

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
MISSOURI CLEAN WATER COMMISSION



MISSOURI STATE OPERATING PERMIT

In compliance with the Missouri Clean Water Law, (Chapter 644 RSMo, as amended, hereinafter, the Law), and the Federal Water Pollution Control Act (Public Law 92-500, 92nd Congress) as amended,

Permit No.: MO0118885

Owner: Bank of Crocker
Owner's Address: PO Box 7, Crocker, MO 65452

Continuing Authority: Scheffer Five, LLC
Continuing Authority's Address: 16995 Hwy 28, Dixon, MO 65459

Facility Name: DiTrapani's Italian Bistro
Facility Address: 16995 Hwy. 28, Dixon, MO 65459

Legal Description: NE ¼, NE ¼, Sec. 26, T37N, R11W, Pulaski County
UTM Coordinates: (X = 0579117, Y = 4196233)

Receiving Stream: Unnamed tributary to Gasconade River (U)
First Classified Stream and ID: Gasconade River (P) (01455) [2010 303(d)]
USGS Basin & Sub-watershed No.: (10290201-0702)

is authorized to discharge from facility described herein, in accordance with the interim and/or final effluent limitations and monitoring requirements as set forth herein:

FACILITY DESCRIPTION

Outfall # 001 – Non-Public Owned Treatment Works – Restaurant – Standard Industrial Classification (SIC) Code(s): # 5812 (Eating Places) and # 4952 (Sewerage Systems – domestic)
The use or operation of this facility does not require a Certified Wastewater Operator
Grease trap/Septic tanks/Re-circulating Sand Filter/Chlorination/Sludge disposal by contract hauler
Design population equivalent = 64
Design flow = 1,785 gallons per day
Design sludge production = 0.45 dry tons per year

This operating permit authorizes only wastewater, including stormwater, discharges under the Law and the National Pollutant Discharge Elimination System. This operating permit does not apply to other regulated areas. This operating permit may be appealed in accordance with the Law, Section 644.051.6., RSMo, and Section 621.250, RSMo, and Missouri Clean Water Commission regulations [10 CSR 20-6.020], Permits, Public Participation, Hearings and Notice to Governmental Agencies and [10 CSR 20-1.020], Organizations, Clean Water Commission Appeals and Requests for Hearings.

October 19, 2011
Effective Date

April 3, 2013
Modification Date


Sara Parker Pauley, Director, Department of Natural Resources

October 18, 2016
Expiration Date


John Madras, Director, Water Protection Program

Permittee authorized to discharge from outfall(s) with serial number(s) as specified in the application for this operating permit. **Interim effluent limitations** shall become effective upon issuance (modification/renewal) date of this operating permit and shall remain in effect for three (3) calendar years, or until October 18, 2014. Such discharges shall be controlled, limited and monitored by permittee as specified below:

OUTFALL NUMBER and EFFLUENT PARAMETER(S)	UNITS	INTERIM EFFLUENT LIMITATIONS			MONITORING REQUIREMENTS	
		DAILY MAXIMUM	WEEKLY AVERAGE	MONTHLY AVERAGE	MEASUREMENT FREQUENCY	SAMPLE TYPE
<u>Outfall # 001</u>						
Flow	MGD	*		*	Once per quarter***	24 hr. estimate
Biochemical Oxygen Demand ₅	mg/L		45	30	Once per quarter***	grab
Total Suspended Solids	mg/L		45	30	Once per quarter***	grab
pH – Units	SU	**		**	Once per quarter***	grab
<i>Escherichia coli</i> (Note 1)	# colonies/100 mL	630	630	126	Once per quarter***	grab
Total Residual Chlorine (Note 2)	mg/L	1.0		1.0	Once per quarter***	grab
Ammonia as N	mg/L	*		*	Once per quarter***	grab
Temperature	°C	*		*	Once per quarter***	grab

MONITORING REPORTS SHALL BE SUBMITTED Quarterly***. FIRST REPORT DUE: January 28, 2012. THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

B. STANDARD CONDITIONS

IN ADDITION TO SPECIFIED CONDITIONS STATED HEREIN, THIS OPERATING PERMIT SUBJECT TO ATTACHED Part I and Part III STANDARD CONDITIONS DATED October 1, 1980, and August 15, 1994, AND HEREBY INCORPORATED AS THOUGH FULLY SET FORTH HEREIN.

