

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
MISSOURI CLEAN WATER COMMISSION



CONSTRUCTION PERMIT

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

Patricia Cunningham
New Franklin City Clerk
130 East Broadway
New Franklin, MO 65274

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).

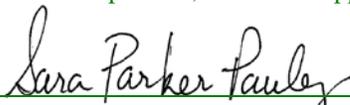
As the Department does not examine structural features of design or the efficiency of mechanical equipment, the issuance of this permit does not include approval of these features.

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.

September 10, 2014
Effective Date

September 9, 2016
Expiration Date


Sara Parker Pauley, Director, Department of Natural Resources


Director of Staff, Clean Water Commission or Designee

CONSTRUCTION PERMIT

I. CONSTRUCTION DESCRIPTION

Lagoon Modifications are as follows.

- Remove, re-compact and place the inner and outer berms of the existing lagoon;
- A new rock blanket with 4" to 6" rocks;
- Modify the existing transfer pump station with concrete sections, new wet well and valve vault tops, and relocate the electrical panels;
- Remove outlet structure;
- Remove the disposal platform structure.

A new irrigation pump station will be constructed near the lagoons that contains one (1) 100 HP pump capable of delivering 732.5 gmp @ 325 feet Total Dynamic Head (TDH), telemetry, a flow meter, and all incidentals.

The force main consists of approximately 22,000 lf 3"-12" PVC SDR-21, 100 lf 18" bored steel encasement, and 1100 lf 12" bored restrained joint PVC pipe.

Irrigation systems include removing the wa

- Tie into an existing center pivot;
- Solid Set sprinklers-25 sprinkler heads in zone 1 and 25 sprinkler heads in zone 2.

II. FINDING OF AFFORDABILITY

An Affordability Determination and Finding was performed in accordance with RSMO §644.145 and was placed on public notice with CP0001491. The Department finds the project is affordable with a low economic burden to the community.

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 Allstate Consultants LLC on March 13, 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 Northeast 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.”
 - 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.
7. 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. To obtain this permit, submit Form E – Application for General Permit, Form G – Application for Stormwater Permit, and a permit fee of \$300 to the Department’s Northeast Regional Office. Starting September 1, 2012, 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.

8. 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.
9. Upon completion of construction;
 - A. The City of New Franklin will become the continuing authority for operation, maintenance, and modernization of these facilities;
 - B. Submit the enclosed form Statement of Work Completed to the Department In accordance with 10 CSR 20-6.010(5)(D);
 - C. Submit an electronic copy of the as built with the Statement of Work Completed; and
 - D. 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. CONSTRUCTION PURPOSE

Currently, New Franklin is required to meet a daily maximum of 1000 and a monthly average of 400 colonies/100 mL for fecal coliform. It is anticipated that they will receive ammonia effluent limits at renewal of operating permit MO0050296. The current permit expires April 2, 2014. Effluent testing has shown that the fecal coliform and anticipated ammonia effluent limits cannot consistently be met. An operating permit for a non-discharging land application system will not contain effluent limits for fecal coliform or ammonia.

2. FACILITY DESCRIPTION

New Franklin's wastewater treatment facility serves both New Franklin and Franklin. Franklin's wastewater is collected at a regional pump station via a gravity system which is then tied in to New Franklin's gravity system via force main. The sewer system is gravity to a regional pump station located near the WWTF where it is pumped into the lagoon. The current facility is a three cell lagoon discharging lagoon.

The proposed construction will convert the system to a no discharge wastewater irrigation system. The wastewater will be land applied at three locations. One is an existing center pivot located southeast of the facility. The other two sites are located north of the lagoon system just south of State Highway P. These sites will be equipped with solid set sprinklers.

