

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 R.S. Mo. as amended, hereinafter, the Law), and the Federal Water Pollution Control Act (Public Law 92-500, 92nd Congress) as amended,

Permit No. MO-0120481

Owner: Bethany Shores Home Owners Association
Address: 26 Bethany Beach Drive, Reeds Spring, MO 65737

Continuing Authority: Same as Above
Address: Same as Above

Facility Name: Bethany Shores WWTF
Facility Address: Indian Valley Road, Reeds Spring, MO 65737

Legal Description: NW¼, NE¼, Sec. 26, T22N, R23W, Stone County
Lat/Long: +3634576 / -09323212

Receiving Stream: Table Rock Lake (L2) 303 (d)
First Classified Stream and ID: Table Rock Lake (L2) (07313) 303 (d)
USGS Basin & Sub-watershed No.: (11010001-170003)

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

FACILITY DESCRIPTION

Outfall #001 - Subdivision / Sewerage Works - SIC #4952

Septic tank / recirculating gravel filter / chlorination / dechlorination / sludge disposal by contract hauler.

Design organic population equivalent is 44.
Design average daily flow is 4,400 gallons per day.
Design sludge production is 0.31 dry tons/year.

This permit authorizes only wastewater discharges under the Missouri Clean Water Law and the National Pollutant Discharge Elimination System; it does not apply to other regulated areas. This permit may be appealed in accordance with Section 644.051.6 of the Law.

October 14, 2009 June 17, 2013
Effective Date Modification Date


Sarah Parker Pauley, Director, Department of Natural Resources

October 13, 2014
Expiration Date


John Madros, Director, Water Protection Program

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

PAGE NUMBER 2 of 6

PERMIT NUMBER MO-0120481

The permittee is authorized to discharge from outfall(s) with serial number(s) as specified in the application for this permit. The interim effluent limitations shall become effective upon issuance and remain in effect until **September 30, 2012**. Such discharges shall be controlled, limited and monitored by the 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	GPD	*		*	once/quarter**	24 hr. estimate
Biochemical Oxygen Demand ₅	mg/L		30	20	once/quarter**	grab
Total Suspended Solids	mg/L		30	20	once/quarter**	grab
pH – Units	SU	***		***	once/quarter**	grab
Fecal Coliform (Note 1)	#/100 ml	1000		400 (Note 2)	once/quarter**	grab
Total Residual Chlorine as Cl ₂	mg/L	1.0 (Note 3)		1.0 (Note 3)	once/quarter**	grab
Total Phosphorus as P	mg/L	*		*	once/quarter**	grab
Ammonia as N	mg/L	*		*	once/quarter**	grab
Temperature	°C	*		*	once/quarter**	grab
OUTFALL NUMBER AND EFFLUENT PARAMETER(S)	UNITS	DAILY MINIMUM	WEEKLY AVERAGE MINIMUM	MONTHLY AVERAGE MINIMUM	MEASUREMENT FREQUENCY	SAMPLE TYPE
Outfall #001						
Dissolved Oxygen	mg/L	*		*	once/quarter**	grab