A. INTERIM EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (continued)

- * Monitoring requirement only
- ** pH measured in pH standard units (SUs) and is not to be averaged. pH limited to the range of 6.5-9.0 pH SUs
- *** See table below for quarterly sampling reporting:

Sample effluent discharge at least once for the months of:	Report due:
January, February, March (1 st Quarter)	April 28
April, May, June (2 nd Quarter)	July 28
July, August, September (3 rd Quarter)	October 28
October, November, December (4 th Quarter)	January 28

Note 1 – Interim and/or final effluent limitations, and monitoring (sampling) and reporting requirements for the *Escherichia coliform* (*E. coli*) effluent parameter are applicable only during the recreational season from April 1 through October 31. The Monthly Average interim and/or final limitation for the *E. coli* effluent parameter is expressed as a geometric mean

Note 2 – This operating permit contains an interim effluent limitation of the Total Residual Chlorine (TRC) effluent parameter.

- (a) Disinfection required year-round unless this operating permit specifically states otherwise or states: “Interim and/or final effluent limitations, and monitoring (sampling) and reporting requirements for the *Escherichia coliform* (*E. coli*) effluent parameter applicable only during the recreational season from April 1 through October 31”. If this operating permit does not require disinfection during the non-recreational months, do not chlorinate in those months.

A. INTERIM EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (continued)

Note 2 (continued)

- (b) Do not chemically de-chlorinate if it is not needed to meet the interim effluent limitations for the Total Residual Chlorine (TRC) effluent parameter in this operating permit.
- (c) If no chlorine was used during a given reporting period, an actual analysis is not necessary. Simply report as "0 mg/L Total Residual Chlorine (TRC)".

Permittee authorized to discharge from outfall(s) with serial number(s) as specified in the application for this operating permit. **Final effluent limitations** shall become effective three (3) calendar years from issuance (modification/renewal) date of this operating permit, or on October 19, 2014, and shall and remain in effect until expiration of this operating permit. Such discharges shall be controlled, limited and monitored by permittee as specified below:

OUTFALL NUMBER and EFFLUENT PARAMETER(S)	UNITS	FINAL EFFLUENT LIMITATIONS			MONITORING REQUIREMENTS	
		DAILY MAXIMUM	WEEKLY AVERAGE	MONTHLY AVERAGE	MEASUREMENT FREQUENCY	SAMPLE TYPE
<u>Outfall # 001</u>						
Flow	MGD	*		*	Once per quarter***	24 hr. estimate
Biochemical Oxygen Demand ₅	mg/L		45	30	Once per quarter***	grab
Total Suspended Solids	mg/L		45	30	Once per quarter***	grab
pH – Units	SU	**		**	Once per quarter***	grab
<i>Escherichia coli</i> (Note 1)	# colonies/100 mL	630	630	126	Once per quarter***	grab
Total Residual Chlorine (Note 3)	mg/L	0.016 (0.13 ML)		0.008 (0.13 ML)	Once per quarter***	grab
Ammonia as N	mg/L	*		*	Once per quarter***	grab
Temperature	°C	*		*	Once per quarter***	grab
Oil and Grease	mg/L	15		10	Once per quarter***	grab

MONITORING REPORTS SHALL BE SUBMITTED Quarterly***. FIRST REPORT DUE: January 28, 2015. THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

B. STANDARD CONDITIONS

IN ADDITION TO SPECIFIED CONDITIONS STATED HEREIN, THIS OPERATING PERMIT SUBJECT TO ATTACHED Part I and Part III STANDARD CONDITIONS DATED October 1, 1980, and August 15, 1994, AND HEREBY INCORPORATED AS THOUGH FULLY SET FORTH HEREIN.