3. COMPLIANCE PARAMETERS

Currently, New Franklin is required to meet a daily maximum of 1000 and a monthly average of 400 colonies/100 mL for fecal coliform. It is anticipated that they will receive ammonia effluent limits at renewal of operating permit MO0050296. The current permit expires April 2, 2014. Effluent testing has shown that the fecal coliform and anticipated ammonia effluent limits cannot consistently be met. An operating permit for a non-discharging land application system will not contain effluent limits for fecal coliform or ammonia.

4. REVIEW of MAJOR TREATMENT DESIGN CRITERIA

The three-cell lagoon provides adequate storage to handle a minimum of 120 days based on the design average wastewater flow and net rainfall minus evaporation expected for a one in ten year return frequency for 120 days. Sludge judge measurements determined sludge removal is not necessary.

The existing center pivot is currently connected to a water supply well. A proposed double check valve will be installed to ensure prevention of ground water contamination. The center pivot irrigates 230 acres with a maximum of 12 inches per year and is designed to operate 90 days per year. The pump is capable of delivering 1,200 gpm flow 249.2 feet TDH.

Zone 1 of the solid set sprinkler system is 9.32 acres, will contain 25 sprinklers, and require 732.5 gpm flow at 325 TDH to deliver a maximum of 24 inches per year. Zone 1 is designed to operate 25 days per year.

Zone 2 of the solid set sprinkler system is 8.98 acres, will contain 25 sprinklers, and require 732.5 gpm flow at 264 TDH to deliver a maximum of 24 inches per year. Zone 2 is designed to operate 25 days per year.

Only one application area is irrigated with wastewater at one time during operation.

5. OPERATING PERMIT MODIFICATION

Operating permit MO-0050296 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: Cindy LePage, P.E.
Unit Chief Approval: RHM
Date: May 28, 2013
Cindy.LePage@dnr.mo.gov

Missouri Department of Natural Resources
Water Protection Program
Affordability Determination and Finding
(In accordance with RSMo 644.145)

**NEW FRANKLIN WWTF, Permit Modification
MO-0050296**

Section 644.145 RSMo requires the Missouri Department of Natural Resources to make a “finding of affordability” when “issuing permits under” or “enforcing provisions of” state or federal clean water laws “pertaining to any portion of a combined or separate sanitary sewer system or publicly-owned treatment works.”

Description:

The New Franklin Wastewater Treatment Facility is located approximately 7 miles north of I-70 on State Highway 5 in New Franklin, Missouri. The facility is a non-discharging system that irrigates in the Lower Bonne Femme Creek watershed.

Residential Connections:	<u>540</u>
Commercial Connections:	<u>0</u>
Total Connections: ¹	<u>540</u>

New Permit Requirements or Requirements Now Being Enforced:

The facility is converting from a three cell lagoon system that discharges to waters of the state, to a non-discharging land application system in anticipation of future ammonia limits.

Range of Anticipated Costs Associated with Complying with Requirements:

The facility is converting from a discharging system to a non-discharging system. The testing, monitoring and reporting requirements for a land application permit represents sharply reduced costs to the permittee when compared to the requirements for a discharging system.

(1) A community’s financial capability and ability to raise or secure necessary funding
(examine key indicators of the community’s ability to raise funds):²

New Franklin has secured loan and grant money from RD to complete this project. By the obligation of funds, RD has established New Franklin is financially capable to complete this project.

¹ Provided in an email dated May 3, 2013 from Ted Forester, Missouri-USDA Rural Development.

² The number of connections was obtained from Form B2 of the application for construction permit.

(2) Affordability of pollution control options for the individuals or households of the community:

New Franklin has secured loan and grant money from RD to complete this project. By the obligation of funds, RD has established New Franklin is financially capable to complete this project.

