



**FORM B2 – APPLICATION FOR OPERATING PERMIT FOR FACILITIES THAT  
RECEIVE PRIMARILY DOMESTIC WASTE AND HAVE A DESIGN FLOW MORE THAN  
100,000 GALLONS PER DAY**

FACILITY NAME	
PERMIT NO.	COUNTY

**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.
    - iv. Is otherwise required by the permitting authority to provide the information.
- 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**



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM  
**FORM B2 – APPLICATION FOR AN OPERATING PERMIT FOR FACILITIES THAT RECEIVE PRIMARILY DOMESTIC WASTE AND HAVE A DESIGN FLOW MORE THAN 100,000 GALLONS PER DAY**

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

**PART A – BASIC APPLICATION INFORMATION**

**1. THIS APPLICATION IS FOR:**

An operating permit for a new or unpermitted facility. Construction Permit # \_\_\_\_\_  
 (Include completed Antidegradation Review or request to conduct an Antidegradation Review, see instructions)

An operating permit renewal: Permit #MO- \_\_\_\_\_ Expiration Date \_\_\_\_\_

An operating permit modification: Permit #MO- \_\_\_\_\_ 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	
ADDRESS (PHYSICAL)	CITY	STATE	ZIP CODE

**2.1** LEGAL DESCRIPTION (Facility Site): Sec. \_\_\_\_\_, T \_\_\_\_\_, R \_\_\_\_\_ COUNTY \_\_\_\_\_

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

**2.3** Name of receiving stream: \_\_\_\_\_

**2.4** Number of Outfalls: \_\_\_\_\_ wastewater outfalls: \_\_\_\_\_ stormwater outfalls: \_\_\_\_\_ instream monitoring sites: \_\_\_\_\_

**3. OWNER: The owner of the regulated activity/discharge being applied for and is not necessarily the owner of the real property on which the activity or discharge is occurring.**

NAME		EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE
ADDRESS	CITY	STATE	ZIP CODE

**3.1** Request review of draft permit prior to Public Notice?  YES  NO

**3.2** Are you a Publically Owned Treatment Works (POTW)?  YES  NO  
 If yes, is the Financial Questionnaire attached?  YES  NO See: <https://dnr.mo.gov/forms/780-2511-f.pdf>

**3.3** Are you a Privately Owned Treatment Facility?  YES  NO

**3.4** Are you a Privately Owned Treatment Facility regulated by the Public Service Commission (PSC)?  YES  NO

**4. CONTINUING AUTHORITY: Permanent organization which will serve as the continuing authority for the operation, maintenance and modernization of the facility.**

NAME		EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE
ADDRESS	CITY	STATE	ZIP CODE

If the Continuing Authority is different than the Owner, include a copy of the contract agreement between the two parties and a description of the responsibilities of both parties within the agreement.

**5. OPERATOR**

NAME		TITLE	CERTIFICATE NUMBER (IF APPLICABLE)
EMAIL ADDRESS		TELEPHONE NUMBER WITH AREA CODE	

**6. FACILITY CONTACT**

NAME		TITLE	
EMAIL ADDRESS		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
---------------	-------------------	-------------

**PART A – BASIC APPLICATION INFORMATION**

**7. FACILITY INFORMATION**

**7.1 Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant. Show all of the treatment units, including disinfection (e.g. – Chlorination and Dechlorination), influents, and outfalls. Specify where samples are taken. Indicate any treatment process changes in the routing of wastewater during dry weather and peak wet weather. Include a brief narrative description of the diagram.  
Attach sheets as necessary.

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
---------------	-------------------	-------------

**PART A – BASIC APPLICATION INFORMATION**

**7. FACILITY INFORMATION (continued)**

**7.2 Map.** Attach to this application an aerial or 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. A map can be obtained by visiting the following website: <https://modnr.maps.arcgis.com/apps/webappviewer/index.html?id=1d81212e0854478ca0dae87c33c8c5ce>

- The area surrounding the treatment plant, including all unit processes.
- 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 (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.

