



**Missouri Department of Natural Resources
 Water Protection Program
 Water Pollution Control Branch
 NPDES Permits and Engineering Section**

**Water Quality Review Sheet Check List
 Lagoon Operating Permit Renewal**

FACILITY INFORMATION

FACILITY NAME: _____ PERMIT #: _____

FACILITY TYPE: _____ AGE: _____ years

Outfall Characteristics

OUTFALL	DESIGN FLOW (MGD)	ACTUAL FLOW (MGD)	ACTUAL FLOW/DESIGN FLOW
			%

Effluent Characteristics

Biochemical Oxygen Demand (BOD₅) In Compliance Significant Noncompliance
 Total Suspended Solids (TSS) In Compliance Significant Noncompliance
 Percent Removal (>65%) BOD & TSS In Compliance Significant Noncompliance N/A

Effluent Limit/Monitoring Requirement Frequency at regulatory minimum: Yes No

Receiving Waterbody Information

WATERBODY NAME: _____ CLASS: _____
 WATERBODY NAME: _____ CLASS: _____

Discharge to or within two (2) miles of a losing stream (10 CSR 20-7.031, Table J or as determined by GSRAD)

Discharge to or within two (2) miles of a classified waterbody designated for whole body contact recreation

Use Attainability Analysis Conducted

Stream Survey Conducted within the past five (5) years Observed water quality impacts

If the facility discharges to any of the waterbody types below, is within an area experiencing rapid development, or if a site-specific water quality impact study has been conducted, this form is not applicable.

Lake/Reservoir 303(d) Waterbody Metropolitan No-Discharge Stream

Outstanding National/State Resource Water and Drainages Thereto