



Jeremiah W. (Jay) Nixon, Governor • Sara Parker Pauley, Director

DEPARTMENT OF NATURAL RESOURCES

www.dnr.mo.gov

APR 24 2014

The Honorable Jim Burch, Mayor
Matthews WWTP
P.O. Box 54
Matthews, MO 63867

Dear Mayor Burch:

RE: AP#15503, Matthews Wastewater Treatment Improvements – Matthews Wastewater Treatment Facility, MO-0127175, Construction Permit No. 0001528

Dear Mayor Burch:

The Missouri Department of Natural Resources' (Department) Water Protection Program has reviewed the plans and specifications submitted by Richard E. Cochran, P.E. of Waters Engineering, Inc. for the City of Matthews. Please find enclosed Construction Permit No. CP0001528.

This permit will terminate 12 months from the date of issuance. In accordance with 10 CSR 20-6.010(4)(G), the Department may grant an extension only one time. If you believe that an extension is necessary, you must submit a request and a justification in writing for the extension at least 30 days prior to the permit expiration date.

This construction permit does not supersede any requirements of the operating permit or enforcement actions. Nothing in this permit removes any obligations to comply with county or other local ordinances or restrictions.

If you were adversely affected by this decision, you may appeal to have the matter heard by the Administrative Hearing Commission. To appeal, you must file a petition with the Administrative Hearing Commission within 30 days after the date this decision was mailed or the date it was delivered, whichever date was earlier. If any such petition is sent by registered mail or certified mail, it will be deemed filed on the date it is mailed. If it is sent by any method other than registered mail or certified mail, it will be deemed filed on the date it is received by the Administrative Hearing Commission.

If you have any questions concerning this matter, please contact Lei Hou, P.E., of the Water Protection Program, at (314) 416-2960 or Missouri Department of Natural Resources, P.O. Box 176, Jefferson City, MO 65102-0176.

Thank you for your efforts to help ensure clean water in Missouri.

Sincerely,

WATER PROTECTION PROGRAM

A handwritten signature in black ink, appearing to read 'Refaat Mefrakis', with a long horizontal stroke extending to the right.

Refaat H. Mefrakis, P.E.
Engineering Section Chief

RHM: lhi

Enclosures

c: Richard E. Cochran, P.E., Waters Engineering, Inc.
Southeast Regional Office
File Copy

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
MISSOURI CLEAN WATER COMMISSION



CONSTRUCTION PERMIT

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

Matthews WWTP
P.O. Box 54
Matthews, MO 63867

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.

April 24, 2014
Effective Date

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

April 23, 2015
Expiration Date

John Madros
Director of Staff, Clean Water Commission or Designee

CONSTRUCTION PERMIT

I. CONSTRUCTION DESCRIPTION

The existing facility is a two aerated cell lagoon. The proposed facility will be at the location of existing secondary pond which is 10.0 ft. deep with a total detention time of 31.7 day. The new treatment pond consists of three cells separated by hydraulic baffles. The baffles will provide effective separation of zones within the lagoon. The first cell (2.7 MG) is a 14.2 day complete mix cell, followed by a 14.2 day partial mix cell (2.7 MG) and a 3.3 day settling cell (0.65MG). The existing aeration system continues to provide the aeration and totally mixing in the first cell and partial aeration as well as maintain partial suspension of solids in the second cell.

Modular insulated floating lagoon cover will be installed over entire treatment pond. The cover will allow gases to escape and rainwater to drain through the overlap spaces of adjacent casings. The cover also provides an insulated environment for heat retention and prevents algae growth by shielding sunlight.

A polishing reactor after treatment pond will consist of discrete polishing modules with fixed film biological treatment media. Each module will be six (6) feet wide by six (6) feet long by eight (8) feet tall. A total of nine (9) polishing modules will be installed. Eight (8) modules will have a surface area of approximately 69 square feet per cubic foot of media density and one (1) module will have a surface area of approximately 48 square feet per cubic foot of media density. Two 7.5 HP positive displacement blowers (1 operating and 1 standby) are provided air through a low rate diffuser for the polishing reactor to meet aeration requirements.

