

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES

MISSOURI CLEAN WATER COMMISSION



CONSTRUCTION PERMIT

The Missouri Department of Natural Resources hereby issues a permit to:

Pulaski County Sewer District No. 1
P.O. Box 3008
Waynesville, MO 65538-3008

for the construction of (described facilities):

See attached.

Permit Conditions:

See attached.

Construction of such proposed facilities shall be in accordance with the provisions of the Missouri Clean Water Law, Chapter 644, RSMo, and regulation promulgated thereunder, or this permit may be revoked by the Department of Natural Resources.

As the department does not examine structural features of design or the efficiency of mechanical equipment, the issuance of this permit does not include approval of these features.

A representative of the department may inspect the work covered by this permit during construction. Issuance of a permit to operate by the department will be contingent on the work substantially adhering to the approved plans and specifications.

This permit applies only to the construction of water pollution control components; it does not apply to other environmentally regulated areas.

September 15, 2015

Effective Date

September 14, 2017

Expiration Date

Handwritten signature of Sara Parker Pauley in cursive.

Sara Parker Pauley, Director, Department of Natural Resources

Handwritten signature of John Madros in cursive.

Director, Water Protection Program

CONSTRUCTION PERMIT

WASTEWATER TREATMENT FACILITY:

This project includes the construction a septage receiving station, a peak flow diversion structure, a 2.25 million gallons per day (mgd) influent headworks structure with automatic screening and aerated grit removal, an influent pump station, a two basin 1.5 mgd sequencing batch wastewater reactor, ultraviolet disinfection, a rotary sludge screen, two aerobic/anoxic digesters, sludge drying beds, a laboratory/workshop building, 32 manholes, approximately 5,560 linear feet of gravity sewer, and all necessary appurtenances to make a complete and usable wastewater treatment facility. The project will also include general site work appropriate to the scope and purpose of the project.

PERMIT CONDITIONS:

The permittee is authorized to construct subject to the following conditions:

1. All construction shall be in accordance with the plans and specifications submitted by Integrity Engineering, Inc. on August 25, 2015 and signed and sealed by Mr. Terris Cates, P.E. on July 22, 2015 and approved by the department on September 15, 2015.
2. Regulation 10 CSR 20-4.040(19)(B)1 requires that projects be publicly advertised, allowing sufficient time for bids to be prepared and submitted. Projects should be advertised at least 30 days prior to bid opening.
3. The department must be contacted in writing prior to making any changes to the approved plans and specifications that would directly or indirectly have an impact on the capacity, flow, system layout, or reliability of the proposed wastewater treatment facilities or any design parameter that is addressed by 10 CSR 20-8, in accordance with 10 CSR 20-8.110(8).
4. As per 10 CSR 20-4.040, all changes in contract price or time within the approved scope of work must be by change order in accordance with Section 20 of this rule.
5. This construction permit does not authorize discharge.
6. State and Federal Law does not permit bypassing of raw wastewater, therefore steps must be taken to ensure that raw wastewater does not discharge during construction. If a sanitary sewer overflow or bypass occurs, report the appropriate information to the department's Southeast Regional Office per 10 CSR 20-7.015(9)(E)2.

