

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES

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

www.dnr.mo.gov

APR 18 2014

Steve Holiday
Hidden Valley Estates
697 Friendship Lane
Reeds Spring, MO 65737

RE: AP#16868, Wastewater Treatment System for Hidden Valley Home Owners Group,
LLC– Hidden Valley Wastewater Treatment Facility, MO-0099325

Dear Mr. Holiday:

The Missouri Department of Natural Resources' (Department) Water Protection Program has reviewed the plans and specifications submitted by R. Gregory Whitlock, P.E. of Whitlock Engineering, LLC for the Hidden Valley Home Owners Group. Please find enclosed Construction Permit No. CP0001603.

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.

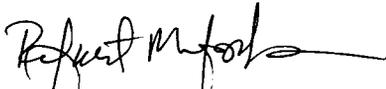


If you have any questions concerning this matter, please contact Lei Hou, P.E., of the Water Protection Program, at (314) 416-2458 or Missouri Department of Natural Resources, P.O. Box 176, Jefferson City, MO 65102-0176.

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

Sincerely,

WATER PROTECTION PROGRAM



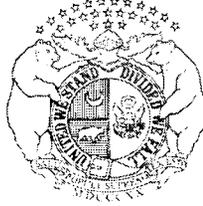
Refaat H. Mefrakis, P.E.
Engineering Section Chief

RHM: lhi

Enclosures

c: R. Gregory Whitlock, P.E., Whitlock Engineering, LLC
Southwest Regional Office
Mary Ann Sutter, Water Protection Program
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:

Hidden Valley Home Owners Group, LLC
697 Friendship Lane
Reeds Spring, MO 65737

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).

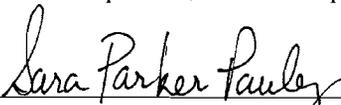
As the Department does not examine structural features of design or the efficiency of mechanical equipment, the issuance of this permit does not include approval of these features.

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 18, 2014
Effective Date

April 17, 2015
Expiration Date


Sara Parker Pauley, Director, Department of Natural Resources


Director of Staff, Clean Water Commission or Designee

CONSTRUCTION PERMIT

I. CONSTRUCTION DESCRIPTION

The proposed wastewater treatment facility is a recirculating sand filter (RSF) with chlorine disinfection system. The project consists of the construction and installation of the following components:

1. Two (2) precast septic tanks in series, each tank with at least 2,000 gallon capacity;
2. A recirculation chamber with an effective dosing volume of 2,000 gallons;
3. A sand filter with a surface area of 500 square feet (20 feet by 25 feet) to be divided into two cells and 24-inches of non-calcareous filter media to have an effective size between 1.5 to 3.0 mm, with a uniformity coefficient less than or equal 3.5; recirculates at a rate of 4:1;
4. A 500 gallon rapid mix tank with a chemical metering pump and a 1,000 gallon settling tank for Phosphorus removal;
5. A Jet-Chlor Model 108 tablet chlorinator;
6. A 82 cubic feet sanitite HP pipe as chlorine contact chamber with a minimum of 15 minutes of detention time at hourly peak flow;
7. A Jet-Chlor Model 108 tablet dechlorinator;
8. Av-notch weir to monitor effluent flow.

The above components along with all the necessary appurtenances make the system complete and useable to serve a population equivalent of 25 with an average daily flow of 2,500 gallon from Hidden Valley Estates subdivision. The discharge will go to James River in the SW¹/₄ of the NE ¹/₄ of section 5, T26N, R22W, Stone County, Missouri (MO0099325)

II. FINDING OF AFFORDABILITY

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

III. CONSTRUCTION PERMIT CONDITIONS

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

1. This construction permit does not authorize discharge.
2. All construction shall be in accordance with the plans and specifications submitted by R. Gregory Whitlock, P.E. of Whitlock Engineering, LLC on November 1, 2013.
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 Southwest Regional Office per 10 CSR 20-7.015(9)(E)2. 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 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.
 - C. Manholes should be located at least ten feet 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:
 - 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.
6. 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 storm water. 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.