A. FINAL EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (continued)

- * Monitoring requirement only
- ** pH measured in pH standard units (SUs) and is not to be averaged. pH limited to the range of 6.5-9.0 pH SUs
- *** See table below for quarterly sampling reporting:

Sample effluent discharge at least once for the months of:	Report due:
January, February, March (1 st Quarter)	April 28
April, May, June (2 nd Quarter)	July 28
July, August, September (3 rd Quarter)	October 28
October, November, December (4 th Quarter)	January 28

Note 1 – Interim and/or final effluent limitations, and monitoring (sampling) and reporting requirements for the *Escherichia coliform* (*E. coli*) effluent parameter are applicable only during the recreational season from April 1 through October 31. The Monthly Average interim and/or final effluent limitation for the *E. coli* effluent parameter is expressed as a geometric mean

Note 3 – This operating permit contains an interim effluent limitation of the Total Residual Chlorine (TRC) effluent parameter.

A. FINAL EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (continued)

Note 3 (continued)

- (a) Said final effluent limitations for the Total Residual Chlorine (TRC) effluent parameter are below the minimum quantification level (ML) of the most common and practical United States Environmental Protection Agency (US EPA) approved CLTRC methods. The Department has determined the current acceptable ML for the TRC effluent parameter to be 0.13 mg/L when using the DPD Colorimetric Method #4500 – CL G. from *Standard Methods for the Examination of Waters and Wastewater*. Permittee will conduct analyses in accordance with this method, or equivalent, and report actual analytical values. Measured values greater than or equal to (\geq) the ML of 0.13 mg/L will be considered violations of this operating permit and values less than ($<$) the ML of 0.13 mg/L will be considered to be in compliance with this operating permit's final effluent limitations for the TRC effluent parameter. The ML does not authorize the discharge of chlorine in excess of the final effluent limitations stated in this operating permit.
- (b) Disinfection required year-round unless this operating permit specifically states otherwise or states: "Interim and/or final effluent limitations, and monitoring (sampling) and reporting requirements for the *Escherichia coliform (E. coli)* effluent parameter applicable only during the recreational season from April 1 through October 31". If this operating permit does not require disinfection during the non-recreational months, do not chlorinate in those months.
- (c) Do not chemically de-chlorinate if it is not needed to meet the final effluent limitations for the Total Residual Chlorine (TRC) effluent parameter in this operating permit.
- (d) If no chlorine was used during a given reporting period, an actual analysis is not necessary. Simply report as "0 mg/L Total Residual Chlorine (TRC)".

C. SPECIAL CONDITIONS

1. This operating permit may be reopened and modified, or alternatively revoked and reissued, to:

- (a) Comply with any applicable effluent standard or limitation issued or approved under Sections 301(b)(2)(C) and (D), 304(b)(2), and 307(a) (2) of the Clean Water Act, if the effluent standard or limitation so issued or approved:
 - (1) Contains different conditions or is otherwise more stringent than any effluent limitation in the operating permit; or
 - (2) Controls any pollutant not limited in the operating permit.
- (b) Incorporate new or modified effluent limitations or other conditions, if the result of a waste load allocation study, toxicity test or other information indicates changes are necessary to assure compliance with Missouri's Water Quality Standards.
- (c) Incorporate new or modified effluent limitations or other conditions if, as the result of a watershed analysis, a Total Maximum Daily Load (TMDL) limitation is developed for the receiving waters which are currently included in Missouri's list of waters of the state not fully achieving the state's water quality standards, also called the 303(d) list.

The operating permit as modified or reissued under this paragraph shall also contain any other requirements of the Clean Water Act then applicable.