MONITORING REPORTS SHALL BE SUBMITTED QUARTERLY; THE FIRST REPORT IS DUE **January 28, 2010**. THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (continued)				PAGE NUMBER 3 of 6		
				PERMIT NUMBER MO-0120481		
The permittee is authorized to discharge from outfall(s) with serial number(s) as specified in the application for this permit. The final effluent limitations shall become effective October 01, 2012 and remain in effect until expiration of the permit. Such discharges shall be controlled, limited and monitored by the 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	GPD	*		*	once/quarter**	24 hr. estimate
Biochemical Oxygen Demand ₅	mg/L		30	20	once/quarter**	grab
Total Suspended Solids	mg/L		30	20	once/quarter**	grab
pH – Units	SU	***		***	once/quarter**	grab
Fecal Coliform (Note 1)	#/100 ml	1000		400 (Note 2)	once/quarter**	grab
Total Residual Chlorine as Cl ₂	mg/L	0.019 (Note 3) (0.13 ML)		0.0095 (Note 3) (0.13ML)	once/quarter**	grab
Total Phosphorus as P	mg/L	*		*	once/quarter**	grab
Ammonia as N	mg/L	12.1		4.6	once/quarter**	grab
Temperature	°C	*		*	once/quarter**	grab
OUTFALL NUMBER AND EFFLUENT PARAMETER(S)	UNITS	DAILY MINIMUM	WEEKLY AVERAGE MINIMUM	MONTHLY AVERAGE MINIMUM	MEASUREMENT FREQUENCY	SAMPLE TYPE
Outfall #001						
Dissolved Oxygen	mg/L	*		*	once/quarter**	grab
MONITORING REPORTS SHALL BE SUBMITTED <u>QUARTERLY</u> ; THE FIRST REPORT IS 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 PERMIT IS SUBJECT TO THE ATTACHED <u>Parts I, & III</u> STANDARD CONDITIONS DATED <u>October 1, 1980 and August 15, 1994</u> , AND HEREBY INCORPORATED AS THOUGH FULLY SET FORTH HEREIN.						

MO 780-0010 (8/91)

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (continued)

* Monitoring requirement only.

** **Sampling shall occur once per quarter in the periods of January through March, April through June, July through September, and October through December, please note that monitoring reports shall be submitted no later than the 28th day of the month following the monitoring period (April 28th, July 28th, October 28th, and January 28th, respectively).** For tracking purposes samples taken anytime in the first quarter (January through March) will be recorded by the department as though they were taken in March, samples taken anytime in the second quarter (April through June) will be recorded by the department as though they were taken in June, samples taken anytime in the third quarter (July through September) will be recorded by the department as though they were taken in September, and samples taken in the fourth quarter (October through December) will be recorded by the department as though they were taken in December.

*** pH is measured in pH units and is not to be averaged. The pH for all facilities except lagoons is limited to the range of 6.0-9.0 pH units.

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (continued)

Note 1 - Final limitations and monitoring requirements for Fecal Coliform are applicable only during the recreational season from April 1 through October 31.

Note 2 - Monthly average limit for Fecal Coliform is expressed as a geometric mean. Geometric mean for n samples = $[a_1 \times a_2 \times a_3 \dots \times a_n]^{1/n}$

Note 3 - This permit contains a Total Residual Chlorine (TRC) limit.

- (a) This effluent limit is below the minimum quantification level (ML) of the most common and practical EPA approved CLTRC methods. The department has determined the current acceptable ML for total residual chlorine 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. The permittee will conduct analyses in accordance with this method, or equivalent, and report actual analytical values. Measured values greater than or equal to the minimum quantification level of 0.13 mg/L will be considered violations of the permit and values less than the minimum quantification level of 0.13 mg/L will be considered to be in compliance with the permit limitation. The minimum quantification level does not authorize the discharge of chlorine in excess of the effluent limits stated in the permit.
- (b) Disinfection is required year-round unless the permit specifically states that “Final limitations and monitoring requirements for Fecal Coliform are applicable only during the recreational season from April 1 through October 31.” If your permit does not require disinfection during the non-recreational months, do not chlorinate in those months.
- (c) Do not chemically dechlorinate **if it is not needed to meet the limits in your permit**.
- (d) If no chlorine was used in a given sampling period, an actual analysis is not necessary. Simply report as “0 mg/L” TRC.

