

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
MISSOURI CLEAN WATER COMMISSION



CONSTRUCTION PERMIT

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

Curt and Gwen Mayes
10064 NE 272nd Street
Lathrop, MO 64465

for the construction of (described facilities):

See attached.

Permit Conditions:

See attached.

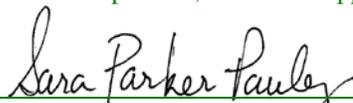
Construction of such proposed facilities shall be in accordance with the provisions of the Missouri Clean Water Law, Chapter 644, RSMo, and regulation promulgated thereunder, or this permit may be revoked by the Department of Natural Resources (Department).

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

A representative of the department may inspect the work covered by this permit during construction. Issuance of a permit to operate by the department will be contingent on the work substantially adhering to the approved plans and specifications.

This permit applies only to the construction of water pollution control components; it does not apply to other environmentally regulated areas.

August 21, 2015
Effective Date


Sara Parker Pauley, Director, Department of Natural Resources

August 20, 2017
Expiration Date


John Madras, Director, Water Protection Program

CONSTRUCTION PERMIT

I. CONSTRUCTION DESCRIPTION

Construction of a 271,000-gallon sewage storage basin with a maximum operating depth of 6 feet: lagoon with water surface dimensions of appropriately 56 feet by 216 feet at the 6-foot maximum operating depth; and all the necessary appurtenances to make the facilities complete and usable. This wastewater treatment facility is to serve as storage for domestic sewage when weather limits land application. The design flow is 2,000 gallons per day with a total flow including 1 in 10 year rainfall-evaporation flow of 3,000 gallons per day.

II. COST ANALYSIS FOR COMPLIANCE

The department is not required to complete a cost analysis for compliance because the facility is not a combined or separate sanitary sewer system for a publically-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 AGC Engineers Inc. on August 11, 2015.
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 Kansas City 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 10 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 10 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 10 feet horizontally from any existing or proposed water main.
 - C. Manholes shall be located with the top access at or above grade level.
 - 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 10 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. The owners 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-builts if the project was not constructed in accordance with previously submitted plans and specifications.

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>.

The proposed system is no discharge; therefore ammonia criteria do not apply.

2. CONSTRUCTION PURPOSE

The owner proposes to construct a storage basin to store sewage during those times that land application is not allowed, such as frozen or wet ground. Then, the owner will pump out of the storage basin when weather conditions are favorable.

3. FACILITY DESCRIPTION

Currently, the owner/operator hauls sewage directly to land application during favorable weather and to KC, Blue River WWTF in wet/frozen conditions.

4. COMPLIANCE PARAMETERS

The facility will remain no discharge, but the owner/operator will gain the flexibility of hauling and storing sewage in the storage basin versus having to haul the septage at the KC, Blue River WWTF in wet/frozen conditions.

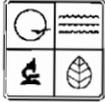
5. REVIEW of MAJOR TREATMENT DESIGN CRITERIA

The storage basin is not designed for treatment. Storage basin is not designed in accordance with the design guide with regard to the maximum 3:1 length to width ratio for a lagoon. Owner is aware that he may still have to haul the septage at the KC, Blue River WWTF in extended wet/frozen conditions, if the storage basin is near maximum operating level as the basin is designed for 90 days storage.

Keith Forck
Engineering Section
keith.forck@dnr.mo.gov

RECEIVED

APR 27 2015



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
APPLICATION FOR CONSTRUCTION PERMIT –
WASTEWATER TREATMENT FACILITY

FOR DEPARTMENT USE ONLY	
APP NO.	CP NO.
FEE RECEIVED	CHECK NO.
DATE RECEIVED	

11500 06 5014
4/27/15

APPLICATION OVERVIEW

The Application for Construction Permit – Wastewater Treatment Facility form has been developed in a modular format and consists of Part A and B. **All applicants must complete Part A.** Part B should be completed for applicants who currently land-apply wastewater or propose land application for wastewater treatment. **Please read the accompanying instructions before completing this form. Submittal of an incomplete application may result in the application being returned.**

PART A – BASIC INFORMATION

1.0 APPLICATION INFORMATION (Note – If any of the questions in this section are answered NO, this application may be considered incomplete and returned.)

