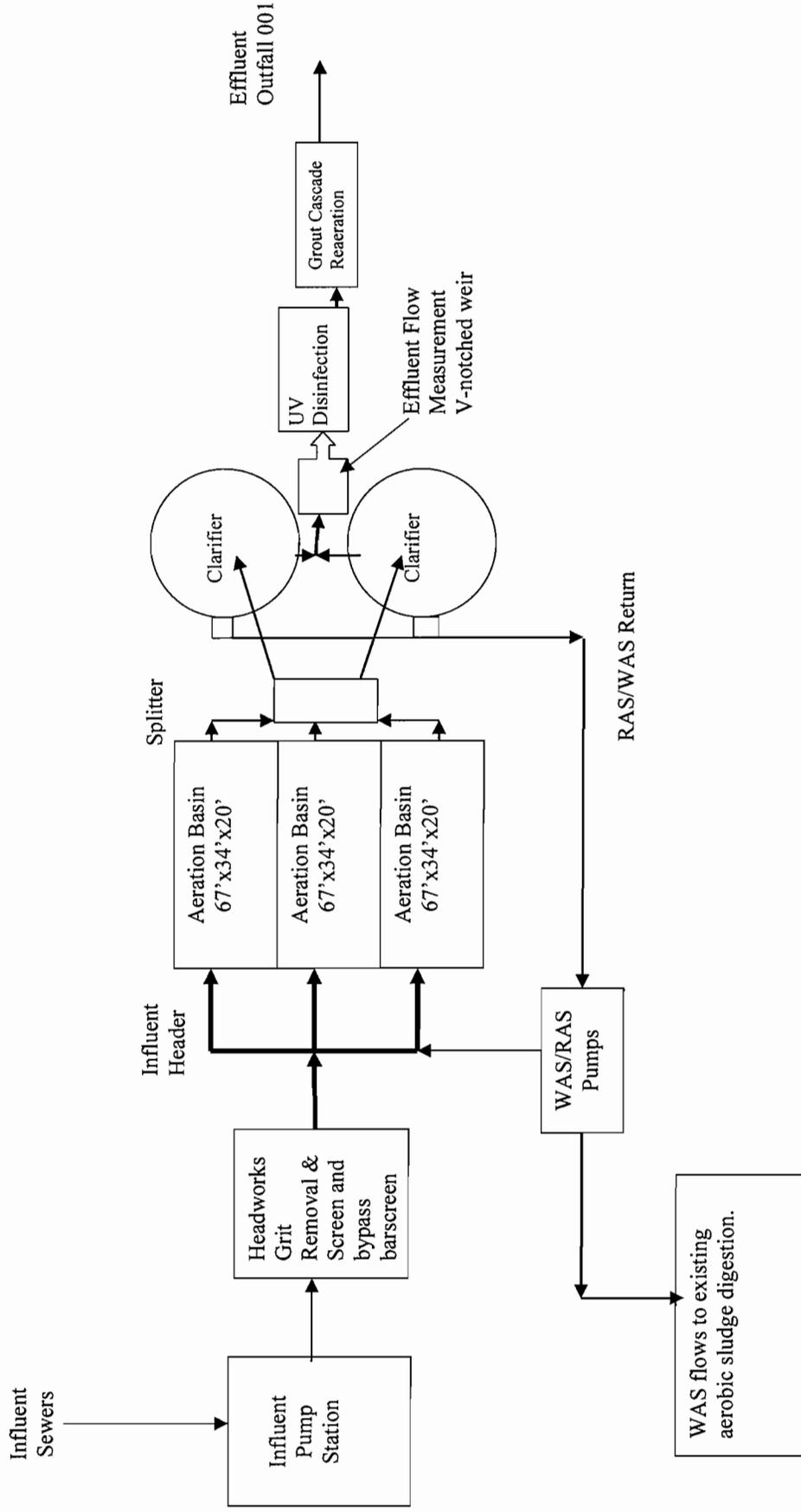
Land Application Sludge 405 T/year

Discharge to Fishing River (10300101-060004) (P) (00383)



