



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
FACILITY CLOSURE REQUEST FORM

A closure plan must be approved by the Missouri Department of Natural Resources prior to the initiation of closure activities. A complete closure plan will consist of this closure request form and the information requested herein.

PART A – GENERAL INFORMATION

1. PERMIT #MO-

2. FACILITY

NAME		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS (PHYSICAL)	CITY	STATE	ZIP CODE
Legal description: ¼, ¼, ¼, Sec. , T , R ,			COUNTY

3. OWNER

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

4. CONTACT

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

5. CERTIFICATION

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.

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

A complete closure plan should consist of this closure request form and the information requested below. Do not submit a termination application until after closure activities have been completed and the area is vegetated.

PART B – TECHNICAL INFORMATION

1. Facility description that includes the year operation began and the date it will be taken offline.
2. Provide an explanation of how the waste generated from the site will be treated in the future, if applicable (new wastewater treatment facility, Department of Health-approved system, routed to another facility, etc.).
3. Volume of sludge and total area of basin (from outer edges of berms).
4. Copy of sludge analysis and soil (if applicable) analysis. See [Standard Conditions Part III](#) Section H.
5. Description of how the water portion is to be removed, if applicable. (ex. discharge to stream according to permit; irrigate on surrounding ground; transported to permitted treatment facility; mixed with sludge).
6. Detailed description of how sludge is to be disposed. (ex. land applied at agronomic rate, transported to another permitted treatment facility, incorporate with soil on 1:1 basis and left in place). If the permittee is requesting approval for land application, include a calculation of proposed application rates in dry tons/acre. If sludge is to be transported to a landfill, the name and contact information for the landfill must be included.
7. For mechanical plants, a short summary of solid waste to be removed. If the permittee is requesting approval to leave some clean fill in place (such as concrete), a description of the clean fill and its proposed final disposition should be included. Note that concrete basins must either be filled in or, at a minimum, be modified such that they no longer hold water from precipitation. Due to personal liability concerns, most permittees choose to fill in or demolish concrete basins. Approval for repurposing concrete structures may be requested.
8. If the lagoon closure activities will disturb more than one acre, a land disturbance permit is required. See www.dnr.mo.gov/env/wpp/epermit/help.htm.
9. Proposed project timeline.
10. Any additional information that might be pertinent to the proposed facility closure.

The completed closure plan and attachments should be submitted to the appropriate Department of Natural Resources regional office. See website for map: www.dnr.mo.gov/regions/regions.htm

Submit the appropriate form for termination of the operating permit **AFTER** all work, including establishment of vegetation (at least 70 percent coverage over the entire site) is complete. Establishment of vegetation may require waiting for appropriate conditions so that germination occurs.

[Form J – Request for Termination of a State Operating Permit, Form – MO 780-1576](#)

[Form H – Request for Termination of a General Permit, Form – MO 780-1409](#)

Once the appropriate form is submitted, the facility will be contacted by department staff to schedule a termination inspection.