2. All outfalls must be clearly marked in the field.
3. Permittee will cease discharge by connection to area wide wastewater treatment system within ninety (90) calendar days of notice of its availability.
4. Changes in Discharges of Toxic Substances

Permittee shall notify the Director as soon as it knows or has reason to believe:

- (a) That any activity has occurred or will occur which would result in the discharge of any toxic pollutant which is not limited in the operating permit, if that discharge will exceed the highest of the following "notification levels":
 - (1) One hundred micrograms per liter (100 μ g/L);

C. SPECIAL CONDITIONS (continued)

4. Changes in Discharges of Toxic Substances (continued)

(a) (continued)

- (2) Two hundred micrograms per liter (200 µg/L) for acrolein and acrylonitrile; five hundred micrograms per liter (500 µg/L) for 2,5 dinitrophenol and for 2-methyl-4,6-dinitrophenol; and one milligram per liter (1 mg/L) for antimony;
- (3) Five (5) times the maximum concentration value reported for the pollutant in the operating permit application; or
- (4) The level established in Part A of the operating permit by the Director.

(b) That permittee has begun or expects to begin to use or manufacture as an intermediate or final product or byproduct any toxic pollutant, which was not reported in the operating permit application.

5. Report as no-discharge when a discharge does not occur during the reporting period.

6. Water Quality Standards

(a) Discharges to waters of the state shall not cause a violation of Missouri Clean Water Commission regulation [10 CSR 20-7.031(3) and (4)], Water Quality, Water Quality Standards, General Criteria and Specific Criteria.

(b) General Criteria. The following general water quality criteria shall be applicable to all waters of the state at all times including mixing zones. No water contaminant, by itself or in combination with other substances, shall prevent the waters of the state from meeting the following conditions:

- (1) Waters shall be free from substances in sufficient amounts to cause the formation of putrescent, unsightly or harmful bottom deposits or prevent full maintenance of beneficial uses;
- (2) Waters shall be free from oil, scum and floating debris in sufficient amounts to be unsightly or prevent full maintenance of beneficial uses;
- (3) Waters shall be free from substances in sufficient amounts to cause unsightly color or turbidity, offensive odor or prevent full maintenance of beneficial uses;
- (4) Waters shall be free from substances or conditions in sufficient amounts to result in toxicity to human, animal or aquatic life;
- (5) There shall be no significant human health hazard from incidental contact with the water;
- (6) There shall be no acute toxicity to livestock or wildlife watering;
- (7) Waters shall be free from physical, chemical or hydrologic changes that would impair the natural biological community; and
- (8) Waters shall be free from used tires, car bodies, appliances, demolition debris, used vehicles or equipment and solid waste as defined in the Missouri Solid Waste Management Law, Section 260.200, RSMo, except as the use of such materials is specifically permitted pursuant to Section 260.200-260.247, RSMo.

7. Permittee shall comply with any applicable requirements listed in Missouri Clean Water Commission (MCWC) regulations [10 CSR 20-8], Design Guides, and [10 CSR 20-9], Treatment Plant Operations, unless facility has received written notification that the Department has approved a modification to the requirements. Monitoring frequencies contained in this operating permit shall not be construed by permittee as a modification of monitoring frequencies listed in MCWC regulation [10 CSR 20-9], Treatment Plant Operations. If a modification of monitoring frequencies listed in MCWC regulation [10 CSR 20-9], Treatment Plant Operations, is needed, permittee shall submit a written request to the Department for review and, if deemed necessary, approval.

C. SPECIAL CONDITIONS (continued)

8. Bypasses are not authorized at this wastewater treatment facility and are subject to [40 CFR 122.41(m)], Protection of Environment, Environmental Protection Agency [EPA], Water Programs, EPA Administered Permit Programs: The National Pollutant Discharge Elimination System, Permit Conditions, Conditions applicable to all permits (applicable to State programs), Bypass. If a bypass occurs, permittee shall report in accordance with [40 CFR 122.41(m)(3)(i)], and with Standard Conditions–Part I, General Conditions, Section B, Management Requirements, subsection 2.b., Noncompliance Notification, Twenty-four hour reporting. Bypasses are to be reported to the Department’s Division of Environmental Quality’s Southeast Regional Office.