Estimated resulting User Rate and/or Cost per Household:	<u>40.00/month</u>
Median Household Income: ³	<u>\$33,428</u>
Rate and/or Cost per Household as a Percent of Median Household Income: ⁴	<u>1.4%</u>

(Rate or Cost/MHI) Check Appropriate Box	Financial Impact	Residential Indicator (Cost or Usage Rate as a percent of Median Household Income)
<input type="checkbox"/>	Low	Less than 1% MHI
<input checked="" type="checkbox"/>	Medium	Between 1% and 2% MHI
<input type="checkbox"/>	High	Greater than 2% MHI

The Facility Plan dated February 2010 and revised February 2012 proposed a sewer rate for a 5,000 gallon per month residential user of \$40.00. This is about 1.4% of the MHI and would result in a low to medium financial impact to the users.

(3) An evaluation of the overall costs and environmental benefits of the control technologies:

Land application of municipal wastewater does not have a discharge to water of the State and therefore testing, monitoring and reporting requirements are significantly reduced.

(4) An inclusion of ways to reduce economic impacts on distressed populations in the community, including but not limited to, low and fixed income populations. This requirement includes but is not limited to:

(a) Allowing adequate time in implementation schedules to mitigate potential adverse impacts on distressed populations resulting from the costs of the improvements and taking into consideration local community economic considerations; and

(b) Allowing for reasonable accommodations for regulated entities when inflexible standards and fines would impose a disproportionate financial hardship in light of the environmental benefits to be gained.

³ Median Household Income data from American Community Survey – Median income in the past 12 months – http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_ft=table

⁴ 40/(33,428/12) = 0.014

Potentially Distressed Populations	
Unemployment ⁵	6.6%
Median Household Income (MHI) ⁶	\$33,428
Percent Change in MHI (1990-2011)	+67.6%
Percent Population Growth/Decline (1990-2011) ⁷	+0.1%
Change in Median Age in Years (1990-2011)	+7.0%
Percent of Households in Poverty ⁸	19.4%
Percent of Households Relying on Food Stamps	17.2%

Opportunity for cost savings or cost avoidance:

None Noted.

Opportunity for changes to implementation/compliance schedule:

None Noted.

(5) An assessment of other community investments relating to environmental improvements:

None Noted.

(6) An assessment of factors set forth in the United States Environmental Protection Agency's guidance, including but not limited to the "Combined Sewer Overflow Guidance for Financial Capability Assessment and Schedule Development" that may ease the cost burdens of implementing wet weather control plans, including but not limited to, small system considerations, the attainability of water quality standards, and the development of wet weather standards:

See Section (2) of this analysis for the residential indicator as outlined in the above-referenced EPA guidance.

New Franklin has secured loan and grant money from RD to complete this project. By the obligation of funds, RD has established New Franklin is financially capable to complete this project.

(7) An assessment of any other relevant local community economic condition.

None Noted.

⁵ Unemployment data was obtained from Missouri Department of Economic Development (February 2013) – <http://www.missourieconomy.org/pdfs/ure11302.pdf>

⁶ Median Household Income is provided by the American Fact Finder – INCOME IN THE PAST 12 MONTHS (IN 2011 INFLATION ADJUSTED DOLLARS) – 2007 – 2011 American Community Survey 5-Year Estimates, which can be found online at http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_afpt=table

⁷ Population trend data was obtained from online at:
 2011 Census Bureau Population Data - http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_afpt=table
 2000 Census Bureau Population Data - <http://www.census.gov/popest/data/cities/totals/2009/tables/SUB-EST2009-04-29.xls>
 1990 Census Bureau Population Data - <http://www.census.gov/prod/cen1990/cp1/cp-1-27.pdf>

⁸ Poverty data is provided by the American Fact Finder – POVERTY STATUS IN THE PAST 12 MONTHS – 2007-2011 American Community Survey 5-Year Estimates, which can be found online at http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_afpt=table

Conclusion and Finding

The facility is converting from a discharging system to a non-discharging system. Due to decreases in testing, monitoring and reporting requirements this permit represents sharply reduced operational costs to the permittee. And by the obligation of funds, RD has established New Franklin is financially capable of completing this project.