<b>7.3</b> Facility SIC Code:	Discharge SIC Code:
-------------------------------	---------------------

**7.4** Number of people presently connected or population equivalent (P.E.): \_\_\_\_\_ Design P.E. \_\_\_\_\_

**7.5** Connections to the facility:  
 Number of units presently connected:  
 Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Industrial \_\_\_\_\_

<b>7.6</b> Design Flow	Actual Flow
------------------------	-------------

**7.7** Will discharge be continuous through the year? Yes  No   
 Discharge will occur during the following months: \_\_\_\_\_  
 How many days of the week will discharge occur? \_\_\_\_\_

**7.8** Is industrial wastewater discharged to the facility? Yes  No   
 If yes, describe the number and types of industries that discharge to your facility. Attach sheets as necessary

Refer to the APPLICATION OVERVIEW to determine whether additional information is needed for Part F.

<b>7.9</b> Does the facility accept or process leachate from landfills?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

<b>7.10</b> Is wastewater land applied? If yes, please attach Form I See: <a href="https://dnr.mo.gov/forms/780-1686-f.pdf">https://dnr.mo.gov/forms/780-1686-f.pdf</a>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

<b>7.11</b> Does the facility discharge to a losing stream or sinkhole?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

<b>7.12</b> Has a wasteload allocation study been completed for this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

**8. LABORATORY CONTROL INFORMATION**

LABORATORY WORK CONDUCTED BY PLANT PERSONNEL

Lab work conducted outside of plant.	Yes <input 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 type="checkbox"/>
Additional procedures such as Dissolved Oxygen, Chemical Oxygen Demand, Biological Oxygen Demand, titrations, solids, volatile content.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
More advanced determinations such as BOD seeding procedures, fecal coliform, nutrients, total oils, phenols, etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Highly sophisticated instrumentation, such as atomic absorption and gas chromatograph.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.	
<b>PART A – BASIC APPLICATION INFORMATION</b>			
<b>9. SLUDGE HANDLING, USE AND DISPOSAL</b>			
9.1 Is the sludge a hazardous waste as defined by 10 CSR 25?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
9.2 Sludge production (Including sludge received from others): Design Dry Tons/Year                      Actual Dry Tons/Year			
9.3 Sludge storage provided: _____ Cubic feet; _____ Days of storage; _____ Average percent solids of sludge;  <input type="checkbox"/> No sludge storage is provided. <input type="checkbox"/> Sludge is stored in lagoon.			
9.4 Type of storage: <input type="checkbox"/> Holding Tank <input type="checkbox"/> Building <input type="checkbox"/> Basin <input type="checkbox"/> Lagoon <input type="checkbox"/> Concrete Pad <input type="checkbox"/> Other (Describe) _____			
9.5 Sludge Treatment:  <input type="checkbox"/> Anaerobic Digester <input type="checkbox"/> Storage Tank <input type="checkbox"/> Lime Stabilization <input type="checkbox"/> Lagoon <input type="checkbox"/> Aerobic Digester <input type="checkbox"/> Air or Heat Drying <input type="checkbox"/> Composting <input type="checkbox"/> Other (Attach Description)			
9.6 Sludge use or disposal:  <input type="checkbox"/> Land Application <input type="checkbox"/> Contract Hauler <input type="checkbox"/> Hauled to Another Treatment Facility <input type="checkbox"/> Solid Waste Landfill <input type="checkbox"/> Surface Disposal (Sludge Disposal Lagoon, Sludge Held For More Than Two Years) <input type="checkbox"/> Incineration <input type="checkbox"/> Other (Attach Explanation Sheet) _____			
9.7 Person responsible for hauling sludge to disposal facility: <input type="checkbox"/> By Applicant <input type="checkbox"/> By Others (complete below)			
NAME		EMAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE NUMBER WITH AREA CODE	PERMIT NO. MO-	
9.8 Sludge use or disposal facility: <input type="checkbox"/> By Applicant <input type="checkbox"/> By Others (Complete below)			
NAME		EMAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE NUMBER WITH AREA CODE	PERMIT NO. MO-	
9.9 Does the sludge or biosolids disposal comply with Federal Sludge Regulation 40 CFR 503? <input type="checkbox"/> Yes <input type="checkbox"/> No    (Explain)			
<b>END OF PART A</b>			