A flow splitting structure and recirculating lift station with duplex pumps (1 operating and 1 stand by) after the polishing reactor are able to recirculate flow at a maximum 4:1 ration to recycle nitrifiers back to the lagoon. With one 3.9 HP pump running, the lift station will be capable of pumping 524 gallons per minute (GPM) at 18 feet of total dynamic head (TDH).

An Ultraviolet (UV) Disinfection system with a level control weir will be installed which is capable of treating a peak hourly flow of 560,000 gallons per hour. The system will be installed in one (1) open channel approximately 25 feet by 36 inches by 12 inches. The system will have one (1) bank per channel, four (4) UV modules per bank, and four (4) lamps per UV module, for a total of sixteen (16) lamps in the system.

Ultrasonic flow monitoring equipment will be installed following UV disinfection.

The above components along with all the necessary appurtenances make the system complete and useable to serve a population equivalent of 1,880 with an average daily flow of 188,000 gallon from the City of Matthews. The discharge will go to Ditch #104 in the SW¹/₄ of the SW ¹/₄ of section 6, T24N, R14E, New Madrid County, Missouri (MO0127175)

II. FINDING OF AFFORDABILITY

Pursuant to Section 644.145, RSMo, when issuing permits under this chapter that incorporate a new requirement for discharges from publicly owned combined or separate sanitary or storm sewer systems or publicly owned treatment works, or when enforcing provisions of this chapter or the Federal Water Pollution Control Act, 33 U.S.C. 1251 et seq., pertaining to any portion of a publicly owned combined or separate sanitary or storm sewer system or [publicly owned] treatment works, the Department of Natural Resources shall make a finding of affordability upon which to base such permits and decisions, to the extent allowable under this chapter and the Federal Water Pollution Control Act. Where permit modifications, permit renewals, or sewer extensions do not impose new requirements and/or do not require rate increases, the affordability finding may receive a less detailed review. Permits that do not include new requirements may be deemed affordable.

Not Applicable; The Department is not required to determine findings of affordability because the permit contains no new conditions or requirements that convey a new cost to the facility. This draft represents the permit that will be issued after construction is complete [in accordance with 644.0514 and 10 CSR 20-6.010(4)(F)], and has been created due to the facility's application for modification. This draft permit does not include any new requirements. The new effluent limits in this draft permit for BOD, TSS, & Ammonia were established in the May 13, 2010 permit.

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 Richard E. Cochran, P.E., of Waters Engineering, Inc. on May 22, 2013 and January 31, 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 XX 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. Upon completion of construction;
 - A. Submit the enclosed form Statement of Work Completed to the Department In accordance with 10 CSR 20-6.010(5)(D);
 - B. Submit an electronic copy of the as builts if the project was not constructed in accordance with previously submitted plans and specifications; and
 - C. Submit a Form B2 - Application for Construction or Operating Permit for Facilities which receive basically domestic waste and have a design flow more than 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>.

As result of the potential lowering of the ammonia limit, the current design included capabilities for recirculation at a maximum 4:1 ration to recycle nitrifiers to the lagoon and further improve the ammonia treatment.

2. CONSTRUCTION PURPOSE

The current operating permit (MO-0127175) contains a Schedule of Compliance to meet the nitrification and disinfection requirements. The City of Matthews must treat ammonia and disinfect any effluent before discharge into its receiving stream by the year 2013. The treatment plant upgrades are necessary to meet new ammonia limits and include disinfection equipment.

The new wastewater treatment facility will be a hybrid lagoon, in that the treatment is still in an earthen basin, however it will be covered and have aeration. It will be followed by a polishing reactor that includes media and additional aeration. The final step of treatment will be from the ultraviolet light disinfection system. The new plant will address water quality issues such as ammonia and disinfection.