D. SCHEDULE OF COMPLIANCE

1. Within one (1) calendar year from issuance (renewal) date of this operating permit, on or before October 18, 2012, permittee shall submit, to the Department at the address listed in the cover letter that accompanies this operating permit, a preliminary engineering report (PER) prepared by a licensed professional engineer registered in the State of Missouri. Said PER shall be prepared in accordance with Missouri Clean Water Commission (MCWC) regulation [10 CSR 20-8.020(3)], Design Guides, Design of Small Sewage Works, Engineer’s Report, describe current wastewater treatment system, and shall make recommendations to upgrade said wastewater treatment system, if applicable, to include de-chlorination equipment or alternate disinfection equipment such as ultraviolet disinfection (if facility continues to utilize disinfection by chlorine, facility will be required to de-chlorinate the effluent) that will meet new (revised) final effluent limitations for the Total Residual Chlorine and Oil and Grease effluent parameters.
2. Within two (2) calendar years from issuance (renewal) date of this operating permit, on or before October 18, 2013, and after Department approval in writing of the above mentioned PER, permittee shall submit, to the Department at the address listed in the cover letter that accompanies this operating permit, a construction permit application, if applicable, to include applicable fees, construction activity schedule, and plans and specifications in accordance with the Department approved PER.
3. Within three (3) calendar years from issuance (renewal) date of this operating permit, on or before October 18, 2014, facility should have completed any upgrades and/or improvements necessary to comply with new final effluent limitations. Upon completion of construction (if applicable), permittee shall submit, to the Department at the address listed in the cover letter that accompanies this operating permit, a letter of authorization or statement of work complete signed by the owner and a licensed professional engineer registered in the State of Missouri.
4. If permittee fails to meet any of the interim dates above, permittee shall notify the Department, in writing at the address listed in the cover letter that accompanies this operating permit, of the reason(s) for non-compliance, no later than 14 calendar days following each interim date above.

Missouri Department of Natural Resources
Statement of Basis
#MO-0118885
DiTrapani's Italian Bistro

This Statement of Basis (Statement) gives pertinent information regarding minor/simple modification(s) to the above listed operating permit without the need for a public comment process.

A Statement is not an enforceable part of a Missouri State Operating Permit.

Part I – Facility Information

Facility Type: Restaurant/ Sewerage System
Facility SIC Code(s): #5812/4952

Outfall #001 –

Grease trap/Septic tanks/Re-circulating Sand Filter/Chlorination/Sludge disposal by contract hauler

Design population equivalent = 64
Design flow = 1,785 gallons per day
Design sludge production = 0.45 dry tons per year

Part II – Modification Rationale

This operating permit is hereby modified to reflect a change in Continuing Authority and a Facility Name Change.

No other changes to this permit are proposed. Please see permit issued on October 19, 2011 for explanation of other permit conditions and effluent limits.

Part III – Administrative Requirements

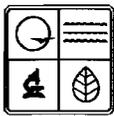
On the basis of preliminary staff review and the application of applicable standards and regulations, the Department, as administrative agent for the Missouri Clean Water Commission, proposes to issue a permit(s) subject to certain effluent limitations, schedules, and special conditions contained herein and within the operating permit.

Date of Statement of Basis: March 6, 2013

Submitted by:

Jeremy Payne, Environmental Specialist II
Water Protection Program
Financial Assistance Center
573-751-6823
jeremy.payne@dnr.mo.gov

No Fee Received
 DEC 7 2012
 AP14081



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH
FORM B - APPLICATION FOR CONSTRUCTION OR OPERATING PERMIT FOR FACILITIES WHICH RECEIVE PRIMARILY DOMESTIC WASTE (≤100,000 gallons per day) UNDER MISSOURI CLEAN WATER LAW

FOR AGENCY USE ONLY	
PERMIT NUMBER	
DATE RECEIVED	FEE SUBMITTED
12/7/12	8B

NOTE ▶ PLEASE READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. This application is for:

An operating permit and antidegradation review public notice.
 A construction permit following an appropriate operating permit and antidegradation review public notice.
 A construction permit and a concurrent operating permit and antidegradation review public notice.
 A construction permit (submitted before Aug. 30, 2008 or antidegradation review is not required).
 An operating permit for a new or unpermitted facility. Construction Permit # _____
 An operating permit renewal: Permit #MO- _____ Expiration Date _____
 An operating permit modification: Permit #MO- 0118885 Reason: CONTINUING AUTHORITY