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
---------------	-------------------	-------------

**PART B – ADDITIONAL APPLICATION INFORMATION**

**10. COLLECTION SYSTEM**

**10.1** Are there any municipal satellite collection systems connected to this facility?    Yes    No  
**If yes,** please list all connected to this facility, contact phone number and length of each collection system

FACILITY	CONTACT PHONE NUMBER	LENGTH OF SYSTEM (FEET OR MILES)

**10.2** Length of sanitary sewer collection system in miles (If available, include totals from satellite collection systems) \_\_\_\_\_ miles

**10.3** Does significant infiltration occur in the collection system?     Yes     No  
**If yes,** briefly explain any steps underway or planned to minimize inflow and infiltration:

**11. BYPASSING**

Does any bypassing occur anywhere in the collection system or at the treatment facility?    Yes     No   
**If yes,** explain:

**12. 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 the contractor?  
Yes     No   
**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	EMAIL ADDRESS
---------------------------------	---------------

RESPONSIBILITIES OF CONTRACTOR

**13. 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.

FACILITY NAME		PERMIT NO. MO-		OUTFALL NO.				
<b>PART B – ADDITIONAL APPLICATION INFORMATION</b>								
<b>14. EFFLUENT TESTING DATA</b>								
Applicants must provide effluent testing data for the following parameters. Provide the indicated effluent data <b>for each outfall through which effluent is discharged</b> . 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. At a minimum, effluent testing data must be based on at least <b>three samples</b> and must be no more than four and one-half years apart. See 40 CFR 136.3 for sufficiently sensitive methods: <a href="https://www.ecfr.gov/cgi-bin/text-idx?SID=2d29852e2dcd91badc043bd5fc3d4df&amp;mc=true&amp;node=se40.25.136_13&amp;rgn=div8">https://www.ecfr.gov/cgi-bin/text-idx?SID=2d29852e2dcd91badc043bd5fc3d4df&amp;mc=true&amp;node=se40.25.136_13&amp;rgn=div8</a>								
Outfall Number								
PARAMETER		MAXIMUM DAILY VALUE			AVERAGE DAILY VALUE			
		Value	Units	Value	Units	Number of Samples		
pH (Minimum)			S.U.		S.U.			
pH (Maximum)			S.U.		S.U.			
Flow Rate			MGD		MGD			
*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	Number of Samples		
Conventional and Nonconventional Compounds								
BIOCHEMICAL OXYGEN DEMAND (Report One)	BOD <sub>5</sub>		mg/L		mg/L			
	CBOD <sub>5</sub>		mg/L		mg/L			
E. COLI			#/100 mL		#/100 mL			
TOTAL SUSPENDED SOLIDS (TSS)			mg/L		mg/L			
TOTAL PHOSPHORUS			mg/L		mg/L			
TOTAL KJELDAHL NITROGEN			mg/L		mg/L			
NITRITES + NITRATES			mg/L		mg/L			
AMMONIA AS N			mg/L		mg/L			
CHLORINE* (TOTAL RESIDUAL, TRC)			mg/L		mg/L			
DISSOLVED OXYGEN			mg/L		mg/L			
OIL and GREASE			mg/L		mg/L			
OTHER: _____			mg/L		mg/L			
*Report only if facility chlorinates								
<b>END OF PART B</b>								