C. SPECIAL CONDITIONS

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

- (a) Comply with any applicable effluent standard (a) 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 permit; or
 - (2) controls any pollutant not limited in the 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 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 areawide wastewater treatment system within 90 days of notice of its availability.
4. Changes in Discharges of Toxic Substances

The 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 permit, if that discharge will exceed the highest of the following "notification levels:"

C. SPECIAL CONDITIONS (continued)

- (1) One hundred micrograms per liter (100 µg/L);
 - (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 permit application;
 - (4) The level established in Part A of the permit by the Director.
- (b) That they have begun or expect to begin to use or manufacture as an intermediate or final product or byproduct any toxic pollutant, which was not reported in the permit application.
5. Report as no-discharge when a discharge does not occur during the report period.
6. Water Quality Standards
- (a) Discharges to waters of the state shall not cause a violation of water quality standards rule under 10 CSR 20-7.031, including both specific and general 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;
 - (8) Waters shall be free from used tires, car bodies, appliances, demolition debris, used vehicles or equipment and solid waste as defined in Missouri's Solid Waste Law, section 260.200, RSMo, except as the use of such materials is specifically permitted pursuant to section 260.200-260.247.

D. SCHEDULE OF COMPLIANCE

1. By **September 30, 2010** submit a completed application for construction permit, application fee, and one copy each of an engineering report, plans and specifications prepared by a professional engineer registered in the State of Missouri to the Missouri Department of Natural Resources, 2040 West Woodland, Springfield, Missouri, 65807, for providing wastewater treatment improvements to comply with the final effluent limitations as listed in Part A of this permit, designed in accordance with Missouri Clean Water Law Regulation 10 CSR 20 Chapter 8.

Please note that you may be able to meet the Ammonia, final effluent limits without a construction permit. If the final effluent limits can be achieved without a construction permit please submit in writing by **September 30, 2010**, how you are planning to meet the new effluent limits.

2. Within fifteen (15) calendar days of receipt of any request for additional information or changes in the engineering report, plans or specifications, respond and if necessary submit engineering modifications to the department.
3. Within 365 calendar days of issuance of the construction permit, construct the permitted wastewater treatment improvements.
4. Within fifteen (15) calendar days of completion of construction of wastewater treatment improvements, submit a Statement of Work Completed form, signed, sealed, and dated by a professional engineer registered in the State of Missouri certifying that the project has been completed substantially in accordance with the approved plans and specifications. In addition to the Statement of Work Completed, submit an application for a Missouri State Operating Permit modification complete with the appropriate modification fee to the Missouri Department of Natural Resources, 2040 West Woodland, Springfield, Missouri, 65807.
5. Annual progress reports shall be submitted on January 28th of each year until the construction completed. The report shall include what step of the process the facility is at, how much construction has been completed, approximately time of completion, etc. The first report is due **January 28, 2010**.

If you have questions you may contact the Missouri Department of Natural Resources, Southwest Regional Office by calling 417-891-4300 or by mail at 2040 West Woodland, Springfield, Missouri, 65807.

Missouri Department of Natural Resources
Statement of Basis
#MO-0120481
Bethany Shores Wastewater Treatment System

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

Outfall #001 - Subdivision / Sewerage Works - SIC #4952 / 4952

Septic tank / recirculating gravel filter / chlorination / dechlorination / sludge disposal by contract hauler.

Design organic population equivalent is 44.

Design average daily flow is 4,400 gallons per day.

Design sludge production is 0.31 dry tons/year.

Part II – Modification Rationale

This operating permit is hereby modified to reflect the addition of a dechlorinator to the facility.

No other changes were made at this time.

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.

PUBLIC NOTICE:

The Department shall give public notice that a draft permit has been prepared and its issuance is pending. Additionally, public notice will be issued if a public hearing is to be held because of a significant degree of interest in and water quality concerns related to a draft permit. No public notice is required when a request for a permit modification or termination is denied; however, the requester and permittee must be notified of the denial in writing.

The Department must issue public notice of a pending operating permit or of a new or reissued statewide general permit. The public comment period is the length of time not less than 30 days following the date of the public notice which interested persons may submit written comments about the proposed permit.

For persons wanting to submit comments regarding this proposed operating permit, then please refer to the Public Notice page located at the front of this draft operating permit. The Public Notice page gives direction on how and where to submit appropriate comments.

- The Public Notice period for this operating permit was from 04/05/2013 to 05/05/2013. No responses were received.