1.1 Is this a Federal/State Funded Project? YES NO Funding Agency/Project #: _____
 1.2 Is the appropriate fee included with the application (See instructions for appropriate fee)? YES NO

2. FACILITY (Outfall of)

NAME <u>SCHAEFFER FIVE LLC DBA DiTRAPANI'S ITALIAN BISTRO</u>		TELEPHONE WITH AREA CODE <u>573-759-6100</u>	
ADDRESS (PHYSICAL) <u>16995 HWY 28</u>	CITY <u>DIXON</u>	STATE <u>MO</u>	ZIP CODE <u>65459</u>
2.1 LEGAL DESCRIPTION: <u>SE 1/4, NE 1/4, 1/4, Sec. 26, T37N R11W</u>		County <u>PULASKI</u>	
2.2 UTM Coordinates Easting (X): <u>0579117</u> , Northing (Y): <u>4196233</u> For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)			
2.3 Name of receiving stream: <u>UNNAMED TRIBUTARY TO GASCANADE RIVER</u>		<u>(U)</u>	

3. OWNER

NAME <u>BANK OF CROCKER</u>		E-MAIL ADDRESS <u>M.MATHEWS@BankofCrocker.com</u>		TELEPHONE WITH AREA CODE <u>573-836-2223</u>	
ADDRESS <u>P.O. Box 7</u>	CITY <u>CROCKER</u>	STATE <u>MO</u>	ZIP CODE <u>65452</u>		

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

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

NAME <u>SCHAEFFER FIVE LLC DBA DiTRAPANI'S ITALIAN BISTRO</u>		TELEPHONE WITH AREA CODE <u>573-759-6100</u>	
ADDRESS <u>16995 HWY 28</u>	CITY <u>DIXON</u>	STATE <u>MO</u>	ZIP CODE <u>65459</u>

5. OPERATOR

NAME <u>MICHAEL SCHEFFER</u>	CERTIFICATE NUMBER	TELEPHONE WITH AREA CODE <u>573-578-1652</u>
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6. FACILITY CONTACT

NAME <u>MICHAEL SCHEFFER</u>	TITLE <u>MEMBER</u>	TELEPHONE WITH AREA CODE <u>573-578-1652</u>
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7.0 ADDITIONAL FACILITY INFORMATION

7.1 Description of facilities (Attach additional sheet if required). Attach a 1" = 2,000' scale U.S. Geological Survey topographic map showing location of all outfalls and downstream landowners. (See Item 9.)

7.2 Facility SIC code: 5812; Discharge SIC code: 4952; Facility NAICS code: _____; Discharge NAICS code: _____

7.3 Number of people presently connected or population equivalent (P.E.) 64 Design P.E. 1785 gal/day
 Number of units presently connected: Homes _____ Trailers _____ Apartments _____ Other
 Design flow for this outfall: 1785 Total design flow for the facility: _____ Actual flow for this outfall: _____
 Commercial Establishment: Daily number of employees working 6 Daily number of customers/guests 50

7.4 Length of pipe in the sewer collection system? _____ feet/miles (Please denote which unit is appropriate.)

7.5 Does any bypassing occur in the collection system or at the treatment facility? Yes No (If yes, attach explanation.)

7.6 Does significant infiltration occur in the collection system? Yes No (If yes, attach explanation and proposed repair.)

