MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM – WATER POLLUTION BRANCH

ANNUAL NPDES OPERATIONS REPORT FOR NON-MUNICIPAL WASTEWATER DISCHARGES

MAIL TO: The appropriate **DNR regional office** as noted in your permit.

PERMIT NUMBER	COUNTY	REPORT DATE THROUGH

OWNER NAME	OWNER ADDRESS
FACILITY NAME	FACILITY ADDRESS

THIS REPORT CONTAINS, BUT IS NOT LIMITED TO, THE FOLLOWING:

(1.) RECORD OF MAINTENANCE AND REPAIRS PERFORMED AND ANY MAJOR PROBLEMS EXPERIENCED DURING THE YEAR.

(2.) AVERAGE NUMBER OF TIMES PER MONTH THE FACILITY IS CHECKED FOR PROPER OPERATION

(3.) DESCRIPTION OF VISUAL APPEARANCE OF THE EFFLUENT.

NOTE: THE NPDES PERMIT MAY SPECIFY OTHER ITEMS IN ADDITION TO THOSE ABOVE TO BE INCLUDED IN THE OPERATION REPORT. PLEASE REFER TO YOUR RESPECTIVE PERMIT FOR THIS INFORMATION. ATTACH ADDITIONAL SHEET IF NECESSARY.

REPORT COMPLETED BY	DATE
REPORT APPROVED BY (OWNER OR OPERATING AUTHORITY)	DATE