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
<b>PART C – CERTIFICATION</b>		
<b>15. ELECTRONIC DISCHARGE MONITORING REPORT (eDMR) SUBMISSION SYSTEM</b>		
<p>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. <b>One of the following must be checked in order for this application to be considered complete.</b> Please visit <a href="https://dnr.mo.gov/forms/780-2204-f.pdf">https://dnr.mo.gov/forms/780-2204-f.pdf</a> to access the eDMR application.</p>		
<p><input type="checkbox"/> - You have completed and submitted with this permit application the required documentation to participate in the eDMR system.</p> <p><input type="checkbox"/> - You have previously submitted the required documentation to participate in the eDMR system and/or you are currently using the eDMR system.</p> <p><input type="checkbox"/> - You have submitted a written request for a waiver from electronic reporting. See instructions for further information regarding waivers.</p>		
<b>16. JETPAY</b>		
<p>Permit fees may be payed online by credit card or eCheck through a system called JetPay. Use the URL provided to access JetPay and make an online payment.</p>		
<p>New Site Specific Permit: <a href="https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/591/">https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/591/</a>  Construction Permits: <a href="https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/592/">https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/592/</a>  Modification Fee: <a href="https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/596/">https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/596/</a></p>		
<b>17. CERTIFICATION</b>		
<p>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.</p>		
<b>ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.</b>		
<p>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.</p>		
PRINTED NAME	OFFICIAL TITLE (MUST BE AN OFFICER OF THE COMPANY OR CITY OFFICIAL)	
SIGNATURE		
TELEPHONE NUMBER WITH AREA CODE		
DATE SIGNED		
<p>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.</p>		
<p>Send Completed Form to:</p> <p style="text-align: center;">Department of Natural Resources  Water Protection Program  ATTN: NPDES Permits and Engineering Section  P.O. Box 176  Jefferson City, MO 65102-0176</p>		
<b>END OF PART C</b>		
<b>REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH PARTS OF FORM B2 YOU MUST COMPLETE.</b>		
<p>Do not complete the remainder of this application, unless at least one of the following statements applies to your facility:</p> <ol style="list-style-type: none"> <li>1. Your facility design flow is equal to or greater than 1,000,000 gallons per day.</li> <li>2. Your facility is a pretreatment treatment works.</li> <li>3. Your facility is a combined sewer system.</li> </ol>		
<p>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.</p>		



**MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL**

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
---------------	-------------------	-------------

**PART D – EXPANDED EFFLUENT TESTING DATA**

**18. EXPANDED EFFLUENT TESTING DATA**

Refer to the APPLICATION OVERVIEW to determine whether Part D applies to the treatment works.

If the treatment works has a design flow greater than or equal to 1 MGD 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 of combined sewer overflows in this section. All information reported must be based on data collected and analyzed using sufficiently sensitive methods found in 40 CFR Part 136. See 40 CFR 136.3 for sufficiently sensitive methods: <https://www.ecfr.gov/cgi-bin/text-idx?SID=2d29852e2dcd91badc043bd5fc3d4df&mc=true&node=se40.25.136.13&rqn=div8>. In addition, all 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. At a minimum, effluent testing data must be based on at least **three pollutant scans** and must be no more than four and one-half years prior to the date of the permit application submittal. In the blank rows provided at the end of this list, include any additional data for pollutants not specifically listed in this form. Information may be written in the blanks below or provided as attached documents containing the laboratory test results.

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**

ALUMINUM											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM III											
CHROMIUM VI											
COPPER											
IRON											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (as CaCO <sub>3</sub> )											

**VOLATILE ORGANIC COMPOUNDS**

ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
---------------	-------------------	-------------

**PART D – EXPANDED EFFLUENT TESTING DATA**

**18. EXPANDED EFFLUENT TESTING DATA**

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		
CHLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYL VINYL 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											
1,1,1-TRICHLORO-ETHANE											
1,1,2-TRICHLORO-ETHANE											
TRICHLOROETHYLENE											
VINYL CHLORIDE											
<b>ACID-EXTRACTABLE COMPOUNDS</b>											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											

FACILITY NAME			PERMIT NO. MO-				OUTFALL NO.				
<b>PART D – EXPANDED EFFLUENT TESTING DATA</b>											
<b>18. EXPANDED EFFLUENT TESTING DATA</b>											
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		
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
<b>BASE-NEUTRAL COMPOUNDS</b>											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											
3,4-BENZO-FLUORANTHENE											
BENZO(GH) PHERYLENE											
BENZO(K) FLUORANTHENE											
BIS (2-CHLOROTHOXY) METHANE											
BIS (2-CHLOROETHYL) – ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO (A,H) ANTHRACENE											
1,2-DICHLORO-BENZENE											
1,3-DICHLORO-BENZENE											
1,4-DICHLORO-BENZENE											
3,3-DICHLORO-BENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											



**MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL**

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
---------------	-------------------	-------------

**PART E – TOXICITY TESTING DATA**

**19. TOXICITY TESTING DATA**

Refer to the APPLICATION OVERVIEW 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.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years: \_\_\_\_\_ chronic \_\_\_\_\_ acute

Complete the following chart **for the last three whole effluent toxicity tests**. Allow one column per test. Copy this page if more than three tests are being reported.