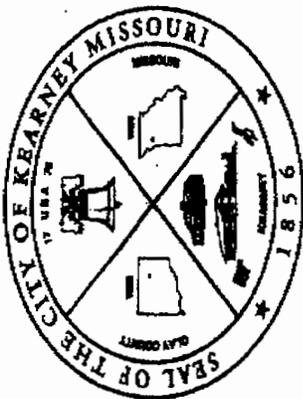
SW ¼, SE ¼, Section 2, T52N, R31W
Lat 39 deg 20 min.; Long 94 deg 20 min

Kearney, Missouri Wastewater Treatment Plant 1.125 MGD Facility Flow Chart



**City of Kearney
Water & Wastewater
Treatment Facilities**

Superintendent: Jay Bettis
100 East Washington
P.O. Box 797
Kearney, Mo. 64060
Phone: 816-628-4805
Water Fax: 816-635-3806
Wastewater Fax: 816-635-3444



FACSIMILE TRANSMISSION

TO: Vance Neal	FROM: Mike Munsell
PHONE NUMBER:	DATE SENT: 11-6-12
FAX NUMBER: 816-261-0045	TIME SENT: 11:00 AM
RE:	PAGES INCLUDING COVER SHEET: 9

Message:

2011 WET TESTING (BIOTESTING)

This fax contains CONFIDENTIAL INFORMATION from the City of Kearney. This information is intended solely for use by the recipient named above. If you are not the named recipient, any disclosure, copying, distribution or use of the contents of this facsimile transmission is strictly prohibited. If you have received this information in error, please notify us immediately so we may arrange to retrieve this transmission at no cost to you.

Ref. Lab #: 418449
Report Number
11-293-2078



13811 "B" Street • Omaha, Nebraska 68144-3693 • (402) 334-7770 • FAX (402) 334-9121
www.midwestlabs.com

WET
TEST
2011

Page 1 of 8

REPORT OF ANALYSIS

For: (14378) CITY OF KEARNEY
(816)628-4142

Mail to: CITY OF KEARNEY
MIKE MUNSELL/WWTP
PO BOX 797
KEARNEY MO 64060-

MISSOURI TOXICITY

Date Reported: 10/25/11
Date Received: 10/11/11
Date Sampled: 10/10/11
Time Sampled: 1100

Lab number: 1909873 Sample ID: WET TESTING STREAM TESTING

Analysis	Level Found	Units	Detection Limit	Method	Analyst-Date	Verified-Date
Ammoniacal Nitrogen	n.d.	mg/L	0.10	SM 4500-NH3 C	lkd-10/14	cmw-10/17
Ammoniacal Nitrogen	n.d.	mg/L	0.10	SM 4500-NH3 C	lkd-10/14	cmw-10/17
Total chlorine	n.d.	mg/L	0.001	SM 4500-CLD	lkm-10/11	cmw-10/17
Conductance	741	uS/cm	2	SM 2510 B	jdb-10/11	cmw-10/17
Total dissolved solids	486	mg/L	10	SM 2540C	jsa-10/14	cmw-10/17
Alkalinity (Total)	176	mg CaCO3/L	10	SM 2320 B	jdb-10/13	cmw-10/17
Tua P. promelas	<1.0	NA	0.50	CALC	lkm-10/20	cmw-10/20
Tua C. dubia	<1.0	NA	0.50	CALC	lkm-10/20	cmw-10/20
LC50 P. promelas	>100	%	1.00	CALC	lkm-10/20	cmw-10/20
LC50 C. dubia	>100	%	1.00	CALC	lkm-10/20	cmw-10/20

Notes:

n.d. - Not Detected.

For questions contact

Heather Ramig
Heather Ramig
Client Service Representative
heather@midwestlabs.com (402)829-9891

The result(s) issued on this report only reflect the analysis of the sample(s) submitted. For applicable test parameters, Midwest Laboratories is in compliance with NELAP requirements. Our reports and letters are for the exclusive and confidential use of our clients and may not be reproduced in whole or in part, nor may any reference be made to the work, the results, or the company in any advertising, news release, or other public announcements without obtaining our prior written authorization.

END



Midwest Laboratories, Inc.

