



**NO DEGRADATION EVALUATION
 CONCLUSION OF ANTIDegradation REVIEW**
 (Submit this form with the appropriate Permit Application)

1. FACILITY			
NAME		COUNTY	
ADDRESS (PHYSICAL)	CITY	STATE	ZIP CODE
FACILITY CONTACT:		TELEPHONE NUMBER WITH AREA CODE	

2. NO DEGRADATION OPTIONS

- Renewal without changes
- Sewer extensions
- CSO elimination projects
- No-discharge with land application
- No-discharge with subsurface irrigation
- Recycle or reuse of effluent
- Discharge to a regional wastewater collection and treatment system.
- Addition or replacement of disinfection system for an existing wastewater facility: Ultraviolet or Ozone
 The facility will be required to meet regulatory effluent limits for bacteria.
- Addition or replacement for chlorination or dechlorination disinfection system of existing facility.
 The chlorination or dechlorination disinfection treatment system design must be for total removal of Total Residual Chlorine. Therefore, the facility will be required to meet the water quality-bases effluent limits determined by the permit writer or the following water quality-bases effluent limits:

Beneficial Use of Classified Water	MDL (µg/l)	AML (µg/l)
Warm-water fishery	17	8.2
Cold-water fishery	3.3	1.6

Note: These compliance limits for Total Residual Chlorine are much less than minimum quantification level, or ML, of 0.13. The facility will be required to meet regulatory effluent limits for bacteria.

Other, please describe: _____

Consulted with Water Protection Staff:	
NAME	DATE

3. NO DEGRADATION PROPOSED PROJECT SUMMARY

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 regulations.

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

PRINT NAME

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

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

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

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 available at 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
-----------	------

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

Return completed form with the appropriate Permit Application to:
Missouri Department of Natural Resources
Water Protection Program
Water Pollution Control Branch
P.O. Box 176
Jefferson City, MO 65102