	Most Recent	2 <sup>ND</sup> Most Recent	3 <sup>RD</sup> Most Recent
<b>A. Test Information</b>			
Test Method Number			
Final Report Number			
Outfall Number			
Dates Sample Collected			
Date Test Started			
Duration			
<b>B. Toxicity Test Methods Followed</b>			
Manual Title			
Edition Number and Year of Publication			
Page Number(s)			
<b>C. Sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used</b>			
24-Hour Composite			
Grab			
<b>D. Indicate where the sample was taken in relation to disinfection (Check all that apply for each)</b>			
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"/>
<b>E. Describe the point in the treatment process at which the sample was collected</b>			
Sample Was Collected:			
<b>F. Indicate whether the test was intended to assess chronic toxicity, acute toxicity, or both</b>			
Chronic Toxicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute Toxicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. Provide the type of test performed</b>			
Static	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Static-renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flow-through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>H. Source of dilution water. If laboratory water, specify type; if receiving water, specify source</b>			
Laboratory Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
---------------	-------------------	-------------

**PART E – TOXICITY TESTING DATA**

**19. TOXICITY TESTING DATA (continued)**

	Most Recent	Second Most Recent	Third 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. Percentage of 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 Survival in 100% Effluent			
LC <sub>50</sub>			
95% C.I.			
Control Percent Survival			
Other (Describe)			

Chronic:

NOEC			
IC <sub>25</sub>			
Control Percent Survival			
Other (Describe)			

M. Quality Control/ Quality Assurance

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (Describe)			

Is the treatment works involved in a toxicity reduction evaluation?  Yes  No

If yes, describe:

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**

**22. RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE**

**22.1** 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

**22.2** Method by which RCRA waste is received. (Check all that apply)  
 Truck                       Rail                       Dedicated Pipe

**22.3** Waste Description

EPA Hazardous Waste Number	Amount (volume or mass)	Units

**23. CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER**

**23.1** 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.

**23.2** 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).

**23.3** 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)

**23.4** 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.
---------------	-------------------	-------------

**PART G – COMBINED SEWER SYSTEMS**

Refer to the APPLICATION OVERVIEW to determine whether Part G applies to the treatment works.

**24. GENERAL INFORMATION**

**24.1 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.

**24.2 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.

**24.3** Percent of collection system that is combined sewer

**24.4** Population served by combined sewer collection system

**24.5** Name of any satellite community with combined sewer collection system

**25. CSO OUTFALLS. COMPLETE THE FOLLOWING ONCE FOR EACH CSO DISCHARGE POINT**

**25.1** 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?

**25.2** 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

**25.3** Description of Receiving Waters

- a. Name of Receiving Water
- b. Name of Watershed/River/Stream System
- c. U.S. Soil Conservation Service 14-Digit Watershed Code (If Known)
- d. Name of State Management/River Basin
- e. U.S. Geological Survey 8- Digit Hydrologic Cataloging Unit Code (If Known)

**25.4** 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.**

**INSTRUCTIONS FOR COMPLETING FORM B2**  
**APPLICATION FOR OPERATING PERMIT FOR FACILITIES THAT RECEIVE PRIMARILY DOMESTIC WASTE AND**  
**HAVE A DESIGN FLOW MORE THAN 100,000 GALLONS PER DAY, Form 780-1805**

(Facilities less than or equal to 100,000 gallons per day of domestic waste must use Form B, 780-1512.)