13611 B Street • Omaha, Nebraska 68144-3693 • (402) 334-7770 • FAX (402) 334-9121 • www.midwestlabs.com
Report Number 11-293-2078 Page 2 of 8

Date: 10/21/2011

Page: 1 of 5

RE: Whole Effluent Toxicity Test Results

Facility: City of Kearney

Date Received: 10/11/11
Time Received: 11:59
Relinquished by:
Sampler:
Chain of Custody Number:
Customer Sample Number:
Lab Number: 1909873
Date Collected: 10/10/11
Time Collected: 11:00

Enclosed please find Whole Effluent Toxicity test results for the sample(s) received as described above. The values reported are in conformance with internal and method quality control guidelines, unless otherwise noted. If you have questions or need more information, please contact us.

Sincerely,
Laura Dirgantara

Enclosures:
Chain of Custody Record(s)



Midwest Laboratories, Inc.

13611 B Street • Omaha, Nebraska 68144-3693 • (402) 334-7770 • FAX (402) 334-9121 • www.midwestlabs.com
Report Number 11-293-2078 Page 3 of 8

Analysis Report 48-Hour Acute Toxicity Test EPA Methods 2000.0 / 2002.0

Chain of Custody: Facility: City of Kearney Lab Number: 1909873 Page: 2 of 5

Testing Laboratory: Midwest Laboratories, Inc.
13611 B Street
Omaha, NE 68144

Sample Description:
Color: light yellow
Odor: slightly musty

Standard Toxicity Data:	
<i>P. promelas</i>	<i>C. dubia</i>
Reference: KCl	Reference: NaCl
LC50: 1.197 g/L	LC50: 2.040 g/L
Date: 9/2011	Date: 9/2011

Conditions:	
Moderately Hard Synthetic Dilution Water	16 Hours Light; 8 Hours Dark
<i>P. promelas</i>	<i>C. dubia</i>
Age: 2 days	Age: <24 hrs
Start Time: 13:40	Start Time: 13:40
Start Date: 10/11/11	Start Date: 10/11/11
End Time: 14:15	End Time: 14:15
End Date: 10/13/11	End Date: 10/13/11

Chemistry: 100% Effluent Only		
Parameter	Result	Unit Method
Hardness	254	mg eq CaCO3/L Calculation
Conductivity	741	umhos/cm EPA 120.1
Alkalinity	176	mg eq CaCO3/L SM 2320B
Residual Chlorine	<0.001	mg/L SM 4500-CLD
Dissolved Solids	486	mg/L SM 2540C
Ammonia (Pre-Fish)	<0.1	mg/L EPA 350.2
Ammonia (Post-Fish)	<0.1	mg/L EPA 350.2

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 Report Number 11-293-2078 Page 4 of 8

Analysis Report
48-Hour Acute Toxicity Test
 EPA Methods 2000.0 / 2002.0

Chain of Custody: City of Kearney Lab Number: 1909873 Page: 3 of 5

Results

Dilution	Initial		Final	
	DO	pH	DO	pH
100%	9.0	7.8	7.0	8.6
50%	8.7	7.9	7.5	8.5
25%	8.4	8.0	7.3	8.4
12.5%	8.0	8.0	7.3	8.3
6.25%	8.2	8.1	7.4	8.3
Control	8.2	8.2	7.1	8.2

Results

Dilution	Fathead Minnow		Water Flea	
	24 Hrs	48 Hrs	24 Hrs	48 Hrs
100%	20	20	20	20
50%	20	20	20	20
25%	20	20	20	20
12.5%	20	20	20	20
6.25%	20	20	20	20
Control	20	20	20	20

Fathead Minnow (*P. promelas*)
 LC50: >100%
 T_{ua}: <1.0
 Method: Fisher Exact/Bonferroni-Holm
 P-value: 1.0

Water Flea (*C. dubia*)
 LC50: >100%
 T_{ua}: <1.0
 Method: Steel Many-One Rank
 P-value: 0.83



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 Report Number 11-293-2078 Page 5 of 8

Pimphales promelas (Fathead Minnow)
 Survival Data Summary Table

Chain of Custody:
 Lab Number: 1909873
 Facility: City of Kearney

1	10	10	10
2	10	10	10
Total	20	20	20
1	10	10	10
2	10	10	10
Total	20	20	20
1	10	10	10
2	10	10	10
Total	20	20	20
1	10	10	10
2	10	10	10
Total	20	20	20
1	10	10	10
2	10	10	10
Total	20	20	20



