



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
**FORM A – APPLICATION FOR NONDOMESTIC PERMIT UNDER MISSOURI
 CLEAN WATER LAW**

FOR AGENCY USE ONLY	
CHECK NUMBER	
DATE RECEIVED	FEE SUBMITTED
JET PAY CONFIRMATION NUMBER	

**PLEASE READ ALL THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM.
 SUBMITTAL OF AN INCOMPLETE APPLICATION MAY RESULT IN THE APPLICATION BEING RETURNED.**

IF YOUR FACILITY IS ELIGIBLE FOR A NO EXPOSURE EXEMPTION:
 Fill out the No Exposure Certification Form (Mo 780-2828): <https://dnr.mo.gov/forms/780-2828-f.pdf>

1. REASON FOR APPLICATION:

- a. This facility is now in operation under Missouri State Operating Permit (permit) MO – _____, is submitting an application for renewal, and there is no proposed increase in design 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 – _____, is submitting an application for renewal, and there is a proposed increase in design wastewater flow. Antidegradation Review may be required. Annual fees will be paid when invoiced and there is no additional permit fee required for renewal.
- c. This is a facility submitting an application for a new permit (for a new facility). Antidegradation Review may be required. New permit fee is required.
- d. This facility is now in operation under Missouri State Operating Permit (permit) MO – _____ and is requesting a modification to the permit. Antidegradation Review may be required. Modification fee is required.

2. FACILITY

NAME		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS (PHYSICAL)	CITY	STATE	ZIP CODE

3. OWNER

NAME		TELEPHONE NUMBER WITH AREA CODE	
EMAIL ADDRESS			
ADDRESS (MAILING)	CITY	STATE	ZIP CODE

4. CONTINUING AUTHORITY

NAME		TELEPHONE NUMBER WITH AREA CODE	
EMAIL ADDRESS			
ADDRESS (MAILING)	CITY	STATE	ZIP CODE

5. OPERATOR CERTIFICATION

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

6. FACILITY CONTACT

NAME	TITLE	TELEPHONE NUMBER WITH AREA CODE	
E-MAIL ADDRESS			

7. DOWNSTREAM LANDOWNER(S) Attach additional sheets as necessary.

NAME			
ADDRESS	CITY	STATE	ZIP CODE

8. ADDITIONAL FACILITY INFORMATION**8.1** Legal Description of Outfalls. (Attach additional sheets if necessary.)

For Universal Transverse Mercator (UTM), use Zone 15 North referenced to North American Datum 1983 (NAD83)

001 _____¹/₄ _____¹/₄ Sec _____ T _____ R _____ County
 UTM Coordinates Easting (X): _____ Northing (Y): _____
 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): _____

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

Primary SIC _____ and NAICS _____ SIC _____ and NAICS _____
 SIC _____ and NAICS _____ SIC _____ and NAICS _____

9. ADDITIONAL FORMS AND MAPS NECESSARY TO COMPLETE THIS APPLICATION

- A. Is this permit for a manufacturing, commercial, mining, solid/hazardous waste, or silviculture facility? YES NO
 If yes, complete Form C.
- B. Is the facility considered a "Primary Industry" under EPA guidelines (40 CFR Part 122, Appendix A) : YES NO
 If yes, complete Forms C and D.
- C. Is wastewater land applied? YES NO
 If yes, complete Form I.
- D. Are sludge, biosolids, ash, or residuals generated, treated, stored, or land applied? YES NO
 If yes, complete Form R.
- E. Have you received or applied for any permit or construction approval under the CWA or any other environmental regulatory authority? YES NO
 If yes, please include a list of all permits or approvals for this facility.
- F. Do you use cooling water in your operations at this facility? YES NO
 If yes, please indicate the source of the water: _____
- G. Attach a map showing all outfalls and the receiving stream at 1" = 2,000' scale.

