



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM  
**ANTIDegradation REVIEW SUMMARY**  
**TIER DETERMINATION AND EFFLUENT LIMIT SUMMARY**

<b>1. FACILITY</b>			
NAME		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS (PHYSICAL)	CITY	STATE	ZIP CODE
<b>2. RECEIVING WATER BODY SEGMENT #1</b>			
NAME			
2.1	UPPER END OF SEGMENT (Location of discharge) UTM _____ OR Lat _____, Long _____		
2.2	LOWER END OF SEGMENT UTM _____ OR Lat _____, Long _____		
Per the Missouri Antidegradation Rule and Implementation Procedure, or AIP, the definition of a segment, "a segment is a section of water that is bound, at a minimum, by significant existing sources and confluences with other significant water bodies."			
<b>3. WATER BODY SEGMENT #2 (IF APPLICABLE)</b>			
NAME			
3.1	UPPER END OF SEGMENT UTM _____ OR Lat _____, Long _____		
3.2	LOWER END OF SEGMENT UTM _____ OR Lat _____, Long _____		
<b>4. WATER BODY SEGMENT #3 (IF APPLICABLE)</b>			
NAME			
4.1	UPPER END OF SEGMENT UTM _____ OR Lat _____, Long _____		
4.2	LOWER END OF SEGMENT UTM _____ OR Lat _____, Long _____		
<b>5. PROJECT INFORMATION</b>			
<b>Is the receiving water body an Outstanding National Resource Water, an Outstanding State Resource Water, or drainage thereto?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
In Tables D and E of 10 CSR 20-7.031, Outstanding National Resource Waters and Outstanding State Resource Water are listed. Per the Antidegradation Implementation Procedure Section 1.B.3., "any degradation of water quality is prohibited in these waters unless the discharge only results in temporary degradation." Therefore, if degradation is significant or minimal, the Antidegradation Review will be denied.			
<b>Will the proposed discharge of all pollutants of concern, or POCs, result in no net increase in the ambient water quality concentration of the receiving water after mixing?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, submit a summary table showing the levels of each pollutant of concern before and after the proposed discharge in the receiving water and then complete Attachment B for the first downstream classified water body segment.			
<b>Will the discharge result in temporary degradation?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, complete Attachment C.			
<b>Has the project been determined as non-degrading?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, complete No Degradation Evaluation – Conclusion of Antidegradation Review form. Submit with the appropriate Construction Permit Application as no antidegradation review is required.			
<b>If yes to one of the above questions, skip to Section 8 - Wet Weather.</b>			



**9. SUMMARY OF THE PROPOSED ANTIDegradation REVIEW EFFLUENT LIMITS**

What are the proposed pollutants of concern and their respective effluent limits that the selected treatment option will comply with:

Pollutant of Concern	Units	Wasteload Allocation	Average Monthly Limit	Daily Maximum Limit
BOD5				
TSS				
Dissolved Oxygen				
Ammonia				
Bacteria (E. Coli)				

These proposed limits must not violate water quality standards, be protective of beneficial uses and achieve the highest statutory and regulatory requirements.

Attach the Antidegradation Review report and all supporting documentation.

**CONSULTANT:** I have prepared or reviewed this form and all attached reports and documentation. The conclusion proposed is consistent with the Antidegradation Implementation Procedure and current state and federal regulation.

SIGNATURE	DATE
-----------	------

NAME AND OFFICIAL TITLES

COMPANY NAME

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

TELEPHONE NUMBER WITH AREA CODE	E-MAIL ADDRESS
---------------------------------	----------------

**OWNER:** I have read and reviewed the prepared documents and agree with this submittal.

SIGNATURE	DATE
-----------	------

NAME AND OFFICIAL TITLES

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

TELEPHONE NUMBER WITH AREA CODE	E-MAIL ADDRESS
---------------------------------	----------------

**CONTINUING AUTHORITY:** Continuing Authority is the permanent organization that will be responsible for the operation, maintenance and modernization of the facility. The regulatory requirement regarding continuing authority is found in 10 CSR 20-6.010(3) available at [www.sos.mo.gov/adrules/csr/current/10csr/10c20-6a.pdf](http://www.sos.mo.gov/adrules/csr/current/10csr/10c20-6a.pdf).

I have read and reviewed the prepared documents and agree with this submittal.

SIGNATURE	DATE
-----------	------

NAME AND OFFICIAL TITLES

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

TELEPHONE NUMBER WITH AREA CODE	E-MAIL ADDRESS
---------------------------------	----------------