7. Protection of drinking water supplies shall be in accordance with 10 CSR 20-8.120(10). “There shall be no physical connections between a public or private potable water supply system and a sewer, or appurtenance thereto which would permit the passage of any wastewater or polluted water into the potable supply. No water pipe shall pass through or come in contact with any part of a sewer manhole.”
- A. Sewers in relation to water works structures shall meet the requirements of 10 CSR 23-3.010 with respect to minimum distances from public water supply wells or other water supply sources and structures.
 - B. Sewer mains shall be laid at least ten feet horizontally from any existing or proposed water main. The distances shall be measured edge-to-edge. In cases where it is not practical to maintain a ten foot separation, the department may allow a deviation on a case-by-case basis, if supported by data from the design engineer. Such a deviation may allow installation of the sewer closer to a water main, provided that the water main is in a separate trench or on an undisturbed earth shelf located on either side of the sewer and at an elevation so the bottom of the water main is at least 18 inches above the top of the sewer. If it is impossible to obtain proper horizontal and vertical separation as described above for sewers, the sewer must be constructed of slip-on or mechanical joint pipe or continuously encased and be pressure tested to 150 pounds per square inch to assure water tightness.
 - C. Manholes should be located at least ten feet horizontally from any existing or proposed water main.
 - D. Sewers crossing water mains shall be laid to provide a minimum vertical distance of 18 inches between the outside of the water main and the outside of the sewer. This shall be the case where the water main is either above or below the sewer. The crossing shall be arranged so that the sewer joints will be equidistant and as far as possible from the water main joints. Where a water main crosses under a sewer, adequate structural support shall be provided for the sewer to maintain line and grade. When it is impossible to obtain proper vertical separation as stipulated above, one of the following methods must be specified:
 - 1) The sewer shall be designed and constructed equal to the water pipe and shall be pressure tested to assure water tightness prior to backfilling; or
 - 2) Either the water main or sewer line may be continuously encased or enclosed in a watertight carrier pipe which extends ten feet on both sides of the crossing, measured perpendicular to the water main. The carrier pipe shall be of materials approved by the department for use in water main construction.

8. In addition to the requirements for a construction permit, 10 CSR 20-6.200 requires land disturbance activities of one acre or more to obtain a Missouri State Operating Permit to discharge stormwater. The permit requires Best Management Practices sufficient to control runoff and sedimentation to protect waters of the state. Land disturbance permits may only be obtained by means of the department's ePermitting system available online at www.dnr.mo.gov/env/wpp/epermit/help.htm.

See www.dnr.mo.gov/env/wpp/stormwater/sw-land-disturb-permits.htm for more information.

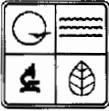
9. A United States (U.S.) Army Corps of Engineers (COE) permit (404) and a Water Quality Certification (401) issued by the department or permit waiver may be required for the activities described in this permit. This permit is not valid until these requirements are satisfied. If construction activity will disturb any land below the ordinary high water mark of Jurisdictional Waters of the U.S. then a 404/401 will be required. Since the COE makes determinations on what is jurisdictional, you must contact the COE to determine permitting requirements. You may call the department's Water Protection Program at (573) 751-1300 for more information.

See www.dnr.mo.gov/env/wpp/401/ for more information.

10. Upon completion of construction:
 - A. Pulaski County Sewer District No. 1 will become the continuing authority for operation, maintenance, and modernization of these facilities;
 - B. Submit the enclosed form Statement of Work Completed to the department in accordance with 10 CSR 20-6.010(5)(D); and
 - C. Submit an electronic copy of the as built.

AP18808 CP0001662

2/4/14 (P)



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
**APPLICATION FOR CONSTRUCTION PERMIT –
 WASTEWATER TREATMENT FACILITY**

JAN 30 2014

FOR DEPARTMENT USE ONLY	
APP NO.	CP NO.
FEE RECEIVED \$2200.00	CHECK NO. 017046
DATE RECEIVED 1/30/14	SR

APPLICATION OVERVIEW

The Application for Construction Permit – Wastewater Treatment Facility form has been developed in a modular format and consists of Part A and B. **All applicants must complete Part A.** Part B should be completed for applicants who currently land-apply wastewater or propose land application for wastewater treatment. **Please read the accompanying instructions before completing this form. Submittal of an incomplete application may result in the application being returned.**

PART A – BASIC INFORMATION

1.0 APPLICATION INFORMATION (Note – If any of the questions in this section are answered NO, this application may be considered incomplete and returned.)