- 1.1 Is this a Federal/State funded project? YES N/A Funding Agency: _____ Project #: _____
 - 1.2 Has the Missouri Department of Natural Resources approved the proposed project's antidegradation review?
 YES Date of Approval: _____
 - 1.3 Has the department approved the proposed project's facility plan*?
 YES Date of Approval: _____ NO N/A (If Not Applicable, complete No. 1.4.)
 - 1.4 [Complete only if answered Not Applicable on No. 1.3.] Is a copy of the engineering report* for wastewater treatment facilities with a design flow less than 22,500 gpd included with this application?
 YES NO
 - 1.5 Is a copy of the appropriate plans* and specifications* included with this application?
 YES Denote which form is submitted: Hard copy Electronic copy (See instructions.) NO
 - 1.6 Is a summary of design* included with this application? YES NO
 - 1.7 Has the appropriate operating permit application (A, B, or B2) been submitted to the department?
 YES Date of submittal: _____
 Enclosed is the appropriate operating permit application submittal. Denote which form: A B B2
 N/A Please explain: _____
 - 1.8 Is the facility currently under enforcement with the department or the Environmental Protection Agency? YES NO
 - 1.9 Is the appropriate fee included with this application? YES NO (See instructions for appropriate fee.)
- * Must be affixed with a Missouri registered professional engineer's seal, signature and date.

2.0 PROJECT INFORMATION

2.1 NAME OF PROJECT

Mayes Sewage Holding Basin

2.2 PROJECT DESCRIPTION

Construction of a private sewage holding basin

2.3 SLUDGE HANDLING, USE AND DISPOSAL DESCRIPTION

Sewage will be pumped from a vacuum truck into the sewage holding facility and held until it can be land applied by the applicant under an existing land application permit. It will then be pumped out of the facility and spread.

2.4 DESIGN INFORMATION

- A. Current population: N/A; Design population: _____
- B. Actual Flow: _____ gpd; Design Average Flow: _____ gpd;
Actual Peak Daily Flow: _____ gpd; Design Maximum Daily Flow: _____ gpd; Design Wet Weather Event: _____