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Report Number 11-293-2078 Page 6 of 8

Ceriodaphnia dubia (Water Flea) Survival Data Summary Table

Chain of Custody:
Lab Number: 1909873 Page: 5 of 5
Facility: City of Kearney

1	5	5	5	5
2	5	5	5	5
3	5	5	5	5
4	5	5	5	5
Total	20	20	20	20
1	5	5	5	5
2	5	5	5	5
3	5	5	5	5
4	5	5	5	5
Total	20	20	20	20
1	5	5	5	5
2	5	5	5	5
3	5	5	5	5
4	5	5	5	5
Total	20	20	20	20
1	5	5	5	5
2	5	5	5	5
3	5	5	5	5
4	5	5	5	5
Total	20	20	20	20
1	5	5	5	5
2	5	5	5	5
3	5	5	5	5
4	5	5	5	5
Total	20	20	20	20



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM, P.O. BOX 176, JEFFERSON CITY MO, 65102
WHOLE EFFLUENT TOXICITY (WET) TEST REPORT
 (TO BE ATTACHED TO WET TESTS FOR SUBMISSION TO THE REGULATORY AUTHORITY)

11-293-2078
 FACILITY NAME: **City of Kearney**
 DATE & TIME COLLECTED: **EFFLUENT_10/10/11 11:00** UPSTREAM
 PERMIT NUMBER: _____ PERMIT OUTFALL NUMBER: _____

COLLECTOR'S NAME: _____

RECEIVING STREAM COLLECTION SITE AND DESCRIPTION: _____

PERMIT ALLOWABLE EFFLUENT CONCENTRATION (AEC) **100%**
 EFFLUENT SAMPLE TYPE (CHECK ONE)
 24 HR COMPOSITE GRAB OTHER
 SAMPLE NUMBER: **EFFLUENT_1909873** UPSTREAM
 UPSTREAM SAMPLE TYPE (CHECK ONE)
 24 HR COMPOSITE GRAB OTHER
 PERMIT EFFLUENT DAILY MAXIMUM LIMITATION PER AMMONIA: _____ mg/L

PART B - TO BE COMPLETED IN FULL BY PERFORMING LABORATORY

PERFORMING LABORATORY: **Midwest Laboratories, Inc.**

TEST TYPE	TEST DURATION	TEST METHOD	TEST START DATE AND TIME	TEST END DATE AND TIME	TEST ORGANISM #2 AND AGE	TEST ORGANISM #2 % MORTALITY AT AEC
Acute	48hrs	EPA 821-R-02-012	10/11/11 13:40	10/13/11 14:15	C. dubia <24 hrs	0%
			10/11/11 11:59		P. promelas 2 days	0%
					80% OR GREATER SURVIVAL IN SYNTHETIC DILUTION WATER USED TO ACHIEVE AEC	0%
					CONTROL? X YES <input type="checkbox"/> NO	0%
					EFFLUENT ORGANISM #1 % MORTALITY AT AEC	0%
					UPSTREAM ORGANISM #1 % MORTALITY	N/A
					TEST RESULT AT AEC FOR ORGANISM #2	P=0.83

PARAMETER	RESULT	METHOD	WHEN ANALYZED
Temperature °C	24.9	EPA 170.1	10/11
pH Standard Units	7.8	EPA 150.1	10/11
Conductance µMhos	741	EPA 120.1	10/11
Dissolved Oxygen mg/L	9.0	EPA 360.1	10/11
Total Residual Chlorine mg/L	<0.001	SM4500-CLD	10/11
Un-ionized Ammonia mg/L	<0.1	EPA 350.2	10/13
*Total Alkalinity mg/L	176	SM 2320B	10/14
*Total Hardness mg/L	254	Calculation	10/19

*Recommended by USEPA guidance, not a required analysis.