- 1.1 Is this a Federal/State funded project? YES N/A Funding Agency: SRF Project #: _____
- 1.2 Has the Missouri Department of Natural Resources approved the proposed project's antidegradation review?
 YES Date of Approval: 06/10
 Attached is the No Degradation Evaluation Conclusion of Antidegradation Review form
- 1.3 Has the department approved the proposed project's facility plan*?
 YES Date of Approval: 01/14 NO N/A (If Not Applicable, complete No. 1.4.)
- 1.4 [Complete only if answered Not Applicable on No. 1.3.] Is a copy of the engineering report* for wastewater treatment facilities with a design flow less than 22,500 gpd included with this application?
 YES NO
- 1.5 Is a copy of the appropriate plans* and specifications* included with this application?
 YES Denote which form is submitted: Hard copy Electronic copy (See instructions.) NO
- 1.6 Is a summary of design* included with this application? YES NO
- 1.7 Has the appropriate operating permit application (A, B, or B2) been submitted to the department?
 YES Date of submittal: _____
 Enclosed is the appropriate operating permit application submittal. Denote which form: A B B2
 N/A Please explain: _____
- 1.8 Is the facility currently under enforcement with the department or the Environmental Protection Agency? YES NO
- 1.9 Is the appropriate fee included with this application? YES NO (See instructions for appropriate fee.)

* Must be affixed with a Missouri registered professional engineer's seal, signature and date.

2.0 PROJECT INFORMATION

2.1 NAME OF PROJECT

Weeks Hollow WWTF

2.2 PROJECT DESCRIPTION

Project includes primary treatment capacity of 2.25 MGD and secondary treatment capacity of 1.5 MGD with future expansion capability to 2.25 MGD. The influent line contains a Parshall flume/manually operated weir gate splitter to direct peak flows greater than 4.2 MGD to the existing 3.5 acre four-cell aerated earthen holding basin. The splitter will redirect future peak flows above 5.85 MGD. Redirected flows will be metered into the secondary treatment process as flows allow. Following the peak flow splitter are the head works facilities containing an automatic bar screen, grit classifier, clean wash auger compactors and dumpsters. A manual screen bypass channel is available for equipment malfunctions. Flows are then directed into the secondary treatment system via a five pump influent station that can pump 5.85 MGD with any one pump out. Secondary treatment includes two batch 0.75 MGD SBR basins followed by an 8.0 MGD ultraviolet disinfection system, flow measurement and cascade aerator. The increase in outflow capacity is due to the average 7.0 MGD batch discharge rates. The existing 15-inch SDR 35 PVC outfall line will be paralleled with 3425 lineal feet of 20 and 24-inch SDR 35 PVC and twelve new manholes accommodating a total flow of 8.0 MGD.

2.3 SLUDGE HANDLING, USE AND DISPOSAL DESCRIPTION

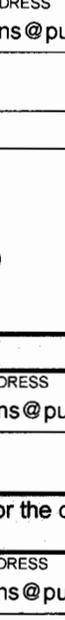
Sludge from the activated sludge process is filtered via a rotary filter and then directed to two 0.26 MGD aerobic/anoxic cycled sludge digesters, providing a conservative 60% sludge reduction. The digested sludge is processed by polymer fed, canopy covered, 3,360 sq. ft. high-density polyurethane filter paneled sludge drying beds. A manure spreader will be utilized to dispose of the biosolids on the adjacent pasture land.

2.4 DESIGN INFORMATION

- A. Current population: 10,261; Design population: 20,000
- B. Actual Flow: 670,000 gpd; Design Average Flow: 1,500,000 gpd;
 Actual Peak Daily Flow: 1,200,000 gpd; Design Maximum Daily Flow: 5,850,000 gpd