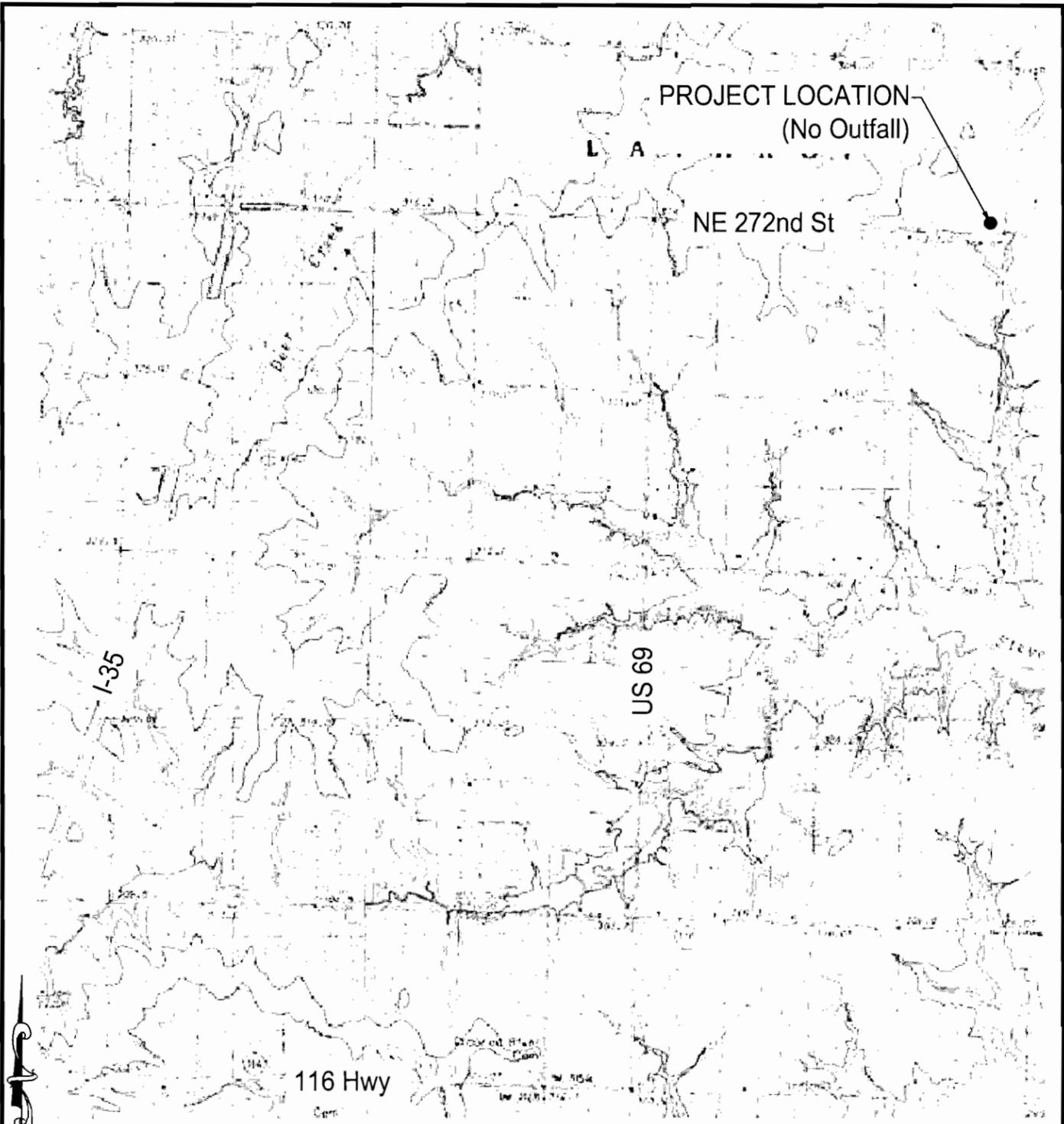
2.5 ADDITIONAL INFORMATION

- A. Is a topographic map attached? YES NO
- B. Is a process flow diagram attached? YES NO

