



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

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

1. This application is for:

An operating permit for a new or unpermitted facility:  
Please indicate the original Construction Permit # \_\_\_\_\_

An operating permit renewal:  
Please indicate the permit # MO-\_\_\_\_\_ Expiration Date \_\_\_\_\_

An operating permit modification:  
Please indicate the permit # MO-\_\_\_\_\_ Modification Reason: \_\_\_\_\_

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

**2. FACILITY**

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

**3. OWNER**

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

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

**4. CONTINUING AUTHORITY**

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

**5. OPERATOR**

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

**6. FACILITY CONTACT**

NAME		TITLE		TELEPHONE NUMBER WITH AREA CODE	
		E-MAIL ADDRESS		FAX	

**7. ADDITIONAL FACILITY INFORMATION**

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

001 \_\_\_\_\_<sup>1</sup>/<sub>4</sub> \_\_\_\_\_<sup>1</sup>/<sub>4</sub> Sec \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ County  
 UTM Coordinates Easting (X): \_\_\_\_\_ Northing (Y): \_\_\_\_\_  
*For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)*

002 \_\_\_\_\_<sup>1</sup>/<sub>4</sub> \_\_\_\_\_<sup>1</sup>/<sub>4</sub> Sec \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ County  
 UTM Coordinates Easting (X): \_\_\_\_\_ Northing (Y): \_\_\_\_\_

003 \_\_\_\_\_<sup>1</sup>/<sub>4</sub> \_\_\_\_\_<sup>1</sup>/<sub>4</sub> Sec \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ County  
 UTM Coordinates Easting (X): \_\_\_\_\_ Northing (Y): \_\_\_\_\_

004 \_\_\_\_\_<sup>1</sup>/<sub>4</sub> \_\_\_\_\_<sup>1</sup>/<sub>4</sub> Sec \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ County  
 UTM Coordinates Easting (X): \_\_\_\_\_ Northing (Y): \_\_\_\_\_

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

001 – SIC \_\_\_\_\_ and NAICS \_\_\_\_\_      002 – SIC \_\_\_\_\_ and NAICS \_\_\_\_\_  
 003 – SIC \_\_\_\_\_ and NAICS \_\_\_\_\_      004 – SIC \_\_\_\_\_ and NAICS \_\_\_\_\_

<b>8. ADDITIONAL FORMS AND MAPS NECESSARY TO COMPLETE THIS APPLICATION</b> (Complete all forms that are applicable.)			
A.	Is your facility a manufacturing, commercial, mining or silviculture waste treatment facility? If yes, complete Form C or 2F. (2F is the U.S. EPA's Application for Storm Water Discharges Associate with Industrial Activity.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
B.	Is application for storm water discharges only? If yes, complete Form C or 2F.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C.	Is your facility considered a "Primary Industry" under EPA guidelines: If yes, complete Forms C or 2F and D.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
D.	Is wastewater land applied? If yes, complete Form I.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E.	Is sludge, biosolids, ash or residuals generated, treated, stored or land applied? If yes, complete Form R.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
F.	If you are a Class IA CAFO, please disregard part D and E of this section. However, please attach any revision to your Nutrient Management Plan.		
F.	Attach a map showing all outfalls and the receiving stream at 1" = 2,000' scale.		

**9. 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.

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

NAME			
ADDRESS	CITY	STATE	ZIP CODE

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

NAME AND OFFICIAL TITLE (TYPE OR PRINT)	TELEPHONE NUMBER WITH AREA CODE
SIGNATURE	DATE SIGNED

MO 780-1479 (09-16)

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

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

HAVE YOU INCLUDED:

- |   |   |
|---|---|
| <input type="checkbox"/> Appropriate Fees?            | <input type="checkbox"/> Form I (Irrigation), if applicable?              |
| <input type="checkbox"/> Map at 1" = 2000' scale?     | <input type="checkbox"/> Form R (Sludge), if applicable?                  |
| <input type="checkbox"/> Signature?                   | <input type="checkbox"/> Revised Nutrient Management Plan, if applicable? |
| <input type="checkbox"/> Form C or 2F, if applicable? |   |
| <input type="checkbox"/> Form D, if applicable?       |   |

## 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.**

### 1.1 OPERATING PERMIT FEES

**If the application is for a site-specific permit re-issuance, send no fees.** You will be invoiced separately by the department.

