

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-0129909

Owner: Ozarks Clean Water Company
Address: P.O. Box 973, Kimberling City, MO 65686

Continuing Authority: Same as above
Address: Same as above

Facility Name: Baxter Pointe WWTF
Facility Address: Uniqueville Lane, Lampe, MO 65681

Legal Description: NE¹/₄, SW¹/₄, SE ¹/₄, Sec. 23, T22N, R24W, Stone County
UTM (X/Y): 455527 / 4049842

Receiving Stream: Unnamed Tributary to Table Rock Lake (U)
First Classified Stream and ID: Table Rock Lake (L2) (07313) 303(d)
USGS Basin & Sub-watershed No.: (11010001-1204)

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 #4959

The use or operation of this facility does not require a CERTIFIED OPERATOR.

Recirculating sand filter / chemical addition to facilitate phosphorous removal / chlorination / dechlorination / sludge disposal by contract hauler

Design organic population equivalent is 67.
Design flow is 0.005025 MGD.
Design sludge production is 0.67dry 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.

November 9, 2011
Effective Date

June 20, 2013
Revised Date


Sara Parker Pauley, Director, Department of Natural Resources

November 8, 2016
Expiration Date


John Madros, Director, Water Protection Program

| A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (continued) | | | | | PAGE NUMBER 2 of 4 | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------|------------------------|-----------------------------|--------------------------|-----------------|
| | | | | | PERMIT NUMBER MO-0129909 | |
| 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 May 1, 2013 and remain in effect until expiration of this 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 | MGD | * | | * | 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 |
| <i>E. coli</i> (Note 1) | #/100 ml | 630 | | 126 | once/quarter** | grab |
| Total Residual Chlorine as Cl ₂ | mg/L | 0.016 (Note 2) (0.13 ML) | | 0.0082 (Note 2) (0.13ML) | once/quarter** | grab |
| Ammonia as N | mg/L | * | | * | once/quarter** | grab |
| Total Phosphorous | mg/L | * | | 0.5 | once/quarter** | grab |
| Aluminum, Total Recoverable (Note 3) | mg/L | * | | * | once/quarter** | grab |
| Iron, Total Recoverable (Note 3) | mg/L | * | | * | once/quarter** | grab |
| OUTFALL NUMBER AND EFFLUENT PARAMETER(S) | UNITS | DAILY MINIMUM | WEEKLY AVERAGE MINIMUM | MONTHLY AVERAGE MINIMUM | MEASUREMENT FREQUENCY | SAMPLE TYPE |
| <u>Outfall #001</u> | | | | | | |
| Dissolved Oxygen | mg/L | * | | * | once/quarter** | grab |
| MONITORING REPORTS SHALL BE SUBMITTED QUARTERLY ; THE NEXT REPORT IS DUE OCTOBER 28, 2013 . 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</u> and <u>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).
- *** 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 6.5-9.0 pH units.

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (continued)

Note 1 - Final limitations and monitoring requirements for *E. coli* are applicable only during the recreational season from April 1 through October 31. The Monthly Average Limit for *E. coli* 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 2 - 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 *E. coli* 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.

Note 3 - If no Aluminum or Iron was used in a given sampling period, an actual analysis is not necessary. Simply report as “0 mg/L”.

C. SPECIAL CONDITIONS

1. This 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 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 a facility with an area-wide management plan per 10 CSR 20-6.010(3)(B) 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.

Missouri Department of Natural Resources
Statement of Basis
#MO-0129909
Baxter Pointe WWTF

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 #4959

The use or operation of this facility does not require a CERTIFIED OPERATOR.

Recirculating sand filter / chemical addition to facilitate phosphorous removal / chlorination / dechlorination / sludge disposal by contract hauler

Design organic population equivalent is 67.

Design flow is 0.005025 MGD.

Design sludge production is 0.67dry tons/year.

Part II – Modification Rationale

This operating permit is hereby modified to reflect the addition of dechlorination to the facility description, remove the expired interim effluent limits and to remove the achieved Schedule of Compliance.

No effluent limits or permit conditions were changed at this time.

No other changes to this permit are proposed. Please see permit issued on November 9, 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: May 29, 2013

Submitted by

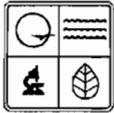
Jeremy Payne, Environmental Specialist II

Water Protection Program

Financial Assistance Center

573-751-6823

jeremy.payne@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 WASTE (≤100,000 gallons per day) UNDER MISSOURI CLEAN WATER LAW

AP 13244

| FOR AGENCY USE ONLY | |
|---------------------|---------|
| CHECK NUMBER | 2163 |
| DATE RECEIVED | 9/11/12 |
| FEE SUBMITTED | \$37.50 |

(12)

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- 0129909 Reason: Addition of DECHLORINATION

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 Baxter Pointe WWTF | | TELEPHONE WITH AREA CODE (417) 739-4100 | |
| ADDRESS (PHYSICAL) Uniqueville Lane | CITY Lampe | STATE MO | ZIP CODE 65681 |

2.1 LEGAL DESCRIPTION: _____ ¼, _____ ¼, _____ ¼, Sec. 23, T 22n, R 24 Stone County

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

2.3 Name of receiving stream: _____

3. OWNER

| | | | |
|------------------------------------|-------------------------|----------------|--------------------------------------------|
| NAME Ozarks Clean Water Company | | E-MAIL ADDRESS | TELEPHONE WITH AREA CODE (417) 739-4100 |
| ADDRESS P.O. Box 973 | CITY Kimberling City | STATE MO | ZIP CODE 65686 |

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 Ozarks Clean Water Company | | TELEPHONE WITH AREA CODE (417) 739-4100 |
| ADDRESS P.O. Box 973 | CITY Kimberling City | STATE MO |
| | | ZIP CODE 65686 |

5. OPERATOR

| | | |
|--------------------------------------------|--------------------|--------------------------------------------|
| NAME White River Environmental Services | CERTIFICATE NUMBER | TELEPHONE WITH AREA CODE (417) 294-0590 |
|--------------------------------------------|--------------------|--------------------------------------------|

6. FACILITY CONTACT

| | | |
|--------------------|-----------------------------|--------------------------------------------|
| NAME Rick Helms | TITLE Operations Manager | TELEPHONE WITH AREA CODE (417) 294-0590 |
|--------------------|-----------------------------|--------------------------------------------|

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: _____; Discharge SIC code: _____; Facility NAICS code: _____; Discharge NAICS code: _____.

7.3 Number of people presently connected or population equivalent (P.E.) 67 Design P.E. _____
 Number of units presently connected: Homes _____ Trailers _____ Apartments _____ Other _____
 Design flow for this outfall: _____ Total design flow for the facility: 5,025 Actual flow for this outfall: _____
 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: _____
 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. _____

See

MAP

IN

File