3.0 WASTEWATER TREATMENT FACILITY				
NAME		TELEPHONE NUMBER WITH AREA CODE	E-MAIL ADDRESS	
ADDRESS (PHYSICAL)		CITY	STATE	ZIP CODE
Wastewater Treatment Facility: Mo- (Outfall Of)				
3.1 Legal Description: _____ ¼, SE ¼, SW ¼, Sec. 12, T 55, R 30 (Use additional pages if construction of more than one outfall is proposed.)				
3.2 UTM Coordinates Easting (X): _____ Northing (Y): _____ (X) 39d 35' 15" (Y) 94d 13' 07" For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)				
3.3 Name of receiving streams: <u>Unnamed Tributary to Stevenson Creek</u>				
4.0 PROJECT OWNER				
NAME		TELEPHONE NUMBER WITH AREA CODE	E-MAIL ADDRESS	
Curt and Gwen Mayes		(816) 792-5400	cmayes@mayesplumbing.com	
ADDRESS		CITY	STATE	ZIP CODE
10064 NE 272nd Street		Lathrop	MO	64465
5.0 CONTINUING AUTHORITY: Permanent organization that will serve as the continuing authority for the operation, maintenance and modernization of the wastewater collection system.				
NAME		TELEPHONE NUMBER WITH AREA CODE	E-MAIL ADDRESS	
Same as Owner				
ADDRESS		CITY	STATE	ZIP CODE
5.1 A letter from the continuing authority, if different than the owner, is included with this application. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				
5.2 COMPLETE THE FOLLOWING IF THE CONTINUING AUTHORITY IS A MISSOURI PUBLIC SERVICE COMMISSION REGULATED ENTITY.				
A. Is a copy of the certificate of convenience and necessity included with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
5.3 COMPLETE THE FOLLOWING IF THE CONTINUING AUTHORITY IS A PROPERTY OWNERS ASSOCIATION.				
A. Is a copy of the as-filed restrictions and covenants included with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
B. Is a copy of the as-filed warranty deed, quitclaim deed or other legal instrument which transfers ownership of the land for the wastewater treatment facility to the association included with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO				
C. Is a copy of the as-filed legal instrument (typically the plat) that provides the association with valid easements for all sewers included with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO				
D. Is a copy of the Missouri Secretary of State's nonprofit corporation certificate included with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO				
6.0 ENGINEER				
ENGINEER NAME / COMPANY NAME		TELEPHONE NUMBER WITH AREA CODE	E-MAIL ADDRESS	
Ronald L. Cowger / AGC Engineers, Inc.		(816) 781-4200	rcowger@agcengineers.com	
ADDRESS		CITY	STATE	ZIP CODE
405 S Leonard, Ste D		Liberty	MO	64068
7.0 PROJECT OWNER: I hereby certify that I am familiar with the information contained in this application and 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 Missouri Clean Water Law. I also understand the issuance of the construction permit does not guarantee the proposed wastewater treatment will meet the required effluent limitations of the issued Missouri State Operating Permit for this facility.				
PROJECT OWNER SIGNATURE				
PRINTED NAME			DATE	
Curt Mayes			4-22-15	
TITLE OR CORPORATE POSITION		TELEPHONE NUMBER WITH AREA CODE	E-MAIL ADDRESS	
Owner		(816) 792-5400	cmayes@mayesplumbing.com	
Mail completed copy to: MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM P.O. BOX 176 JEFFERSON CITY, MO 65102-0176				
END OF PART A.				
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHETHER PART B NEEDS TO BE COMPLETE.				