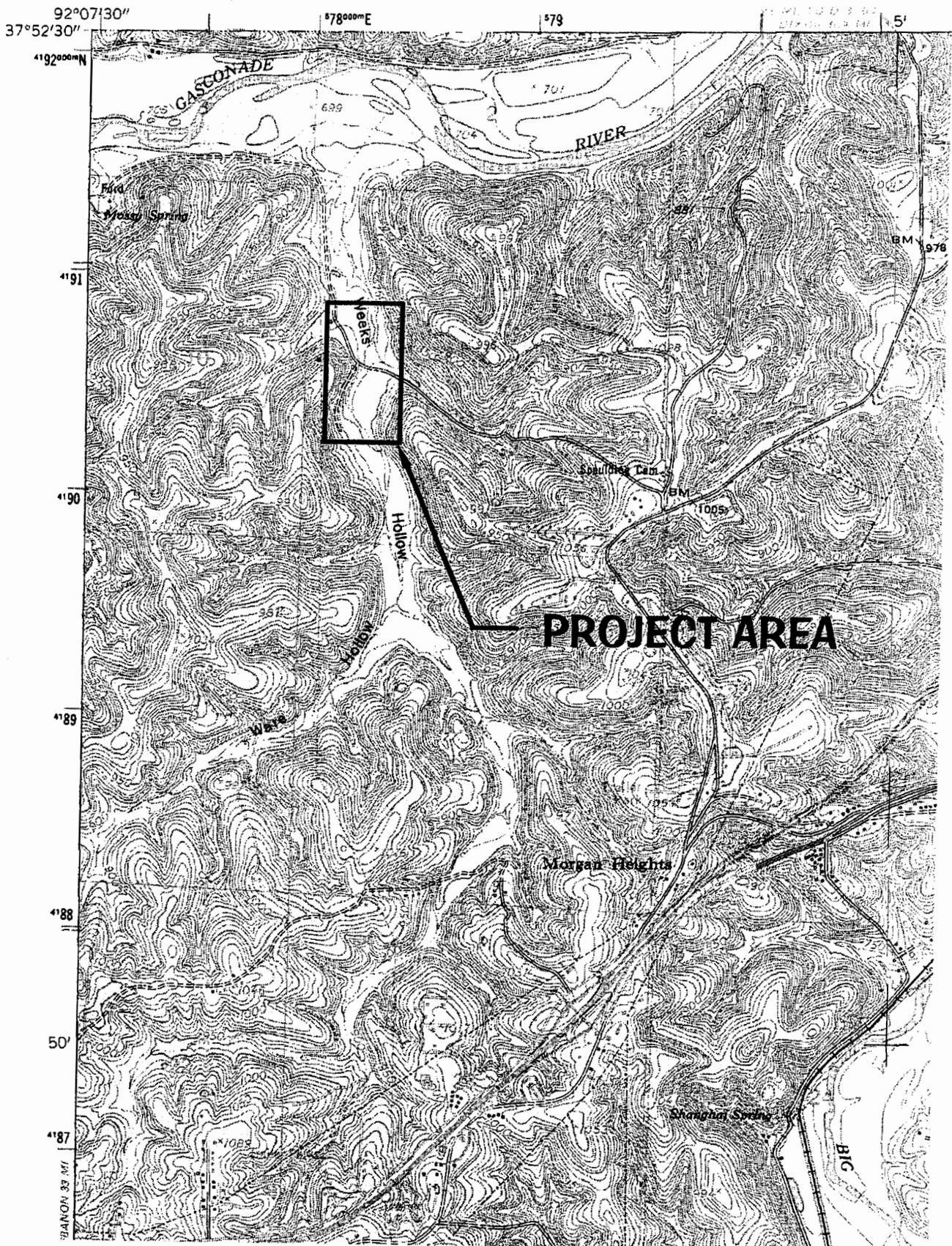
2.5 ADDITIONAL INFORMATION

- A. Is a topographic map attached? YES NO
- B. Is a process flow diagram attached? YES NO