3. FACILITY DESCRIPTION

Current Facility Description:

Two cell aerated lagoon/Sludge is retained in lagoon

Future Facility Description:

Screening/ baffled three-cell earthen basin with a complete-mix primary, partial-mix secondary, and quiescent tertiary/ Lemna Polishing Reactor/ Seasonal UV disinfection/Sludge retained in the earthen basin

4. COMPLIANCE PARAMETERS

The draft operating permit publicly noticed December 27, 2013 included final effluent limitations for Biochemical Oxygen Demand, of 45 mg/L weekly average and 30 mg/L monthly average; and Total Suspended Solids of 45 mg/L weekly average and 30 mg/L monthly average; and Ammonia as N of 3.7 mg/L daily maximum and 1.4 mg/L monthly average during summer, 7.5 mg/L daily maximum and 2.9 mg/L monthly average during winter; and Oil & Grease of 15 mg/L daily maximum and 10 mg/L monthly average; and Escherichia Coliform of 1030 colonies per 100 mL weekly average and 206 colonies per 100 mL monthly average.

The draft operating permit also has monitoring only requirement for Flow and pH. This proposed construction project will allow the facility to meet these limits.

5. REVIEW of MAJOR TREATMENT DESIGN CRITERIA

The LemTec™ Biological Treatment Lagoon (LBTP) will be constructed at the current lagoon site. The treatment has been considered an innovative or New Technology in recent years. Many installation of this process have been approved, constructed and are currently operating across the State of Missouri. The design has no deviations from 10CSR 20-8 other than utilizing new technology. The LBTP is composed of a series of aerobic treatment cells separated by hydraulic baffles and followed by a low-loaded anaerobic settling zone. A fixed film reactor immediately follows the settling zone providing BOD and ammonia polishing. The aerobic and anaerobic cells are covered by LemTec™ Modular Cover System.

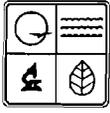
The treatment system is designed for homes and businesses within the City limits. The facility will have a design flow of 188,000 GPD, a design max daily flow of 1,036,800 GPD, design peak hourly flow of 560,000 GPD.

6. OPERATING PERMIT MODIFICATION

Draft Missouri State Operating Permit MO-0127175 which reflects this proposed construction had been on the public notice for public comments from February 28, 2014 to March 31, 2014. There were no comments received regarding the draft permit.

Operating permit MO-0127175 will require a modification to reflect the construction activities. Upon construction completion submit a modification fee and Form B2 - Application for Construction or Operating Permit for Facilities which receive basically domestic waste and have a design flow more than 100,000 gallons per day.

Review Engineer: Lei Hou, PE
Unit Chief Approval: Cindy LePage, PE
Date: 4/7/2014



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM, WATER POLLUTION CONTROL BRANCH

2013

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 Matthews Wastewater Treatment Plant	
PERMIT NO. MO-0127175	COUNTY New Madrid

APPLICATION OVERVIEW

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

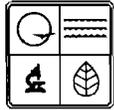
BASIC APPLICATION INFORMATION

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

SUPPLEMENTAL APPLICATION INFORMATION

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

ALL APPLICANTS MUST COMPLETE PARTS A, B and C



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**

CPO001528
 AP15503 C11510

FOR AGENCY USE ONLY	
CHECK NUMBER 2326	
DATE RECEIVED 5-22-13	FEE SUBMITTED \$7750 ^{ea} J.S.

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 Matthews Wastewater Treatment Plant		TELEPHONE NUMBER WITH AREA CODE 573-471-2541	
ADDRESS (PHYSICAL) P.O. Box 54	CITY Matthews	STATE MO	ZIP 63867
2.1 LEGAL DESCRIPTION (Plant Site):		CountyNew Madrid	
2.2 UTM Coordinates Easting (X): ⁺³⁶⁴⁴⁴¹³ Northing (Y): ⁻⁰⁸⁹³⁵¹⁷⁶		For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)	

3. OWNER

NAME City of Matthews		TELEPHONE NUMBER WITH AREA CODE 573-471-2541	
ADDRESS P.O. Box 54	CITY Matthews	STATE MO	ZIP 63867

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 Same as above		CITY	
ADDRESS	CERTIFICATE NUMBER (IF APPLICABLE)	STATE	ZIP

5. OPERATOR

NAME Manuel Spraggs - No. 8878		TELEPHONE NUMBER WITH AREA CODE 573-471-2541	
TITLE Wastewater Supt.			