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. A full closure plan shall be submitted to the Department's Southwest Regional Office for review and approval of any permitted wastewater treatment system being replaced. In accordance with 10 CSR 20-6.010(12), the closure plan must meet the requirements outlined in Standard Conditions Part III, Section I, of the Missouri State Operating Permit No. MO-0099325. Closure shall not commence until the submitted closure plan is approved by the Department.
9. 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 B - Application for an Operating Permit for Domestic or Municipal Wastewater ($\leq 100,000$ gallons per day) along with the modification fee.

IV. REVIEW SUMMARY

1. AMMONIA

The Water Protection Program is providing this notice to inform permittees that EPA's published ammonia criteria for aquatic life protection is lower than the current Missouri criteria and will be proposed in the 2014 Missouri Water Quality Standards triennial review. More information can be found at <http://dnr.mo.gov/pubs/pub2481.pdf>.

2. CONSTRUCTION PURPOSE

The current facility has design flow of 7,500 GPD and is an extended aeration plant with chlorine disinfection. The facility has been involved in enforcement since 2008 and has been referred to the AGO's office. The Department did not receive discharge monitor report during last effective permit period from 2000 to 2005 and after its operating permit expired. The facility hasn't had an effective operating permit since 2005. The current extended aeration facility is inoperable and unable to meet effluent limits. A new treatment plant is needed to replace the current facility. The proposed facility will be a recirculating sand filter (RSF) followed by chlorine disinfection with a reduced design flow of 2,500 GPD.

3. FACILITY DESCRIPTION

Current Facility:

Extended aeration/chlorination/sludge disposal is by contract hauler.

Future Facility:

Septic tanks / recirculation tank / recirculating sand filter / chlorination/ dechlorination/ sludge disposal by contract hauler.

4. COMPLIANCE PARAMETERS

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS				PERMIT NUMBER MO-0099325		
The permittee is authorized to discharge from outfall(s) with serial number(s) as specified in the application for this permit. The final effluent limitations shall become effective upon issuance and remain in effect until expiration of the permit. Such discharges shall be controlled, limited and monitored by the permittee as specified below:						
OUTFALL NUMBER AND EFFLUENT PARAMETER(S)	UNITS	FINAL EFFLUENT LIMITATIONS			MONITORING REQUIREMENTS	
		DAILY MAXIMUM	WEEKLY AVERAGE	MONTHLY AVERAGE	MEASUREMENT FREQUENCY	SAMPLE TYPE
<u>Outfall #001</u>						
Flow	MGD	*		*	once/quarter**	24 hr. estimate
Biochemical Oxygen Demand ₅	mg/L		45	30	once/quarter**	***
Total Suspended Solids	mg/L		45	30	once/quarter**	***
pH – Units	SU	****		****	once/quarter**	grab
Fecal Coliform*****	#/100 mL	1000		400	once/quarter**	grab
Total Residual Chlorine	mg/L	1.0		1.0	once/quarter**	grab
Phosphorus, Total as P	mg/L	*			once/quarter**	***
MONITORING REPORTS SHALL BE SUBMITTED QUARTERLY; THE FIRST REPORT IS DUE <u>OCTOBER 28, 2000</u> . THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.						
B. STANDARD CONDITIONS						
IN ADDITION TO SPECIFIED CONDITIONS STATED HEREIN, THIS PERMIT IS SUBJECT TO THE ATTACHED <u>Parts I & III</u> STANDARD CONDITIONS DATED <u>October 1, 1980</u> and <u>August 15, 1994</u> , AND HEREBY INCORPORATED AS THOUGH FULLY SET FORTH HEREIN.						

- * Monitoring requirement only.
- ** Sample once per quarter in the months of March, June, September, December.
- *** A composite sample made up from a minimum of four grab samples collected within a 24 hour period with a minimum of two hours between each grab sample.
- **** pH is measured in pH units and is not to be averaged. The pH is limited to the range of 6.0-9.0 pH units.
- ***** Final limitations and monitoring requirements for Fecal Coliform are applicable only during the recreational season from April 1 through October 31.