Discharges covered by section 644.052.4 RSMo. (Primary or Categorical Facilities)

\$3,500 for a design flow under 1 mgd

\$5,000 for a design flow of 1 mgd or more

A. Discharges covered by section 644.052.5 RSMo. (Secondary or Noncategorical Facilities).

\$1,500 for a design flow under 1 million gallons per day (mpg)

\$2,500 for a design flow of 1 mgd or more

### SITE-SPECIFIC STORMWATER DISCHARGE FEES

A. \$1,350 for a design flow under 1 mgd

B. \$2,350 for a design flow of 1 mgd or more

### CAFO OPERATING PERMIT FEES

A. \$5,000 for site-specific permit (Class IA)

### OPERATING PERMIT MODIFICATIONS are subject to the following fees:

A. Major Modifications - 25 percent of annual fee.

B. Minor Modifications (in accordance with 40 CFR 122.63, including transfers) - \$100

Note: Facility name and address changes where owner, operator and continuing authority remain the same are not considered transfers.

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.

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.
- 3.1 Prior to submitting a permit to public notice, the department shall provide the permit applicant 15 days to review the draft permit for nonsubstantive drafting errors. In the interest of expediting permit issuance, permit applicants may waive the opportunity to review draft permits prior to public notice. Check YES to review the draft permit prior to public notice. Check NO to waive the process and expedite the permit.
4. Continuing Authority - Permanent organization that will serve as the continuing authority for the operation, maintenance and modernization of the facility. The regulatory requirement regarding continuing authority is available at <http://s1.sos.mo.gov/cmsimages/adrules/csr/current/10csr/10c20-6.pdf> or contact the appropriate Department of Natural Resources regional office.
5. Operator - Provide the name, certificate number and telephone number of the person operating the facility.
6. Provide the name, title and work telephone number of a person who is thoroughly familiar with the operation of the facility and with the facts reported in this application and who can be contacted by the department, if necessary.
- 7.1 An outfall is the point at which wastewater 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 that 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; the department's mapping system is available at [www.dnr.mo.gov/internetmapviewer/](http://www.dnr.mo.gov/internetmapviewer/).
- 7.2 List only your primary Standard Industrial Classification, or SIC, and North American Industry Classification System 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](http://www.osha.gov/pls/imis/sicsearch.html) and for the North American Industry Classification System at [www.census.gov/naics](http://www.census.gov/naics) or contact the appropriate Department of Natural Resources regional office.
8. If you answer yes to A, B, C, D, or E, then you must complete and file the supplementary form(s) indicated. 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 is available at [www.dnr.mo.gov/internetmapviewer/](http://www.dnr.mo.gov/internetmapviewer/) or from the Missouri Department of Natural Resources' Geological Survey in Rolla at 573-368-2125.

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

9. 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 to 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.
10. 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.
11. 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.

This completed form, along with the applicable permit fees, should be submitted to the Department of Natural Resources, Water Protection Program, P.O. Box 176, Jefferson City, MO 65102-0176. Submittal of an incomplete application may result in the application being returned. A map of the department’s regional offices with addresses and phone numbers can be viewed at [www.dnr.mo.gov/regions/ro-map.pdf](http://www.dnr.mo.gov/regions/ro-map.pdf). If there are any questions concerning this form, contact the appropriate regional office or the Department of Natural Resources’ Water Protection Program, Operating Permits Section at 800-361-4827 or 573-751-6825.

**For More Information**

Missouri Department of Natural Resources  
Water Protection Program  
P.O. Box 176  
Jefferson City, MO 65102-0176  
800-361-4827 or 573-751-1300  
[www.dnr.mo.gov/env/wpp/index.html](http://www.dnr.mo.gov/env/wpp/index.html)