6. FACILITY CONTACT

NAME Jim Burch		TITLE Mayor	
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FACILITY NAME Matthews Wastewater Treatment Plant	PERMIT NO. MO- 0127175	OUTFALL NO. 1
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PART A – BASIC APPLICATION INFORMATION

7. ADDITIONAL FACILITY INFORMATION

7.1 BRIEF DESCRIPTION OF FACILITIES

Covered Three Cell Aerated lagoon with fixed film reactor and UV disinfection

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:	FACILITY NAICS CODE: 2213	DISCHARGE NAICS CODE:
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7.5 NUMBER OF SEPARATE DISCHARGE POINTS
1

7.6 NUMBER OF PEOPLE PRESENTLY CONNECTED OR POPULATION EQUIVALENT 1585	DESIGN POPULATION EQUIVALENT 1880
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NUMBER OF UNITS PRESENTLY CONNECTED
HOMES 300 APARTMENTS 50 TRAILERS 25 OTHER 10

TOTAL DESIGN FLOW (ALL OUTFALLS) 188000	ACTUAL FLOW 137000
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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
12

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	B. HOW MANY DAYS OF THE WEEK WILL THE DISCHARGE OCCUR?
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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.

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 type="checkbox"/>	No <input checked="" type="checkbox"/>
Highly sophisticated instrumentation, such as atomic absorption and gas chromatograph.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

FACILITY NAME Mathews Wastewater Treatment Plant	PERMIT NO. MO- 0127175	OUTFALL NO. 1
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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 28.2 Actual Dry Tons/Year est. 20.5

9.3 CAPACITY OF SLUDGE HOLDING STRUCTURES

9.4 SLUDGE STORAGE PROVIDED
 Cubic Feet Days of Storage Average Percent Solids of Sludge 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) Sludge held in treatment lagoon

9.8 PERSON RESPONSIBLE FOR HAULING SLUDGE TO DISPOSAL FACILITY

NAME
N/A

ADDRESS	CITY	STATE	ZIP
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CONTACT PERSON	TELEPHONE NUMBER WITH AREA CODE	PERMIT NO MO-
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9.9 SLUDGE USE OR DISPOSAL FACILITY

By Applicant By Others (Complete Below)

NAME

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

Lyman Whitten

ADDRESS P.O. Box 439	CITY Mathews	STATE MO	ZIP 63867
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11. DRINKING WATER SUPPLY INFORMATION

11.1 SOURCE OF YOUR DRINKING WATER SUPPLY

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

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 Matthews Wastewater Treatment Lagoon		PERMIT NO. MO- 0127175	OUTFALL NO. 1
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 10,000			
BRIEFLY EXPLAIN ANY STEPS UNDERWAY OR PLANNED TO MINIMIZE INFLOW AND INFILTRATION. Testing & Repair as leaks are found			
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 <input type="checkbox"/> No <input checked="" type="checkbox"/> 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.)			
A. List the outfall number that is covered by this implementation schedule Outfall No. 1		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"/>	
20.3 WASTEWATER DISCHARGES: COMPLETE QUESTIONS 20.4 THROUGH 20.7 ONCE FOR EACH OUTFALL (INCLUDING BYPASS POINTS) THROUGH WHICH EFFLUENT IS DISCHARGED. DO NOT INCLUDE INFORMATION ON COMBINED SEWER OVERFLOWS IN THIS SECTION.			
20.4 DESCRIPTION OF OUTFALL			
OUTFALL NUMBER 1			
A. LOCATION ¼ <u> </u> ¼ <u>SW</u> ¼ <u>SW</u> Section <u>6</u> Township <u>24N</u> Range <u>14</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W UTM Coordinates Easting (X): <u>+364</u> Northing (Y): <u>-089</u> For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)			
B. Distance from Shore (If Applicable) <u> </u> ft.		C. Depth Below Surface (If Applicable) <u> </u> ft.	D. Average Daily Flow Rate <u>.137</u> mgd
E. Does this outfall have either an intermittent or periodic discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide the following information:			
Number of Days Per Year Discharge Occurs: 365	Average Duration of Each Discharge:	Average Flow Per Discharge: mgd	Months in Which Discharge Occurs:
Is Outfall Equipped with a Diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
20.5 DESCRIPTION OF RECEIVING WATER			
B. Name of Receiving Water Ditch #104			
B. Name of Watershed (If Known)		U.S. Soil Conservation Service 14-Digit Watershed Code (If Known)	
B. Name of State Management/River Basin (If Known)		U.S. Geological Survey 8-Digit Hydrologic Cataloging Unit Code (If Known) 08020204-020004	
B. Critical Flow of Receiving Stream (If Applicable) Acute <u> </u> cfs Chronic <u> </u> cfs		B. Total Hardness of Receiving Stream at Critical Low Flow (If Applicable) mg/L of CaCO ₃	