5. REVIEW of MAJOR TREATMENT DESIGN CRITERIA

The new wastewater treatment facility is designed to treat an average daily flow of 2,500 gpd with peak flow of peak flow of 7gpm to meet effluent limits provided in the draft Missouri State Operating Permit MO0099325 public noticed on February 28, 2014. It consists of two 2,000 gallon septic tanks; a 2,000 gallon recirculation dosing chamber; a 500 square feet sand filter; a 500 gallon rapid mix tank; a 1,000 gallon settling tank; a chlorinator; a chlorine contact chamber; a dechlorinator; a flow meter, and necessary appurtenances as provided in the engineering report, plans, and specifications.

6. OPERATING PERMIT MODIFICATION

Operating permit MO-0099325 will require a modification to reflect the construction activities. Upon construction completion, the facility must submit a modification fee and Form B - Application for an Operating Permit for Domestic or Municipal Wastewater ($\leq 100,000$ gallons per day) and permit modification fee.

Review Engineer: Lei Hou, P.E.

Unit Chief Approval: Cindy LePage, P.E.

Date: March 4, 2014

Central Office Administrative Completeness Checklist for Treatment Plants & Sewer Extension Construction Permits

Facility/Owner/Project Name: Hidden Valley Estates

Date: 11/6/13

Correct Forms Submitted (as applicable)

- Construction Permit form
- Sewer Extension form
- Form A: Nondomestic
- Form B: Domestic < 100,000 gpd
- Form B2: Domestic ≥100,000 gpd
- Form I: Irrigation

Appropriate Fee Received & Coordinate with FMU staff on check prior to deposit

- \$75 for a sewer extension less than 1,000 feet
- \$300 for a sewer extension 1,000 feet or greater, a pumping station, a force main, an alternative sewer system or an in collection storage project (above ground basin or below ground pipe)
- \$750 for a sewage treatment facility with a design flow < 500,000 gpd.
- \$2,200 for sewage treatment facility with a design flow ≥500,000 gpd.

Form signed by appropriate individual:

- An incomplete application was received, verified with other programs (SRF, enforcement, drinking water) that they did not receive it.
- The application is inadequate for reviews. Attached is the APPLICATION RETURNED letter. Nothing is entered in MOCWIS.
- The application is considered administratively complete; as there is information provided to allow review to begin and should be forwarded to Review Engineer for technical completeness check and for technical review. Clerical staff will enter the construction permit application in MOCWIS and assign it to the appropriate staff member. Clerical staff will print off the Hello I am Your Permit Writer letter for the review engineer to sign. Technical staff will enter technical completeness check date after they have completed that step in MOCWIS Application tracking.
- The application is not complete, however there is enough information provided to allow a review to begin, and as such should be forwarded to Review Engineer for technical completeness check and for technical review. Clerical staff will enter the construction permit application in MOCWIS, stop the clock, and assign it to the appropriate staff member. Clerical staff will print off the Hello I am Your Permit Writer letter for the review engineer to sign at that time. Technical staff will enter technical completeness check date after they have completed that step in MOCWIS Application tracking. Need to submit an application for Construction Permit-Wastewater Treatment Facility and a Form B along with \$200 MOD fee.

Unit Chief: Cindy LePage

Assigned Review Engineer: Lei Hou

- Facility
- Owner
- Continuing Authority

For facilities ≥ 22, 500 gpd* (as applicable)

- Engineering Report completed & approved
- Facility Plan completed & approved

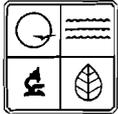
For facilities < 22, 500 gpd (as applicable)

- Engineering Report
- Facility Plan

Submittal includes:

- Antidegradation Report
- Summary of Design
- Plans
- Specifications

**Facility plans and engineering reports are tracked in
E:\Eng\ENGINEER UPDATE\Database or on
T:\Engineering Section\RO and CO Progress Report CP
Permitting.xlsx*