**PART A – BASIC APPLICATION INFORMATION**

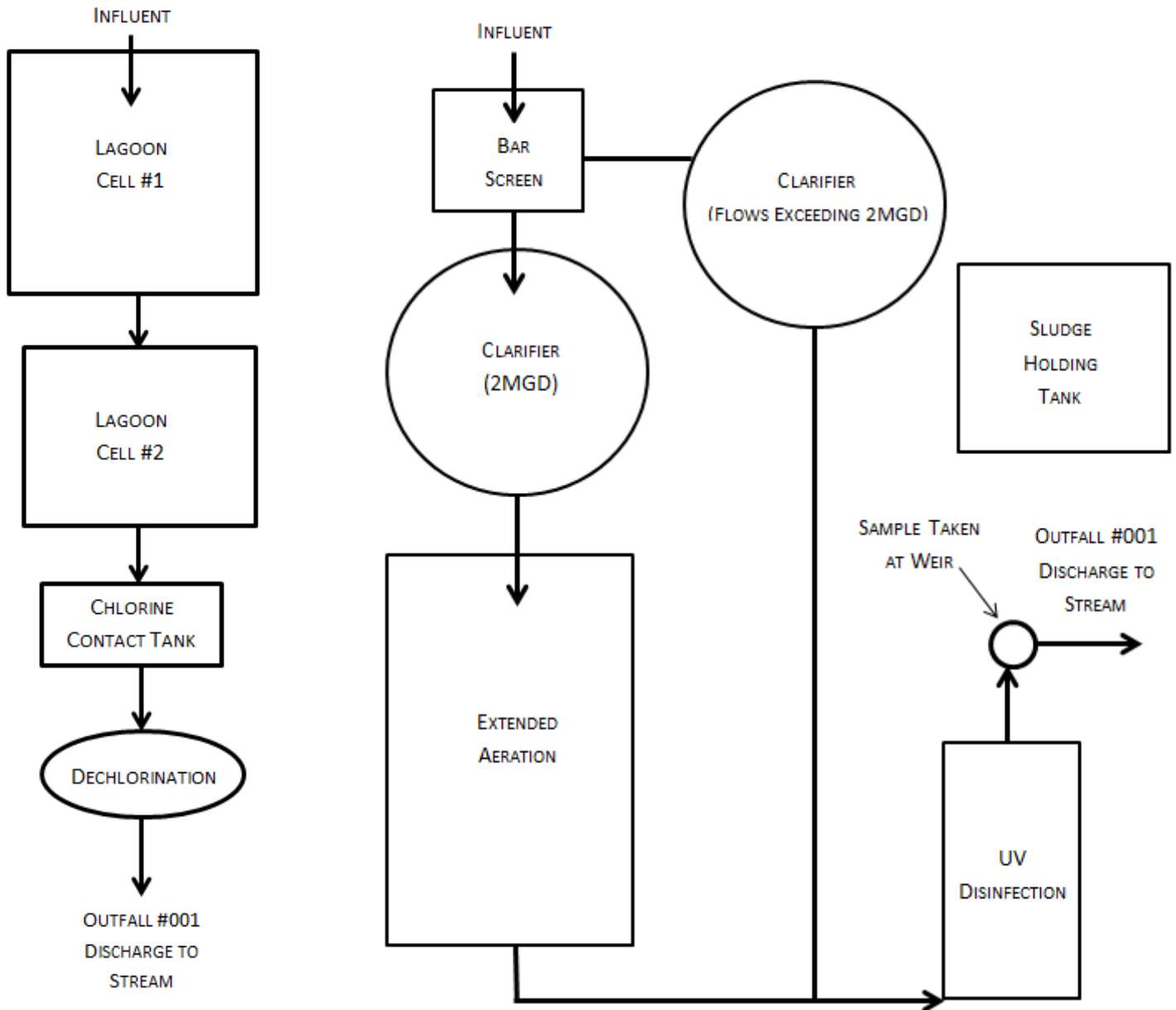
1. Check the appropriate box. **Do not check more than one item.** Operating permits refer to permits issued by the Department of Natural Resources, Water Protection Program. If an Antidegradation Review has not been conducted, submit the application located at the following link, to the Missouri Department of Natural Resources, Water Protection Program, P.O. Box 176, Jefferson City, MO 65102: [dnr.mo.gov/forms/780-1893-f.pdf](http://dnr.mo.gov/forms/780-1893-f.pdf).
- 1.1 **Fees Information:**  
**DOMESTIC OPERATING PERMIT FEES – PRIVATELY OWNED TREATMENT WORKS (Non-POTW)**  
Annual operating permit fees are based on flow.