10. ELECTRONIC DISCHARGE MONITORING REPORT (eDMR) SUBMISSION SYSTEM

Per 40 CFR Part 127 National Pollutant Discharge Elimination System (NPDES) Electronic Reporting Rule, reporting of effluent limits and monitoring shall be submitted by the permittee via an electronic system to ensure timely, complete, accurate, and nationally consistent set of data. **One of the following must be checked in order for this application to be considered complete.** Please visit <http://dnr.mo.gov/env/wpp/edmr.htm> to access the Facility Participation Package.

- You have completed and submitted with this permit application the required documentation to participate in the eDMR system.
- You have previously submitted the required documentation to participate in the eDMR system and/or you are currently using the eDMR system.
- You have submitted a written request for a waiver from electronic reporting. See instructions for further information regarding waivers.

11. FEES

Permit fees may be paid by attaching a check, or online by credit card or eCheck through the JetPay system. Use the URL provided to access JetPay and make an online payment: <https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/>

12. 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 submitted 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.

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

TELEPHONE NUMBER WITH AREA CODE

SIGNATURE

DATE SIGNED

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

INSTRUCTIONS FOR COMPLETING FORM A - APPLICATION FOR NONDOMESTIC PERMIT

1. Check which option is applicable. **Do not check more than one item.** Nondomestic permit refers to permits issued by the Department of Natural Resources' Water Protection Program for all **nondomestic** wastewater treatment facilities, including all industry, stormwater, and Class IA Concentrated Animal Feeding Operations (CAFO). **This includes all nondomestic wastewater treatment facilities that incorporate domestic wastewater into the operating permit.**

For some new or modified permits, a construction permit is required prior to beginning construction at the facility. For other permits, an exemption is provided from construction permit requirements. Please review the requirements at <http://dnr.mo.gov/env/wpp/permits/ww-construction-permitting.htm>. If the facility is for wastewater treatment and is designed for greater than 22,500 gallons per day, the engineering report must be submitted and approved prior to submittal of the application, fee, plans, and specifications. A summary of design data must be submitted with the engineering plans and specifications.

For new wastewater facilities, some wastewater permit modifications, and some permit renewals with proposed increase in design wastewater flow, an antidegradation review may be required. Please visit <https://dnr.mo.gov/env/wpp/permits/antideg-implementation.htm> for more information

2. Facility - Provide the name by which this facility is known locally. Example: Southwest Sewage Treatment Plant, Country Club Mobile Home Park, etc. Also include the street address or location of the facility. If the facility lacks a street name or route number, give the names of the closest intersection, highway, county road, etc.
3. Owner - Provide the legal name and address of owner or company.
4. Continuing Authority – A continuing authority is a company, business, entity, or person(s) operating the facility and/or ensuring compliance with the permit requirements. A continuing authority is not, however, an entity or individual that is contractually hired by the permittee to sample or operate and maintain the system for a defined time period, such as a certified operator or analytical laboratory. To access the regulatory requirement regarding continuing authority, 10 CSR 20-6.010(2), please visit <https://s1.sos.mo.gov/cmsimages/adrules/csr/current/10csr/10c20-6.pdf>. A continuing authority's name must be listed **exactly** as it appears on the Missouri Secretary of State's (SoS's) webpage: <https://bsd.sos.mo.gov/BusinessEntity/BESearch.aspx?SearchType=0>, unless the continuing authority is an individual(s), government, or otherwise not required to register with the SoS.
5. Operator - Provide the name, certificate number, mailing address and telephone number of the person operating the facility, if required by regulation (10 CSR 20-9.020(2)). Most industrial facilities will not be required to have a certified wastewater operator.
6. Provide the name, title, and work telephone number of a person who is thoroughly familiar with the operation of the facility, with the facts reported in this application, and who can be contacted by the department, if necessary. This person will need to be available to respond to emails which will include pre-public notice drafts of permits.
7. Please provide the name and address of the first downstream landowner, different from that of the permitted facility, through whose property the discharge will flow. Also, please indicate the location on the map. For discharges that leave the permitted facility and flow under a road or highway, or along the right-of-way, the downstream property owner is the landowner that the discharge flows to after leaving the right-of-way. For no discharge facilities, provide this information for the location where discharge would flow if there was one. For land application sites, include the owners of the land application sites and all adjacent landowners.
- 8.1 An outfall is the point at which wastewater or stormwater is discharged. Outfalls should be given in terms of the legal description of the facility. Global Positioning System, or GPS, is a satellite-based navigation system. The department prefers a GPS receiver is used at the outfall pipe and the displayed coordinates submitted. If access to a GPS receiver is not available, please use a mapping system to approximate the coordinates.
- 8.2 List only your primary Standard Industrial Classification (SIC), and North American Industry Classification System (NAICS) code for each outfall. The SIC system was devised by the U.S. Office of Management and Budget to cover all economic activities. To find the correct SIC code, an applicant may check his or her unemployment insurance forms or contact the Missouri Division of Employment Security, 573-751-3215. The primary SIC code is that of the operation that generates the most revenue. If this information is not available, the number of employees or, secondly, production rate may be used to determine your SIC code. Additional information for Standard Industrial Codes can be found at www.osha.gov/pls/imis/sicsearch.html and for the North American Industry Classification System at www.census.gov/naics or contact the appropriate Department of Natural Resources regional office.