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM, WATER POLLUTION CONTROL BRANCH
**FORM A - APPLICATION FOR CONSTRUCTION OR OPERATING PERMIT
 UNDER MISSOURI CLEAN WATER LAW**

CPO001603
 AP16868 C12377

FOR AGENCY USE ONLY	
CHECK NUMBER	2553
DATE RECEIVED	11/11/13
FEE SUBMITTED	\$150.00

Note ▶ PLEASE READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 and 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 the appropriate fee included with the application? (See instructions for appropriate fee) YES NO

2. FACILITY

NAME		TELEPHONE WITH AREA CODE (417) 334-4184	
Hidden Valley Estates		FAX N/A	
ADDRESS (PHYSICAL)	CITY	STATE	ZIP CODE
Hidden Valley Road	Clever	MO	65631

3. OWNER

NAME		E-MAIL ADDRESS	TELEPHONE WITH AREA CODE (417) 334-4184	
Hidden Valley Home Owners Group, LLC			FAX N/A	
ADDRESS (MAILING)	CITY	STATE	ZIP CODE	
697 Friendship Lane	Reeds Spring	MO	65737	

3.1 Request review of draft permit prior to public notice? YES NO

4. CONTINUING AUTHORITY

NAME		TELEPHONE WITH AREA CODE	
Same		FAX	
ADDRESS (MAILING)	CITY	STATE	ZIP CODE

5. OPERATOR

NAME		CERTIFICATE NUMBER	TELEPHONE WITH AREA CODE	
Same			FAX	
ADDRESS (MAILING)	CITY	STATE	ZIP CODE	

6. FACILITY CONTACT

NAME		TITLE	TELEPHONE WITH AREA CODE	
Steve Holiday		President	FAX (417) 334-4184	

7. ADDITIONAL FACILITY INFORMATION

7.1 Legal Description of Outfalls. (Attach additional sheets if necessary.)

001 SW 1/4 SW 1/4 Sec 5 T 26N R 22W Stone County
 UTM Coordinates Easting (X): 1388033 Northing (Y): 421091
For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)

002 1/4 1/4 Sec T R County
 UTM Coordinates Easting (X): Northing (Y):

003 1/4 1/4 Sec T R County
 UTM Coordinates Easting (X): Northing (Y):

004 1/4 1/4 Sec T R County
 UTM Coordinates Easting (X): Northing (Y):

7.2 Primary Standard Industrial Classification (SIC) and Facility North American Industrial Classification System (NAICS) Codes.

001 - SIC 4952 and NAICS 221320 002 - SIC _____ and NAICS _____

003 - SIC _____ and NAICS _____ 004 - SIC _____ and NAICS _____

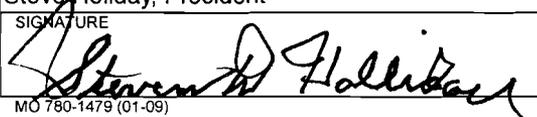
8. ADDITIONAL FORMS AND MAPS NECESSARY TO COMPLETE THIS APPLICATION
 (Complete all forms that are applicable.)

A.	Is your facility a manufacturing, commercial, mining or silviculture waste treatment facility? If yes, complete Form C (unless storm water only, then complete U.S. Environmental Protection Agency Form 2F per Item C below).	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
B.	Is your facility considered a "Primary Industry" under EPA guidelines: If yes, complete Forms C and D.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
C.	Is application for storm water discharges only? If yes, complete EPA Form 2F.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
D.	Attach a map showing all outfalls and the receiving stream at 1" = 2,000' scale.		
E.	Is wastewater land applied? If yes, complete Form I.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
F.	Is sludge, biosolids, ash or residuals generated, treated, stored or land applied? If yes, complete Form R.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

9. DOWNSTREAM LANDOWNER(S) Attach additional sheets as necessary. See Instructions.
 (PLEASE SHOW LOCATION ON MAP. SEE 8.D ABOVE).