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FACILITY NAME Mathews Wastewater Treatment Plant	PERMIT NO. MO- 0127175	OUTFALL NO. 1
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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 65 % Design SS Removal 65 %
Design P Removal % Design N Removal % Other %

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

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.

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	VALUE	UNITS	VALUE	UNITS	NO. OF SAMPLES
pH (Minimum)		S.U.	6.84	S.U.	15
pH (Maximum)		S.U.	7.85	S.U.	15
FLOW RATE	0.1554	MGD	0.09427	MGD	14
TEMPERATURE (Winter)	18	°C	14	°C	9
TEMPERATURE (Summer)	23	°C	21	°C	4

*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	70	mg/L	38	mg/L	19	SM-5210 B-01
	CBOD ₅		mg/L		mg/L		
FECAL COLIFORM		#/100 mL		#/100 mL			
TOTAL SUSPENDED SOLIDS (TSS)	60	mg/L	32	mg/L	15	SM-2540 D-97	
AMMONIA (AS N)	32	mg/L	18	mg/L	15	Lachat-10-107-0	
CHLORINE (TOTAL RESIDUAL, TRC)		mg/L		mg/L			
DISSOLVED OXYGEN		mg/L		mg/L			
TOTAL KJELDAHL NITROGEN (TKN)		mg/L		mg/L			
NITRATE PLUS NITRITE NITROGEN		mg/L		mg/L			
OIL AND GREASE	<5	mg/L	<5	mg/L	15	EPA-1664A	
PHOSPHORUS (TOTAL)		mg/L		mg/L			
TOTAL DISSOLVE SOLIDS (TDS)		mg/L		mg/L			
OTHER		mg/L		mg/L			

END OF PART B

PART C - CERTIFICATION

30. CERTIFICATION

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

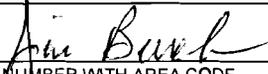
ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

Jim Burch, Mayor

SIGNATURE



TELEPHONE NUMBER WITH AREA CODE

573-471-2544

DATE SIGNED

4-17-13

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	PERMIT NO. MO-	OUTFALL NO.
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PART D – EXPANDED EFFLUENT TESTING DATA

40. EXPANDED EFFLUENT TESTING DATA

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

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

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

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

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-ETHYL VINYL 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											

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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-CHLORONAPH-THALENE											
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		PERMIT NO. MO-	OUTFALL NO.
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
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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	PERMIT NO. MO-	OUTFALL NO.	
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?			
<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Continuous <input type="checkbox"/> 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 <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent			
60.7 PRETREATMENT STANDARDS			
Indicate whether the SIU is subject to the following			
A. Local Limits		<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Categorical Pretreatment Standards		<input type="checkbox"/> Yes	<input type="checkbox"/> 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?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe each episode			

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.		
FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WASTE TRANSPORT. Method by which RCRA waste is received. (Check all that apply) <input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe the treatment (provide information about the removal efficiency):		
B. Is the discharge (or will the discharge be) continuous or intermittent? <input type="checkbox"/> Continuous <input type="checkbox"/> 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.		

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MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.		
FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
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.)		
<ul style="list-style-type: none"> 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:		
<ul style="list-style-type: none"> 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?		
<input type="checkbox"/> Rainfall <input type="checkbox"/> CSO Pollutant Concentrations <input type="checkbox"/> CSO <input type="checkbox"/> CSO Flow Volume <input type="checkbox"/> 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.		