PART B – LAND APPLICATION ONLY (Submit only if the proposed construction project includes land application of wastewater.)	
8.0 FACILITY INFORMATION	
8.1 Type of wastewater to be irrigated: <input type="checkbox"/> Domestic <input type="checkbox"/> State/National Park <input type="checkbox"/> Seasonal business <input type="checkbox"/> Municipal <input type="checkbox"/> Municipal with a pretreatment program or significant industrial users <input type="checkbox"/> Other (explain) _____ Existing permit for Land Application Permit# MO-G821205	
8.2 Months when the business or enterprise will operate or generate wastewater: <input type="checkbox"/> 12 months per year <input type="checkbox"/> Part of the year (list months): _____	
8.3 This system is designed for: <input type="checkbox"/> No-discharge. <input type="checkbox"/> Partial irrigation when feasible and discharge rest of time. <input type="checkbox"/> Irrigation during recreational season, April – October, and discharge during November – March. <input type="checkbox"/> Other (explain) _____.	
9.0 STORAGE BASINS	
9.1 Number of storage basins: _____ (Use additional pages if greater than three basins.)	
9.2 Type of basins: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Earthen <input type="checkbox"/> Earthen with membrane liner	
9.3 Storage basin dimensions at inside top of berm (feet). Report freeboard as feet from top of berm to emergency spillway or overflow pipe. Basin #1: Length _____ Width _____ Depth _____ Freeboard _____ Depth _____ Safety _____ % Slope _____ Basin #2: Length _____ Width _____ Depth _____ Freeboard _____ Depth _____ Safety _____ % Slope _____ Basin #3: Length _____ Width _____ Depth _____ Freeboard _____ Depth _____ Safety _____ % Slope _____	
9.4 Storage Basin operating levels (report as feet below emergency overflow level). Basin #1: Maximum operating water level _____ ft Minimum operating water level _____ ft Basin #2: Maximum operating water level _____ ft Minimum operating water level _____ ft Basin #3: Maximum operating water level _____ ft Minimum operating water level _____ ft	
9.5 Design depth of sludge in storage basins. Basin #1: _____ ft Basin #2: _____ ft Basin #3: _____ ft	
9.6 Existing sludge depth, if the basins are currently in operation. Basin #1: _____ ft Basin #2: _____ ft Basin #3: _____ ft	
9.7 Total design sludge storage: _____ dry tons and _____ cubic feet	
10.0 LAND APPLICATION SYSTEM	
10.1 Number of irrigation sites _____ Total Acres _____ Maximum % field slopes _____ Location: _____ ¼, _____ ¼, _____ ¼, _____ Sec. _____ T _____ R _____ County _____ Acres Location: _____ ¼, _____ ¼, _____ ¼, _____ Sec. _____ T _____ R _____ County _____ Acres Location: _____ ¼, _____ ¼, _____ ¼, _____ Sec. _____ T _____ R _____ County _____ Acres (Use additional pages if greater than three irrigation sites.)	
10.2 Type of vegetation: <input type="checkbox"/> Grass hay <input type="checkbox"/> Pasture <input type="checkbox"/> Timber <input type="checkbox"/> Row crops <input type="checkbox"/> Other (describe) _____	
10.3 Wastewater flow (dry weather) gallons per day: Average annual _____ Seasonal _____ Off-season _____	
10.4 Land application rate (design flow including 1-in-10 year storm water flows): Design: _____ inches/year _____ inches/hour _____ inches/day _____ inches/week Actual: _____ inches/year _____ inches/hour _____ inches/day _____ inches/week	
10.5 Total irrigation per year (gallons): Design: _____ gal Actual: _____ gal	
10.6 Actual months used for irrigation (check all that apply): <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec	
10.7 Land application rate is based on: <input type="checkbox"/> Hydraulic Loading <input type="checkbox"/> Other (describe) _____ <input type="checkbox"/> Nutrient Management Plan (N&P) If N&P is selected, is the plan included? <input type="checkbox"/> YES <input type="checkbox"/> NO	

O:\Curt Mayes Sewage Holding Lagoon (Clinton Co.)\Drawings\Drawings-Plans\Site Plan\USGS Location Map.dwg, 4/13/2015 8:18:42 AM, ANSI full bleed A (8.50 x 11.00 inches), 1:1



PROJECT LOCATION
(No Outfall)

NE 272nd St

I-35

US 69

116 Hwy



SE 1/4, SW 1/4, S 12, T 55, R 30



AGC Engineers, INC.

SCALE: 1" = 2000'

BY	REVISION	DATE
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
RC	prepared for permit	4-13-15

Mayes Sewage Holding Lagoon
NE 272nd Street, Lathrop, Missouri

405 S. Leonard St., Suite D
Liberty, Missouri 64068
816.781.4200 ■
fax 792.3666
www.agcengineers.com

USGS Location Map

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
FORM E - APPLICATION FOR GENERAL PERMIT
UNDER MISSOURI CLEAN WATER LAW

FOR AGENCY USE ONLY	
CHECK NUMBER	5015
DATE RECEIVED	4/27/15
FEE SUBMITTED	8500.00

NOTE ► APPLICANTS FOR MOGD AND MOG823 ARE EXCLUDED FROM THIS FORM
Please Fill Out "FORM B - Application for Operating Permit for Facilities which Receive Primarily Domestic Waste and Have a Design Flow Less Than or Equal to 100,000 Gallons per Day".

PLEASE READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. THIS APPLICATION IS FOR:

1.1 BRIEFLY DESCRIBE THE NATURE OF YOUR BUSINESS
General Permit for a private sewage holding basin in Clinton County Missouri.