WHOLE EFFLUENT TOXICITY (WET) TEST REPORT
PERMIT REQUIRED ANALYTICAL RESULTS FOR THE 100% UPSTREAM SAMPLE

PARAMETER	RESULT	METHOD	WHEN ANALYZED
Temperature °C	24.7	EPA 170.1	10/11
pH Standard Units	8.2	EPA 150.1	10/11
Conductance µMehs	323	EPA 120.1	10/5
Dissolved Oxygen mg/L	8.2	EPA 360.1	10/11
Total Residual Chlorine mg/L	N/A	SM4500-CLD	
Unionized Ammonia mg/L	N/A	EPA 350.2	
*Total Alkalinity mg/L	71	SM 2320B	10/18
*Total Hardness mg/L	85	Calculation	10/19

* Recommended by USEPA guidance, not a required analysis.

PRELIMINARY TEST ACCEPTABILITY MATRIX (FOR USE BY PERMITTEE IN DETERMINING TEST VALIDITY)

PERMIT ALLOWABLE EFFLUENT CONCENTRATION (AEC): As indicated on permit. Test is invalid otherwise.

EFFLUENT SAMPLE TYPE: As indicated on permit. Test is invalid otherwise.

TEST TYPE: Acute Static Non-Renewal Test or other as indicated on permit. Test is invalid otherwise.

TEST DURATION: Fourty-eight (48) hours or as indicated on permit. Test is invalid otherwise.

TEST ORGANISMS: As indicated on permit. Test is invalid otherwise.

DILUTION WATER USED TO ACHIEVE AEC: Upstream receiving water required if available.

TEST METHOD: The only acceptable method is the *most current edition of Methods of Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms*, or other as specifically assigned by EPA for determining NPDES compliance. Test is invalid otherwise.

TEST START DATE & TIME: Unless otherwise specified in writing by EPA, if >36 hours lapse between collection and initiation, test is invalid.

FILTER MESH-SIEVE SIZE: Unless otherwise specified in writing by EPA, if sieve size is smaller than 60 microns, test is invalid.

90% OR GREATER SURVIVAL IN LABORATORY CONTROL(S) (Y/N): If NO, test is invalid.

PARAMETER	RESULT	NOTES	WHEN ANALYZED
Temperature °C	0-6	Unless received by the laboratory on the same day as collected, values outside this range invalidate the test.	Upon receipt

- 1 Samples shall only be filtered if indigenous organisms are present that may be confused with, or attack, the test organisms.
- 2 Filters shall have a sieve size of 60 microns or greater.
- 3 Where no upstream control is available, enter results from laboratory or synthetic control.



CONSULTING ENGINEERS

9200 Ward Parkway, Suite 200

Kansas City, Missouri 64114

Phone: 816-361-0440

Fax: 816-361-0045

e-mail: info@larkin-grp.com

website: www.larkin-grp.com

November 15, 2012

MoDNR-DEQ
Water Protection Program
Engineering Section
Attn: Cindy LePage, P.E., Review Engineer
P.O. Box 176
Jefferson City, MO 65102-0176

Re: Construction Permit Application
Plans and Specification Submittal
WWTP Phase 1 Clarifiers
Kearny, MO NPDES # MO-0107883
Larkin Project No. KC12-0024.0500

Dear Ms. LePage:

We are transmitting one (1) set of plans and specifications for the Wastewater Treatment Plant Phase 1 Clarifiers for the City of Kearney, Missouri dated 2012 along with the Construction Permit Application and the \$2,200 permit application fee. These plans and specifications are being submitted for MODNR review and approval.

MODNR approved the Kearney WWTP Phase 1 Clarifiers Facility Plan by letter dated September 18th, 2012.

Attached find:

1. One (1) sets of plans and specifications
2. Design Summary
3. Form B – Application for Construction
4. No Degradation Evaluation Conclusion of Antidegradation Review
5. USGS Site Location Plan – required in Item 7.2
6. Process Flow Schematic - required in Item 7.3
7. Check for \$2,200

Please contact me or Clark Thompson if you have any questions or need additional information phone (816)823-7303 or email "vneal@larkin-grp.com".

Sincerely,

Vance A. Neal, P.E.