Annual fee/Design flow	Annual fee/Design flow	Annual fee/Design flow
\$150.....<5,000 gpd	\$1,000.....15,000-24,999 gpd	\$4,000.....100,000-249,999 gpd
\$300.....5,000-9,999 gpd	\$1,500.....25,000-29,999 gpd	\$5,000.....≥250,000 gpd
\$600.....10,000-14,999 gpd	\$3,000.....30,000-99,999 gpd	

New domestic wastewater treatment facilities must submit the annual fee with the original application.  
**If the application is for a site-specific permit re-issuance, send no fees.** You will be invoiced separately by the department on the anniversary date of the original permit. Permit fees must be current for the department to reissue the operating permit. Late fees of two percent per month are charged and added to outstanding annual fees.  
**PUBLICLY OWNED SEWER SYSTEM OPERATING PERMIT FEES** (City, public sewer district, public water district, or other publicly owned treatment works) Annual fee is based on number of service connections. Fees listings are found in 10 CSR 20-6.011 which is available at <http://s1.sos.mo.gov/cmsimages/adrules/csr/current/10csr/10c20-6.pdf>. New public sewer system facilities should not submit any fee as the department will invoice the permittee.  
**OPERATING PERMIT MODIFICATIONS**, including transfers, are subject to the following fees:
  - a. Publicly Owned Treatment Works (POTWs) - \$200 each.
  - b. Non-POTWs – \$100 each for a minor modification (name changes, address changes, other non-substantive changes) or a fee equal to 25 percent of the facility's annual operating fee for a major modification.
2. Name of Facility – Include the name by which this facility is locally known. Example: Southwest Sewage Treatment Plant, Country Club Mobile Home Park, etc. Provide the street address or location of the facility. If the facility lacks a street name or route number, provide the names of the closest intersection, highway, country road, etc.
  - 2.1 Self-explanatory.
  - 2.2 Global Positioning System, or GPS, is a satellite-based navigation system. The department prefers that a GPS receiver is used and the displayed coordinates submitted. If access to a GPS receiver is not available, use a mapping system to approximate the coordinates; the department's mapping system is available at <https://modnr.maps.arcgis.com/apps/webappviewer/index.html?id=1d81212e0854478ca0dae87c33c8c5ce>.
- 2.3-2.4 Self-explanatory. For the No Exposure Certification for Exclusion Application: <https://dnr.mo.gov/forms/780-2828-f.pdf>
3. Owner – Provide the legal name, mailing address, phone number, and email address of the owner. The owner identified in this section and subsequently reflected on the certificate page of the operating permit, is the owner of the regulated activity/discharge being applied for and is not necessarily the owner of the real property on which the activity or discharge is occurring.
  - 3.1 Prior to submitting a permit to public notice, the Department of Natural Resources shall provide the permit applicant 10 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.
  - 3.2-3.4 Self-explanatory. See the following link for Financial Questionnaire: <https://dnr.mo.gov/forms/780-2511-f.pdf>
4. Continuing Authority – A continuing authority is a company, business, entity or person(s) that will be 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>. If the continuing authority is not an individual(s), government, or otherwise required to register with the Missouri Secretary of State (SoS), then the business name must be listed exactly as it appears on the SoS's webpage: <https://bsd.sos.mo.gov/BusinessEntity/BESearch.aspx?SearchType=0>
5. Operator – Provide the name, certificate number, title, mailing address, primary phone number, and email address of the operator of the facility.
6. Provide the name, title, mailing address, primary phone number, and email address 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.