1.2 PLEASE SELECT ONE:
 a. This facility is now in operation under Missouri State Operating Permit (permit) MO - _____ and is submitting an application for renewal. There is not a proposed increase in design stormwater or wastewater flow. Annual fees will be paid when invoiced and there is no additional permit fee required for renewal.
 b. This facility is now in operation under permit MO - _____ and there is a proposed increase in design stormwater or wastewater flow.
 c. This is a facility submitting an application for a new permit (for a new facility).
If you checked either b or c above then you may need to submit an antidegradation review. See instructions.

2. FACILITY

FACILITY NAME Mayes Sewage Holding Basin		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS (PHYSICAL LOCATION) NE 272nd St.	CITY Lathrop	STATE Missouri	ZIP CODE 64465

3. OWNER

NAME Curt and Gwen Mayes	EMAIL ADDRESS cmayes@mayesplumbing.com	TELEPHONE NUMBER WITH AREA CODE (816) 792-5400	
ADDRESS (MAILING) 10064 NE 272nd Street	CITY Lathrop	STATE MO	ZIP CODE 64465

4. CONTINUING AUTHORITY

NAME Same as Owner	E-MAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE
ADDRESS (MAILING)	CITY	STATE	ZIP CODE

5. FACILITY CONTACT

NAME Same as Owner	TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE
TITLE	EMAIL ADDRESS	

6. OUTFALL INFORMATION (attach additional sheets as necessary)

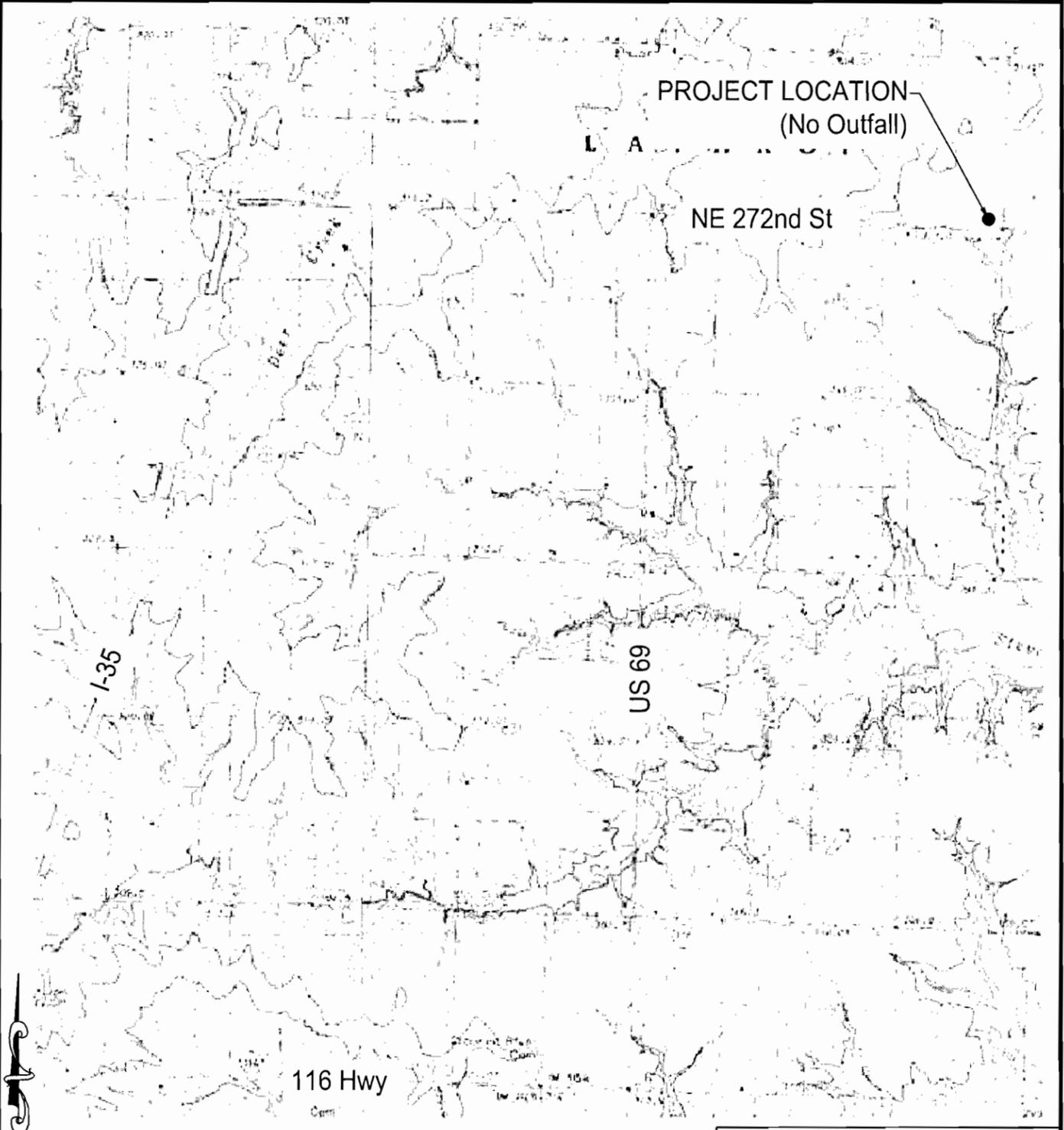
6.1 FOR EACH OUTFALL GIVE THE LEGAL DESCRIPTION
Outfall Number _____ Qtr 1 SE ¼ Qtr 2 SW ¼ Sec. 12 T 55 R 30 County _____
Outfall Number _____ Qtr 1 _____ ¼ Qtr 2 _____ ¼ Sec. _____ T _____ R _____ County _____