The Department considered all seven (7) of the criteria presented in subsection 644.145.3 when evaluating the affordability of the relevant actions. Taking into consideration these criteria, this analysis examined whether the above referenced permit modifications affects the ability of an individual customer or household to pay a utility bill without undue hardship or unreasonable sacrifice in the essential lifestyle or spending patterns of the individual or household. As a result of reviewing the above criteria, the Department hereby finds that the action described above will result in a low burden with regard to the community's overall financial capability and a low financial impact for most individual customers/households.

AUG 25 2014



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 New Franklin Wastewater Treatment Facility	
PERMIT NO. MO-0050296 (Prior Construction Permit CP0001491 on June 6, 2013)	COUNTY Howard

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

RECEIVED

AUG 25 2014

AP19360

CP0001678/m300000



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

FOR AGENCY USE ONLY

CHECK NUMBER	33742
DATE RECEIVED	8/25/14
FEE SUBMITTED	\$750.00

85

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 #: USDA-RD

1.2 Is the appropriate fee included with the application (See instructions for appropriate fee)? Yes No

2. FACILITY

NAME		TELEPHONE NUMBER WITH AREA CODE	
New Franklin Wastewater Treatment Facility			
ADDRESS (PHYSICAL)	CITY	STATE	ZIP
P.O. Box 96	New Franklin	MO	65274

2.1 **LEGAL DESCRIPTION** (Plant Site): NE ¼, NE ¼, NW ¼, Sec. 33, T 49, R 16 County Howard

2.2 UTM Coordinates Easting (X): 523352.18 Northing (Y): 4317809.71
For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)

3. OWNER

NAME		TITLE		TELEPHONE NUMBER WITH AREA CODE	
City of New Franklin				(660) 848-2288	
ADDRESS	CITY	STATE	ZIP		
130 East Broadway, P.O. Box 96	New Franklin	MO	65274		

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	
City of New Franklin		New Franklin	
ADDRESS	CERTIFICATE NUMBER (IF APPLICABLE)	STATE	ZIP
130 East Broadway, P.O. Box 96		MO	65274

5. OPERATOR

NAME	TITLE	TELEPHONE NUMBER WITH AREA CODE
Jeff Koenig	Operator	(660) 848-2288

6. FACILITY CONTACT

NAME	TITLE
Patricia Cunningham	City Clerk

MO 780-1805 (09-08)

FACILITY NAME New Franklin WW Treatment Facility	PERMIT NO. MO- 0050296	OUTFALL NO. 1
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PART A – BASIC APPLICATION INFORMATION

7. ADDITIONAL FACILITY INFORMATION

7.1 BRIEF DESCRIPTION OF FACILITIES

Existing three-cell lagoon with sludge retained in lagoon. Proposed improvements include conversion to no-discharge system with wastewater land application with combination center pivot and solid set sprinkler irrigation systems.

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.)

- The area surrounding the treatment plant, including all unit processes.
- The location of the downstream landowner(s). (See Item 10.)
- 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.
- The actual point of discharge.
- 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.
- Any areas where the sewage sludge produced by the treatment works is stored, treated or disposed.
- 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:	DISCHARGE NAICS CODE:
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7.5 NUMBER OF SEPARATE DISCHARGE POINTS
1 (To be eliminated)

7.6 NUMBER OF PEOPLE PRESENTLY CONNECTED OR POPULATION EQUIVALENT 1,184	DESIGN POPULATION EQUIVALENT 1,308
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NUMBER OF UNITS PRESENTLY CONNECTED
HOMES 500 **APARTMENTS** 10 **TRAILERS** 30 **OTHER** _____

TOTAL DESIGN FLOW (ALL OUTFALLS) 200,000 gpd	ACTUAL FLOW 157,000
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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
7.25