NAME Lake Shore Properties Inc			
ADDRESS P. O. Box 11088	CITY Springfield	STATE MO	ZIP CODE 65808

10. I certify that I am familiar with the information contained in the application, that to the best of my knowledge and belief such information is true, complete and accurate, and if granted this permit, I agree to abide by the Missouri Clean Water Law and all rules, regulations, orders and decisions, subject to any legitimate appeal available to applicant under the Missouri Clean Water Law to the Missouri Clean Water Commission.

NAME AND OFFICIAL TITLE (TYPE OR PRINT) Steve Holiday, President	TELEPHONE WITH AREA CODE (417) 334-4184
SIGNATURE 	DATE SIGNED 10-31-13

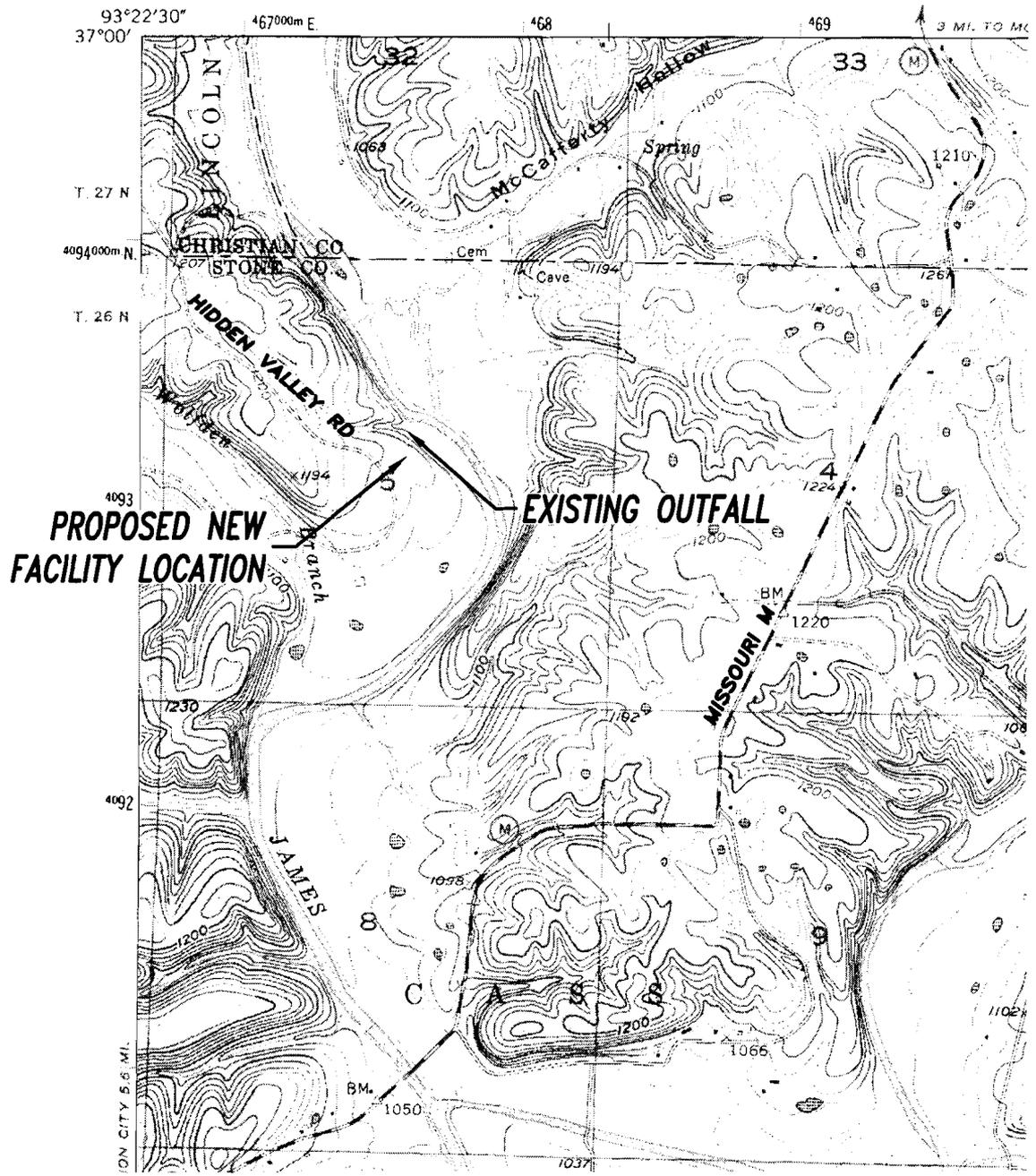
MO 780-1479 (01-09)