7.7 Is industrial waste discharged to the facility identified in Item 2? Yes No (If yes, see instructions.)

7.8 Will the discharge be continuous through the year? Yes No
 a. Discharge will occur during the following months: _____
 b. How many days of the week will the discharge occur? _____

7.9 Is wastewater land applied? Yes No (If yes, attach Form I.)

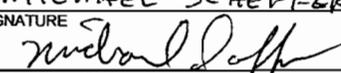
7.10 Will chlorine be added to the effluent? Yes No
 a. If chlorine is added, what is the resulting residual? _____ µg/l (micrograms per liter)

7.11 Does this facility discharge to a losing stream or sinkhole? Yes No

7.12 Attach a flow chart showing all influents, treatment facilities and outfalls.

7.13 Has a waste load allocation study been completed for this facility? Yes No

7.14 List all permit violations, including effluent limit exceedances in the last five years. Attach a separate sheet if necessary.
 If none, write none. None to my knowledge

8. SLUDGE HANDLING, USE AND DISPOSAL			
8.1	Is the sludge a hazardous waste as defined by 10 CSR 25? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8.2	Sludge Production, including sludge received from others: <u>0.45</u> Design Dry Tons/Year _____ Actual Dry Tons/Year		
8.3	Capacity of sludge holding structures: Sludge storage provided: _____ cubic feet; _____ days of storage; _____ average percent solids of sludge; <input type="checkbox"/> No sludge storage is provided.		
8.4	Type of Storage:	<input checked="" type="checkbox"/> Holding tank <input type="checkbox"/> Basin <input type="checkbox"/> Concrete Pad	<input type="checkbox"/> Building <input type="checkbox"/> Other (Please describe) _____
8.5	Sludge Treatment: <input type="checkbox"/> Anaerobic Digester <input type="checkbox"/> Lagoon <input type="checkbox"/> Composting <input checked="" type="checkbox"/> Storage Tank <input type="checkbox"/> Aerobic Digester <input type="checkbox"/> Other (Attach description) <input type="checkbox"/> Lime Stabilization <input type="checkbox"/> Air or Heat Drying		
8.6	Sludge Use or Disposal: <input type="checkbox"/> Land Application <input type="checkbox"/> Surface Disposal (Sludge Disposal Lagoon, Sludge held for more than two years) <input checked="" type="checkbox"/> Contract Hauler <input type="checkbox"/> Incineration <input checked="" type="checkbox"/> Hauled to Another Treatment Facility <input type="checkbox"/> Sludge Retained in Wastewater treatment lagoon <input type="checkbox"/> Solid Waste Landfill <input type="checkbox"/> Other _____ Attach explanation sheet.		
8.7	PERSON RESPONSIBLE FOR HAULING SLUDGE TO DISPOSAL FACILITY <input type="checkbox"/> By Applicant <input type="checkbox"/> By Others (complete below)		
NAME			
ADDRESS		CITY	STATE ZIP CODE
CONTACT PERSON		TELEPHONE WITH AREA CODE	PERMIT NO. MO-
8.8	SLUDGE USE OR DISPOSAL FACILITY <input type="checkbox"/> By Applicant <input type="checkbox"/> By Others (Please complete below.)		
NAME			
ADDRESS		CITY	STATE ZIP CODE
CONTACT PERSON		TELEPHONE WITH AREA CODE	PERMIT NO. MO-
8.9	Does the sludge or biosolids disposal comply with federal sludge regulations under 40 CFR 503? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach explanation)		
9. DOWNSTREAM LANDOWNER (S). ATTACH ADDITIONAL SHEETS AS NECESSARY. SEE INSTRUCTIONS.			
NAME			
ADDRESS		CITY	STATE ZIP CODE
10. DRINKING WATER SUPPLY INFORMATION			
10.1	WHAT IS THE SOURCE OF YOUR DRINKING WATER SUPPLY: A. Public supply (municipal or water district water) _____ If public, please give name of the public supply _____ B. Private well <u>X</u> C. Surface water (lake, pond or stream) _____		
10.2	Does your drinking water source serve at least 25 people at least 60 days per year (not necessarily consecutive days)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10.3	Does your supply serve housing which is occupied year round by the same people? This does not include housing which is occupied seasonally? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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.		
NAME AND OFFICIAL TITLE (TYPE OR PRINT)		TELEPHONE WITH AREA CODE	
MICHAEL SCHEFFER LESSEE		573-759-6100	
SIGNATURE		DATE SIGNED	
		12-3-12	