**INSTRUCTIONS FOR COMPLETING FORM A - APPLICATION FOR NONDOMESTIC PERMIT
(CONTINUED)**

9. If you answer yes to A, B, C, D, or E, then you must complete and file the supplementary form(s) indicated. 40 CFR 122.21(f) and (g) requires the facility to submit the information requested herein. For 9.E., please include all permits or approvals, including construction, issued under the Hazardous Waste Management Program (RCRA), the Safe Drinking Water Act, Clean Air Act, or any other permits issued under the Clean Water Act.

A U.S. Geological Survey 1" = 2,000' scale map must be submitted with the permit application showing all outfalls, the receiving stream and the location of the downstream property owners. This type of map can be obtained from the Missouri Department of Natural Resources' Geological Survey in Rolla at 573-368-2100 or various online mapping applications.

10. Electronic Discharge Monitoring Report (eDMR) Submission System – Visit the eDMR site at <http://dnr.mo.gov/env/wpp/edmr.htm> and click on the "Facility Participation Package" link. The eDMR Permit Holder and Certifier Registration Form and information about the eDMR system can be found in the Facility Participation Package.

Waivers from electronic reporting may be granted by the Department per 40 CFR 127.15 under certain, special circumstances. A written request must be submitted to the Department for approval. Waivers may be granted to facilities owned or operated by:

- A. Members of religious communities that choose not to use certain technologies or
- B. Permittees located in areas with limited broadband access. The National Telecommunications and Information Administration (NTIA) in collaboration with the Federal Communications Commission (FCC) have created a broadband internet availability map: <http://www.broadbandmap.gov/>. Please contact the department if you need assistance.

11. Please visit <https://dnr.mo.gov/pubs/pub2564.htm> for permit fees. This form must be submitted with the application fee if requesting a new permit, permit modification, or permit transfer.

Fee schedules are listed in regulation at 10 CSR 20-6.011, <https://s1.sos.mo.gov/cmsimages/adrules/csr/current/10csr/10c20-6.pdf>.

Incomplete permit applications and/or related engineering documents will be returned by the department if they are not completed in the time frame established in a comment letter from the department to the owner. 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.

12. Certification/Signature - All applications must be signed as follows and the signature must be **original**:
- A. For a corporation, by an officer having responsibility for the overall operation of the regulated facility or activity or for environmental matters.
 - B. For a partnership or sole proprietorship, by a general partner or the proprietor.
 - C. For a municipal, state, federal or other public facility, by either a principal executive officer or by an individual having overall responsibility for environmental matters at the facility.

MAIL COMPLETED FORM AND FEES TO:
Missouri Department Of Natural Resources Water Protection Program Water Pollution Control Branch ATTN: Operating Permits Section P.O. BOX 176 JEFFERSON CITY, MO 65102-0176

If there are any questions concerning this form, contact the Department of Natural Resources' Water Protection Program, Operating Permits Section at 800-361-4827 or 573-522-4502.