Date of Statement of Basis: March 25, 2013

Submitted by:

Lacey Hirschvogel, Environmental Specialist
Domestic Wastewater Unit
Operating Permits Section
Water Protection Program
(573)751-9391
lacey.hirschvogel@dnr.mo.gov



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 WASTEWATER (100,000 gallons per day) UNDER MISSOURI CLEAN WATER LAW



AP 11123

FOR AGENCY USE ONLY	
CHECK NUMBER	1144
DATE RECEIVED	FEE SUBMITTED
3-30-12	25.00

NOTE ▶ PLEASE READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM 4-3-12 \$25.00 CB

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 # 0001010
- An operating permit renewal: Permit #MO- _____ Expiration Date _____
- An operating permit modification: Permit #MO- 0120481 Reason: ADDED DECHLORINATOR

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 1 of 1)

NAME BETHANY SHORES WWTF		TELEPHONE WITH AREA CODE 417-338-0916	
ADDRESS (PHYSICAL) INDIAN VALLEY ROAD	CITY REEDS SPRING	STATE MO	ZIP CODE 65737

2.1 LEGAL DESCRIPTION: 1/4, NW 1/4, NE 1/4, Sec. 26, T 22N, R 23W STONE County

2.2 UTM Coordinates Easting (X): 3634576 Northing (Y): 9323212
 For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)

2.3 Name of receiving stream: TABLE ROCK LAKE

3. OWNER

NAME BETHANY SHORES HOME OWNERS ASSOCIATION		E-MAIL ADDRESS WINKVINCE@CENTURYTEL.N	TELEPHONE WITH AREA CODE 417-338-0916
ADDRESS 26 BETHANY BEACH DRIVE	CITY REEDS SPRING	STATE MO	ZIP CODE 65737

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 BETHANY SHORES HOME OWNERS ASSOCIATION		TELEPHONE WITH AREA CODE 417-338-0916	
ADDRESS 26 BETHANY BEACH DRIVE	CITY REEDS SPRING	STATE MO	ZIP CODE 65737

5. OPERATOR

NAME WHITE RIVER VALLEY ENVIRONMENTAL SERVICE	CERTIFICATE NUMBER	TELEPHONE WITH AREA CODE 417-272-0181
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6. FACILITY CONTACT

NAME VINCE WINKELMANN	TITLE PRESIDENT	TELEPHONE WITH AREA CODE 417-338-0916
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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: 4952; Discharge SIC code: 4952; Facility NAICS code: _____; Discharge NAICS code: _____.

7.3 Number of people presently connected or population equivalent (P.E.) 25 Design P.E. 44
 Number of units presently connected: Homes 10 Trailers _____ Apartments _____ Other _____
 Design flow for this outfall: 4,400 GPD Total design flow for the facility: 4,400 GPD Actual flow for this outfall: 2,500 GPD
 Commercial Establishment: Daily number of employees working _____ Daily number of customers/guests _____

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: JAN - DEC
 b. How many days of the week will the discharge occur? 7

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

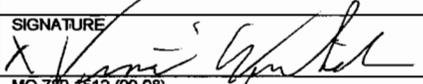
7.10 Will chlorine be added to the effluent? Yes No
 a. If chlorine is added, what is the resulting residual? 0.0 µg/l (micrograms per liter)