7.1 Process Flow Diagram Examples

WASTEWATER TREATMENT LAGOON      WASTEWATER TREATMENT FACILITY



- 7.2 A map is available on the web at <https://modnr.maps.arcgis.com/apps/webappviewer/index.html?id=1d81212e0854478ca0dae87c33c8c5ce> or from the Department of Natural Resources' Geological Survey in Rolla at 573-368-2125.
- 7.3 For Standard Industrial Codes visit [www.osha.gov/pls/imis/sicsearch.html](http://www.osha.gov/pls/imis/sicsearch.html) and for the North American Industry Classification System, visit [www.census.gov/naics](http://www.census.gov/naics) or contact the Department of Natural Resources' Water Protection Program.
- 7.4-7.8 Self – explanatory.
- 7.9 If wastewater is land-applied submit Form I: [www.dnr.mo.gov/forms/780-1686-f.pdf](http://www.dnr.mo.gov/forms/780-1686-f.pdf).
- 7.10-8. Self-explanatory
- 9.1 A copy of 10 CSR 25 is available at [www.sos.mo.gov/adrules/csr/current/10csr/10csr.asp#10-25](http://www.sos.mo.gov/adrules/csr/current/10csr/10csr.asp#10-25).
- 9.2-9.9 Self – explanatory.

PART B – ADDITIONAL APPLICATION INFORMATION

- 10.-14. Self-explanatory

**INSTRUCTIONS FOR COMPLETING FORM B2  
APPLICATION FOR OPERATING PERMIT FOR FACILITIES THAT RECEIVE PRIMARILY DOMESTIC WASTE AND  
HAVE A DESIGN FLOW MORE THAN 100,000 GALLONS PER DAY  
(continued)**

**PART C – CERTIFICATION**

15. 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: <https://broadbandmap.fcc.gov/#/>. Please contact the Department if you need assistance.
16. JetPay  
Applicants can pay fees online by credit card or eCheck through a system called JetPay.
- a. Per Section 37.001, RSMo, a transaction fee will be included. The transaction fee is paid to the third party vendor JetPay, not the Department of Natural Resources.
  - b. Be sure to select the correct fee type and corresponding URL to ensure your payment is applied appropriately. If you are unsure what type of fee to pay, please contact the Water Protection Program’s Budget, Fees, and Grants Management Unit by phone at (573) 522-1485 for assistance.
  - c. Upon successful completion of your payment, JetPay provides a payment confirmation. Submit this form with a copy of the payment confirmation if requesting a new permit or a permit modification. For permit renewals of active permits, the Department will invoice fees annually in a separate request.
  - d. If you are unable to make your payment online, but want to pay with credit card, you may email your name, phone number, and invoice number, if applicable, to [WPPFees@dnr.mo.gov](mailto:WPPFees@dnr.mo.gov). The Budget, Fees, and Grants Management Unit will contact you to assist with the credit card payment. **Please do not include your credit card information in the email.**
  - e. Applicants can find fee rates in 10 CSR 20-6.011 (<https://dnr.mo.gov/pubs/pub2564.htm>).
17. Signature – All applications must be signed as follows and the signatures 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.

**PART D – EXPANDED EFFLUENT TESTING DATA**

- 18 Self-explanatory. ML/MDL means minimum limit or minimum detection limit.

**PART E – TOXICITY TESTING DATA**

19. Self-explanatory.

**PART F – INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

20. Federal regulations are available through the U.S. Government Printing Office at <https://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>.

20.1 Self-explanatory

- 20.2 A noncategorical significant industrial user is an industrial user that is not a CIU and 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 5 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.

21.-23.4 Self-explanatory.

**PART G – COMBINED SEWER SYSTEMS**

24.-25.4 Self-explanatory.

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

This completed form and any attachments along with the applicable permit fees, should be submitted to:

Department of Natural Resources  
Water Protection Program  
ATTN: NPDES Permits and Engineering Section  
P.O. Box 176  
Jefferson City, MO 65102-0176

Map of regional offices with addresses and phone numbers are available on the web at <http://dnr.mo.gov/regions/>. 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 573-522-4502.