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 March thru November	B. HOW MANY DAYS OF THE WEEK WILL THE DISCHARGE OCCUR? 7
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7.11 IS WASTEWATER LAND APPLIED? (If Yes, Attach Form I) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	7.12 DOES THIS FACILITY DISCHARGE TO A LOSING STREAM OR SINKHOLE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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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 type="checkbox"/>	No <input checked="" type="checkbox"/>
Additional procedures such as Dissolved Oxygen, Chemical Oxygen Demand, Biological Oxygen Demand, titrations, solids, volatile content.	Yes <input type="checkbox"/>	No <input checked="" 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 New Franklin WW Treatment Facility	PERMIT NO. MO- 0050296	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 ³⁴ _____ Actual Dry Tons/Year ²⁴ _____

9.3 CAPACITY OF SLUDGE HOLDING STRUCTURES

9.4 SLUDGE STORAGE PROVIDED
Cubic Feet ^{1,577,181} 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) Lagoon

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 See Attached			
ADDRESS	CITY	STATE	ZIP

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)

New Franklin

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

10. DOWNSTREAM LANDOWNERS

Randall & Gayle Kircher
2301 St. Route P
New Franklin, MO 65274

Joseph, Jr. & Shannon Boggs
120 Co. Road 345
Franklin, MO 65250

Brian Haskamp
906 Hwy 40
New Franklin, MO 65274

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL			
FACILITY NAME New Franklin WW Treatment Facility		PERMIT NO. MO- 0050296	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 150,000			
BRIEFLY EXPLAIN ANY STEPS UNDERWAY OR PLANNED TO MINIMIZE INFLOW AND INFILTRATION. <u>Smoke testing to determine future replacements</u>			
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>NE</u> ¼ <u>NE</u> ¼ <u>NW</u> Section <u>33</u> Township <u>49</u> Range <u>16</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W UTM Coordinates Easting (X): <u>33</u> Northing (Y): <u>49</u> For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)			
B. Distance from Shore (If Applicable) _____ ft.		C. Depth Below Surface (If Applicable) _____ ft.	D. Average Daily Flow Rate <u>0.2</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: <u>365</u>	Average Duration of Each Discharge:	Average Flow Per Discharge: <u>0.157</u> mgd	Months in Which Discharge Occurs: <u>All</u>
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 <u>Bonne Femme Creek</u>			
B. Name of Watershed (If Known) <u>Bonne Femme</u>		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)	
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 New Franklin WW Treatment Facilit	PERMIT NO. MO- 0050296	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 85 % Design SS Removal 85 %
 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:
 None

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)	7.1	S.U.	7.82	S.U.	36
pH (Maximum)	9.3	S.U.		S.U.	
FLOW RATE	0.320	MGD	0.148	MGD	1001
TEMPERATURE (Winter)	2.7	°C	15.2	°C	826
TEMPERATURE (Summer)	31.6	°C		°C	

*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	44.8	mg/L	23.3	mg/L	44		
	CBOD ₅		mg/L		mg/L			
FECAL COLIFORM	71,000	#/100 mL	8195	#/100 mL	19			
TOTAL SUSPENDED SOLIDS (TSS)	71.6	mg/L	31.2	mg/L	44			
AMMONIA (AS N)	4.07	mg/L	1.55	mg/L	27			
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		mg/L		mg/L				
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

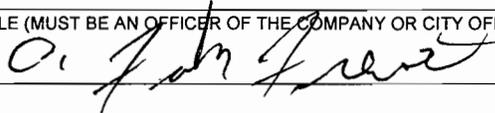
All applicants must complete the Certification Section. This certification must be signed by an officer of the company or city official. All applicants must complete all applicable sections as explained in the Application Overview. By signing this certification statement, applicants confirm that they 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)

Frank Frevert, Mayor



SIGNATURE

TELEPHONE NUMBER WITH AREA CODE

(660) 848-2288

DATE SIGNED

18-Aug-14

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-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-TETRA-CHLOROETHANE											
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	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.

- 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
 - ◆ 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	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.
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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 Actual Approximate

B. Give the Average Duration Per CSO Event
_____ Hours Actual Approximate

C. Give the Average Volume Per CSO Event
_____ Million Gallons Actual 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.