3.0 WASTEWATER TREATMENT FACILITY				
NAME Weeks Hollow WWTF		TELEPHONE NUMBER WITH AREA CODE (573) 336-5880		E-MAIL ADDRESS operations@pulaskipurewater.com
ADDRESS (PHYSICAL) 531 Old Rt 66, Suite A	CITY St. Robert	STATE MO	ZIP CODE 65584	COUNTY Pulaski
Wastewater Treatment Facility: Mo- -111716 (Outfall 001 Of 1)				
3.1 Legal Description: _____ ¼, SE _____ ¼, SW _____ ¼, Sec. 2 _____, T 36N _____, R 11W _____ (Use additional pages if construction of more than one outfall is proposed.)				
3.2 UTM Coordinates Easting (X): <u>578262</u> Northing (Y): <u>4190686</u> For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)				
3.3 Name of receiving streams: <u>Gasconade</u>				
4.0 PROJECT OWNER				
NAME Pulaski County Sewer District No. 1		TELEPHONE NUMBER WITH AREA CODE (573) 336-5880		E-MAIL ADDRESS operations@pulaskipurewater.com
ADDRESS 531 Old Rt 66, Suite A	CITY St. Robert	STATE MO	ZIP CODE 65584	
5.0 CONTINUING AUTHORITY: Permanent organization that will serve as the continuing authority for the operation, maintenance and modernization of the wastewater collection system.				
NAME Pulaski County Sewer District No. 1		TELEPHONE NUMBER WITH AREA CODE (573) 336-5880		E-MAIL ADDRESS operations@pulaskipurewater.com
ADDRESS 531 Old Rt 66, Suite A	CITY St. Robert	STATE MO	ZIP CODE 65584	
5.1 A letter from the continuing authority, if different than the owner, is included with this application. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				
5.2 COMPLETE THE FOLLOWING IF THE CONTINUING AUTHORITY IS A MISSOURI PUBLIC SERVICE COMMISSION REGULATED ENTITY.				
A. Is a copy of the certificate of convenience and necessity included with this application? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
5.3 COMPLETE THE FOLLOWING IF THE CONTINUING AUTHORITY IS A PROPERTY OWNERS ASSOCIATION.				
A. Is a copy of the as-filed restrictions and covenants included with this application? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
B. Is a copy of the as-filed warranty deed, quitclaim deed or other legal instrument which transfers ownership of the land for the wastewater treatment facility to the association included with this application? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
C. Is a copy of the as-filed legal instrument (typically the plat) that provides the association with valid easements for all sewers included with this application? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
D. Is a copy of the Missouri Secretary of State's nonprofit corporation certificate included with this application? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
6.0 ENGINEER				
ENGINEER NAME / COMPANY NAME Terris L. Cates/Integrity Engineering, Inc.		TELEPHONE NUMBER WITH AREA CODE (573) 341-2100		E-MAIL ADDRESS terris@integrityeng.com
ADDRESS P.O. Box 700	CITY Rolla	STATE MO	ZIP CODE 65402	
7.0 PROJECT OWNER: I hereby certify that I am familiar with the information contained in this application and 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 Missouri Clean Water Law. I also understand the issuance of the construction permit does not guarantee the proposed wastewater treatment will meet the required effluent limitations of the issued Missouri State Operating Permit for this facility.				
PROJECT OWNER SIGNATURE 				
PRINTED NAME Gary Porter			DATE 1/21/2014	
TITLE OR CORPORATE POSITION Chairman		TELEPHONE NUMBER WITH AREA CODE (573) 336-5880		E-MAIL ADDRESS gjporter@embardmail.com
Mail completed copy to: MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM P.O. BOX 176 JEFFERSON CITY, MO 65102-0176				
END OF PART A.				
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHETHER PART B NEEDS TO BE COMPLETE.				