6.2 IF ANY OF THE ABOVE OUTFALLS IS AN EXISTING OUTFALL, SUBMIT A SUMMARY OF POLLUTANTS ANALYZED IN THE PAST TWO YEARS.

6.3 FOR EACH OUTFALL LIST THE NAME OF THE RECEIVING WATER BODY
Outfall Number _____ Receiving Water Body Unnamed Tributary to Stevenson Creek (this is
Outfall Number _____ Receiving Water Body _____ a non-discharge facility)

7. ADDITIONAL INFORMATION		
7.1	Does the discharge(s) for which you are seeking a permit discharge to a combined sewer system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7.2	Primary SIC Code of facility <u>1542</u>	
7.3	If this application is for a stormwater discharge permit, please provide an attached list of any materials that are stored outside and exposed to stormwater.	
7.4	Attach an aerial photograph or a USGS topographic map showing the location of the facility. Indicate on the map the facility, the receiving water body, and the outfall locations.	
8. CERTIFICATION		
I certify that I am familiar with the information contained in the application and 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 the applicant under the Missouri Clean Water Law.		
NAME (TYPE OR PRINT)	OFFICIAL TITLE	TELEPHONE NUMBER WITH AREA CODE
Curt Mayes	Owner	(816) 792-5400
SIGNATURE 		DATE SIGNED
		4-22-15

O:\Curt Mayes Sewage Holding Lagoon (Clinton Co.)\Drawings\Drawings-Plans\Site Plan\USGS Location Map.dwg, 4/13/2015 8:18:42 AM, ANSI full bleed A (8.50 x 11.00 inches), 1:1



SE ¼, SW ¼, S 12, T 55, R 30

AGC Engineers, INC.

SCALE: 1" = 2000

BY	REVISION	DATE
-	-	-
-	-	-
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-	-	-
-	-	-
RC	prepared for permit	4-13-15

Mayes Sewage Holding Lagoon
NE 272nd Street, Lathrop, Missouri

USGS Location Map

405 S. Leonard St., Suite D
 Liberty, Missouri 64068

816.781.4200 ■
 fax 792.3666

www.agcengineers.com

1