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. _____

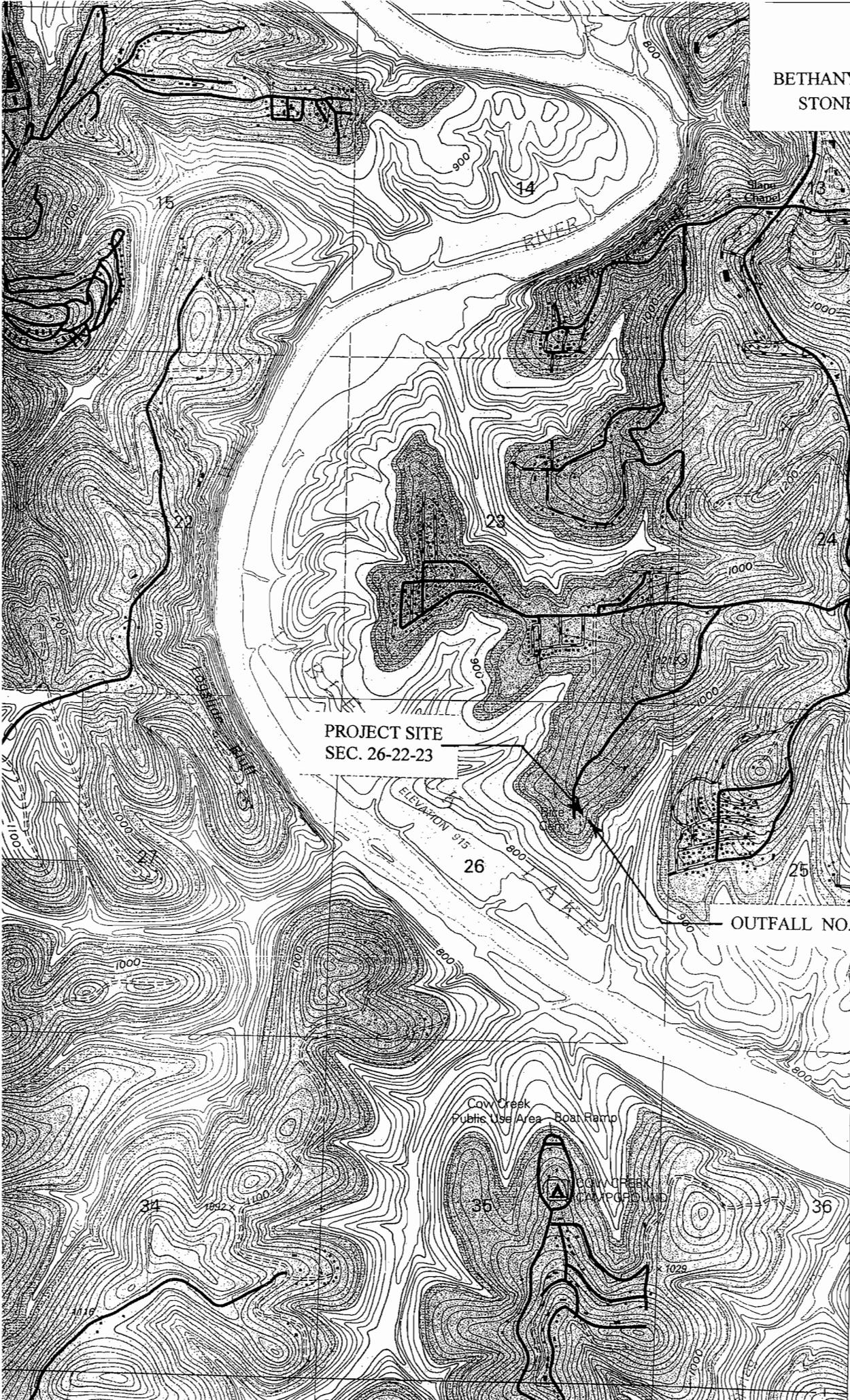
8. SLUDGE HANDLING, USE AND DISPOSAL			
8.1	Is the sludge a hazardous waste as defined by 10 CSR 25? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8.2	Sludge Production, including sludge received from others: <u>0.31</u> Design Dry Tons/Year	<u>0.18</u> Actual Dry Tons/Year	
8.3	Capacity of sludge holding structures: Sludge storage provided: _____ cubic feet; <u>365</u> days of storage; _____ average percent solids of sludge; <input type="checkbox"/> No sludge storage is provided.		
8.4	Type of Storage:	<input type="checkbox"/> Holding tank <input type="checkbox"/> Building <input type="checkbox"/> Basin <input checked="" type="checkbox"/> Other (Please describe) <u>SEPTIC TANK</u> <input type="checkbox"/> Concrete Pad	
8.5	Sludge Treatment: <input checked="" type="checkbox"/> Anaerobic Digester <input type="checkbox"/> Lagoon <input type="checkbox"/> Composting <input 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 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 checked="" type="checkbox"/> By Others (complete below)		
NAME TILLMAN AND SONS SEPTIC TANK CLEANING			
ADDRESS P.O. BOX 11		CITY KIMBERLING CITY	STATE MO ZIP CODE 65686
CONTACT PERSON KENNY TILLMAN		TELEPHONE WITH AREA CODE 417-739-4780	PERMIT NO. MO-6910
8.8	SLUDGE USE OR DISPOSAL FACILITY <input type="checkbox"/> By Applicant <input checked="" type="checkbox"/> By Others (Please complete below.)		
NAME TILLMAN AND SONS SEPTIC TANK CLEANING			
ADDRESS P.O. BOX 11		CITY KIMBERLING CITY	STATE MO ZIP CODE 65686
CONTACT PERSON KENNY TILLMAN		TELEPHONE WITH AREA CODE 417-739-4780	PERMIT NO. MO-6910
8.9	Does the sludge or biosolids disposal comply with federal sludge regulations under 40 CFR 503? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Please attach explanation)		
9. DOWNSTREAM LANDOWNER (S). ATTACH ADDITIONAL SHEETS AS NECESSARY. SEE INSTRUCTIONS.			
NAME U.S. ARMY CORPS OF ENGINEERS, LITTLE ROCK DISTRICT OFFICE			
ADDRESS P.O. BOX 867		CITY LITTLE ROCK	STATE AR ZIP CODE 72203
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 <u>BETHANY SHORES WATER SYSTEM</u> B. Private well _____ 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 checked="" type="checkbox"/> Yes <input 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) VINCE WINKELMANN		TELEPHONE WITH AREA CODE 417-338-0916	
SIGNATURE  PRES. ISSI/UA		DATE SIGNED <input checked="" type="checkbox"/> 3-28-12	