359 LMM
(HANCOCK)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

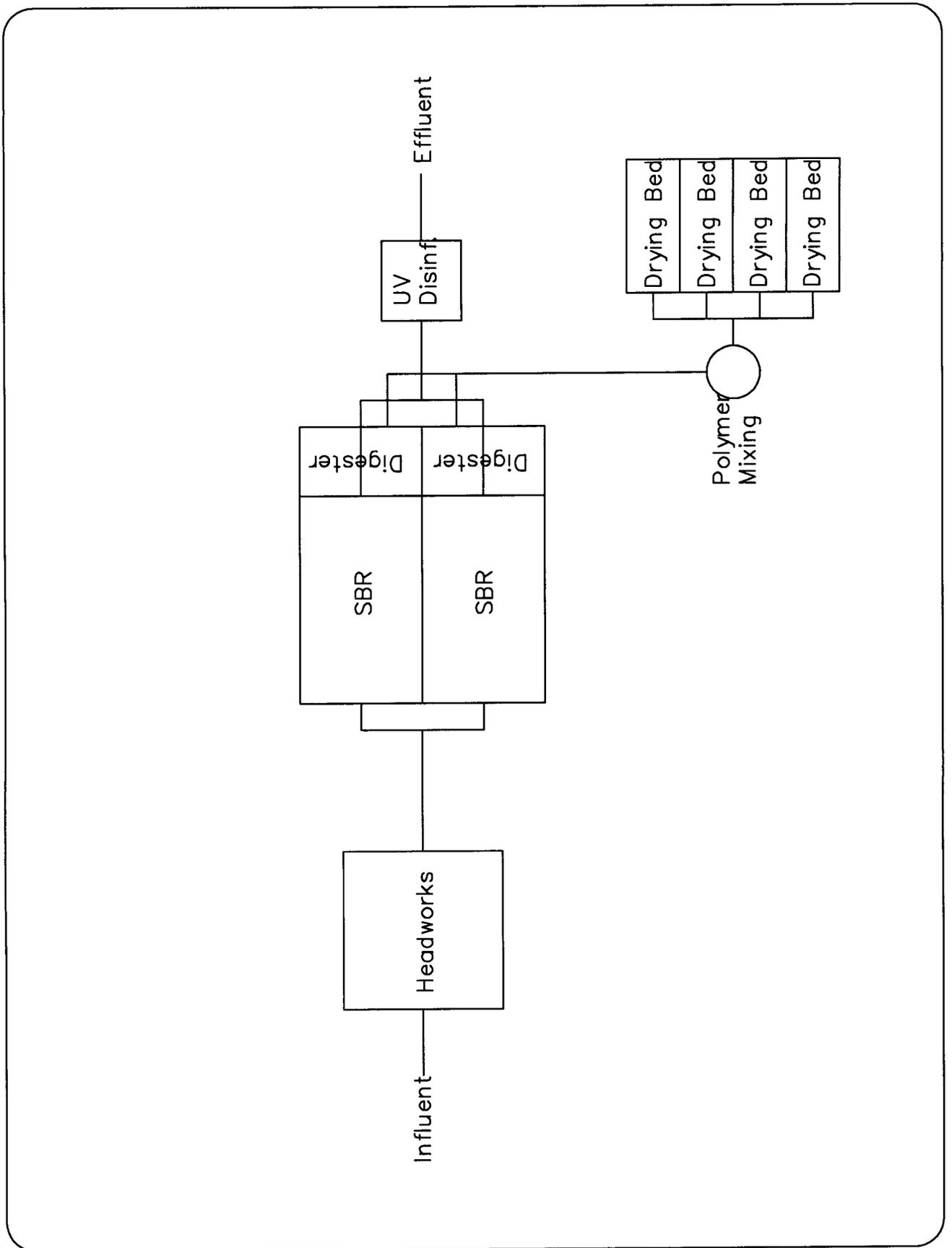


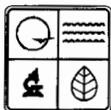
PCSD WWTP



Missouri
Department of
Natural Resources

Disclaimer: Although this map has been compiled by the Missouri Department of Natural Resources, no warranty, expressed or implied, is made by the department as to the accuracy of the data and related materials. The act of distribution shall not constitute any such warranty, and no responsibility is assumed by the department in the use of these data or related materials.





FORM B2 – APPLICATION FOR CONSTRUCTION OR OPERATING PERMIT FOR FACILITIES WHICH RECEIVE PRIMARILY DOMESTIC WASTE AND HAVE A DESIGN FLOW MORE THAN 100,000 GALLONS PER DAY

FACILITY NAME Weeks Hollow WWTF	
PERMIT NO. MO-0111716	COUNTY Pulaski

APPLICATION OVERVIEW

Form B2 has been developed in a modular format and consists of Parts A, B and C and a Supplemental Application Information (Parts D, E, F and G) packet. All applicants must complete Parts A, B and C. Some applicants must also complete parts of the Supplemental Application Information packet. The following items explain which parts of Form B2 you must complete. Submittal of an incomplete application may result in the application being returned.