BEFORE MAILING, PLEASE ENSURE ALL SECTIONS ARE COMPLETED AND ADDITIONAL FORMS, IF APPLICABLE, ARE INCLUDED.

Submittal of an incomplete application may result in the application being returned.

HAVE YOU INCLUDED:

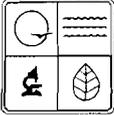
- Appropriate Fees?
- Map at 1" = 2000' scale?
- Signature?
- Form C, if applicable? *N/A*
- Form D, if applicable? *N/A*
- Form 2F, if applicable? *N/A*
- Form I (Irrigation), if applicable? *N/A*
- Form R (Sludge), if applicable? *N/A*



LOCATION MAP
 SECTION 5, TOWNSHIP 26N, RANGE 22W
 HIGHLANDVILLE, MO QUADRANGLES
 SCALE: 1"=2000'



**HIDDEN VALLEY HOME OWNERS
 GROUP, LLC**



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM, WATER POLLUTION CONTROL BRANCH
**FORM A - APPLICATION FOR CONSTRUCTION OR OPERATING PERMIT
 UNDER MISSOURI CLEAN WATER LAW**

FOR AGENCY USE ONLY	
CHECK NUMBER	2553
DATE RECEIVED	11/1/13
FEE SUBMITTED	\$750.00

Note ▶ PLEASE READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 and 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 the appropriate fee included with the application? (See instructions for appropriate fee) YES NO

2. FACILITY

NAME		TELEPHONE WITH AREA CODE (417) 334-4184	
Hidden Valley Estates		FAX N/A	
ADDRESS (PHYSICAL)	CITY	STATE	ZIP CODE
Hidden Valley Road	Clever	MO	65631

3. OWNER

NAME		E-MAIL ADDRESS	TELEPHONE WITH AREA CODE (417) 334-4184	
Hidden Valley Home Owners Group, LLC			FAX N/A	
ADDRESS (MAILING)	CITY	STATE	ZIP CODE	
697 Friendship Lane	Reeds Spring	MO	65737	

3.1 Request review of draft permit prior to public notice? YES NO

4. CONTINUING AUTHORITY

NAME		TELEPHONE WITH AREA CODE	
Same		FAX	
ADDRESS (MAILING)	CITY	STATE	ZIP CODE

5. OPERATOR

NAME	CERTIFICATE NUMBER	TELEPHONE WITH AREA CODE	
Same		FAX	
ADDRESS (MAILING)	CITY	STATE	ZIP CODE

6. FACILITY CONTACT

NAME	TITLE	TELEPHONE WITH AREA CODE
Steve Holiday	President	FAX (417) 334-4184

7. ADDITIONAL FACILITY INFORMATION

7.1 Legal Description of Outfalls (Attach additional sheets if necessary)

PAT OR CAROLYN STEVENS 417-583-2058 64 PEBBLE BEACH RD CLEVER, MO 65631	2553 80-1847/865	Stone County _____ County _____ County _____ County
	11-1-13 DATE	1983 (NAD83)
PAY TO THE ORDER OF <i>Missouri Dept of Nat. Res.</i> \$ <i>750.00</i> <i>Seven hundred fifty and 00/100</i> DOLLARS	CLASSIC	_____ County _____ County
 Empire Bank P.O. Box 3397 Springfield, Missouri 65808 Member FDIC • www.empirebank.com	<i>Carolyn Stevens</i>	_____ County _____ County

FOR _____

ation System (NAICS) Codes.
 NAICS _____
 NAICS _____