7.1 Description of Facilities: Bethany Shores WWTF

Septic tank, recirculating gravel filter, chlorination, dechlorination, sludge disposal by contract hauler



VICINITY MAP
FOR
BETHANY SHORES SUBDIVISION
STONE COUNTY, MISSOURI



4051
280 000
FEET

4050

4049

35'

OUTFALL NO. 1



4047

4046

T 22 N

STATEMENT OF WORK COMPLETED

DEPARTMENT OF NATURAL RESOURCES
Southwest Regional Office
2040 West Woodland
Springfield, Missouri 65807-5912



City Reeds Spring Contract No. _____

Project Name Bethany Shores Subdivision WWTF EPA Project No. _____

The undersigned hereby affirms that based on periodic observations of construction and upon reports submitted by others, the wastewater facilities authorized by Construction Permit Number CP0001010 have been, to the best of my knowledge and belief, completed substantially in accordance with plans and specifications approved by the Missouri Department of Natural Resources and Addenda's Number _____ and Change Orders Number _____.

It is further affirmed that infiltration and/or exfiltration tests were performed on the following dates: _____

The rate for final test of each section tested did not exceed the rate specified in the specification. The maximum infiltration and/or exfiltration rate was _____ gallons per inch of pipe diameter per mile per day.

It is further affirmed that the capacity of each pump in the lift station was tested individually and together with additional pumps designed for simultaneous operation (if any are included) and performed as shown herein (use other side if more space is required).

Station Name or Number	Capacity Pump No. 1 Gals. per min.	Capacity Pump No. 2 Gals. per min.	Capacity of any additional pumps Gals. per min.
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It is further affirmed that based on periodic observations of construction and upon reports submitted by others, all equipment structures, piping and any appurtenances are, to the best of my knowledge and belief, as shown on the plans and are of the quality specified.

List all change orders and date approved by Missouri Clean Water Commission (use other side if necessary).

Date March 28, 2012
Firm Name Rozell Engineering Company
Address Engineering Section, Inc., PC
2404 State Hwy 248, Suite 4
Branson, Missouri 65616

Signature *Wayne Diebold*
P.E. No. E-22744
Title President