RECEIVED

NOV 16 2012

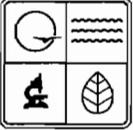
Enclosures

cc: Jim Eldridge, City Administrator, w/enclosures
M. Clark Thompson, P.E., B.C.E.E., Larkin Group Inc.
Project file, w/enclosures

WATER PROTECTION PROGRAM

M. Clark Thompson, P.E., President

William J. Cunningham, P.E., Principal ♦ Anthony P. O'Malley, P.E., Principal ♦ Andrew D. Smith, P.E., Principal



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM, WATER POLLUTION CONTROL BRANCH
NO DEGRADATION EVALUATION
CONCLUSION OF ANTIDEGRADATION REVIEW
 (Submit this form with the appropriate Permit Application)

1. FACILITY

NAME KEARNEY WASTEWATER TREATMENT FACILITY		COUNTY CLAY	
ADDRESS (PHYSICAL) P.O. BOX 797	CITY KEARNEY	STATE MO	ZIP CODE 64060
FACILITY CONTACT: JAY BETTIS WATER/SEWER SUPT.		TELEPHONE NUMBER WITH AREA CODE 816-628-4805	

2. NO DEGRADATION OPTIONS

- Renewal without changes
- Sewer extensions
- CSO elimination projects
- No-discharge with land application
- No-discharge with subsurface irrigation
- Recycle or reuse of effluent
- Discharge to a regional wastewater collection and treatment system.
- Addition or replacement of disinfection system for an existing wastewater facility: Ultraviolet or Ozone
The facility will be required to meet regulatory effluent limits for bacteria.
- Addition or replacement for chlorination or dechlorination disinfection system of existing facility.
The chlorination or dechlorination disinfection treatment system design must be for total removal of Total Residual Chlorine. Therefore, the facility will be required to meet the water quality-bases effluent limits determined by the permit writer or the following water quality-bases effluent limits:

Beneficial Use of Classified Water	MDL (µg/l)	AML (µg/l)
Warm-water fishery	17	8.2
Cold-water fishery	3.3	1.6

Note: These compliance limits for Total Residual Chlorine are much less than minimum quantification level, or ML, of 0.13. The facility will be required to meet regulatory effluent limits for bacteria.

Other, please describe: Plant upgrade adding New Clarifiers - No design flow increase.

Consulted with Water Protection Staff:

NAME ENVIRONMENTAL ENGINEER, CENTRAL OFFICE	DATE 9/18/2012
--	-------------------

3. NO DEGRADATION PROPOSED PROJECT SUMMARY

UPGRADING PLANT TREATMENT BY ADDING CLARIFIERS AND CHANGING AERATION TO FINE BUBBLE DIFFUSERS WITH MIXERS. THE DESIGN FLOW STAYS AT 1.125 MGD.

CONSULTANT: I have prepared or reviewed this form and all attached reports and documentation. The conclusion proposed is consistent with the Antidegradation Implementation Procedure and current state and federal regulations.		
SIGNATURE <i>Vance Neal</i>		DATE 11-5-2012
PRINT NAME Vance Neal		
TELEPHONE NUMBER WITH AREA CODE 816-823-7303	E-MAIL ADDRESS VNEAL@LARKIN-GRP.COM	
Owner: I have read and reviewed the prepared documents and agree with this submittal.		
SIGNATURE <i>Jim Eldridge</i> Jim Eldridge City Admin.		DATE 11-9-12
TELEPHONE NUMBER WITH AREA CODE 816-628-4142	E-MAIL ADDRESS JELDRIDGE@CI.KEARNEY.MO.US	
Continuing Authority: Continuing Authority is the permanent organization that will be responsible for the operation, maintenance and modernization of the facility. The regulatory requirement regarding continuing authority is available at www.sos.mo.gov/adrules/csr/current/10csr/10c20-6a.pdf .		
I have read and reviewed the prepared documents and agree with this submittal.		
SIGNATURE <i>Jim Eldridge</i> City Administrator		DATE 11-9-12
TELEPHONE NUMBER WITH AREA CODE 816-628-4142	E-MAIL ADDRESS JELDRIDGE@CI.KEARNEY.MO.US	
<p>Return completed form with the appropriate Permit Application to:</p> <p>Missouri Department of Natural Resources Water Protection Program Water Pollution Control Branch P.O. Box 176 Jefferson City, MO 65102</p>		