BASIC APPLICATION INFORMATION

- A. Basic Application Information for all Applicants. All applicants must complete Part A.
- B. Additional Application Information for all Applicants. All applicants must complete Part B.
- C. Certification. All applicants must complete Part C.

SUPPLEMENTAL APPLICATION INFORMATION

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface water of the United States and meets one or more of the following criteria must complete *Part D - Expanded Effluent Testing Data*:
 - 1. Has a design flow rate greater than or equal to 1 million gallons per day.
 - 2. Is required to have or currently has a pretreatment program.
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete *Part E - Toxicity Testing Data*:
 - 1. Has a design flow rate greater than or equal to 1 million gallons per day.
 - 2. Is required to have or currently has a pretreatment program.
 - 3. Is otherwise required by the permitting authority to provide the information.
- F. Industrial User Discharges and Resource Conservation and Recovery Act / Comprehensive Environmental Response, Compensation and Liability Act Wastes. A treatment works that accepts process wastewater from any significant industrial users, also known as SIUs, or receives a Resource Conservation and Recovery Act or CERCLA wastes must complete *Part F - Industrial User Discharges and Resource Conservation and Recovery Act /CERCLA Wastes*.

SIUs are defined as:
 - 1. All Categorical Industrial Users, or CIUs, subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations 403.6 and 40 Code of Federal Regulations 403.6 and 40 CFR Chapter 1, Subchapter N.
 - 2. Any other industrial user that meets one or more of the following:
 - i. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions).
 - ii. Contributes a process waste stream that makes up five percent or more of the average dry weather hydraulic or organic capacity of the treatment plant.
 - iii. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete *Part G - Combined Sewer Systems*.

ALL APPLICANTS MUST COMPLETE PARTS A, B and C



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM, WATER POLLUTION CONTROL BRANCH
**FORM B2 – APPLICATION FOR CONSTRUCTION OR OPERATING
 PERMIT FOR FACILITIES WHICH RECEIVE PRIMARILY DOMESTIC
 WASTE AND HAVE A DESIGN FLOW MORE THAN 100,000 GALLONS
 PER DAY**

FOR AGENCY USE ONLY	
CHECK NUMBER <u>017045</u>	
DATE RECEIVED <u>1/30/14</u>	FEE SUBMITTED <u>\$200.00</u> <i>SB</i>

PART A – BASIC APPLICATION INFORMATION

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, 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 9/25/13

An operating permit modification: Permit #MO- 0111716 Reason: Plant Upgrade

1.1 Is this a Federal/State Funded Project? Yes No Funding Agency/Project #: C295320-06

1.2 Is the appropriate fee included with the application (See instructions for appropriate fee)? Yes No

2. FACILITY

NAME Weeks Hollow WWTF		TELEPHONE NUMBER WITH AREA CODE (574) 336-5880	
ADDRESS (PHYSICAL) 531 Old Rt. 66, Suite 1	CITY St. Robert	STATE MO	ZIP 65584
2.1 LEGAL DESCRIPTION (Plant Site): ¼, SE ¼, SW ¼, Sec. 2, T 36, R 11W		County Pulaski	
2.2 UTM Coordinates Easting (X): <u>578262</u> Northing (Y): <u>4190686</u> For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)			

3. OWNER

NAME PCSD No. 1		TELEPHONE NUMBER WITH AREA CODE (573) 336-5880	
ADDRESS 531 Old Rt., Suite A	CITY St. Robert	STATE MO	ZIP 65583
3.1 Request review of draft permit prior to Public Notice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

NAME PCSD No. 1		CITY St. Robert	
ADDRESS 531 Old Rt., Suite A	CERTIFICATE NUMBER (IF APPLICABLE)	STATE MO	ZIP 65583

5. OPERATOR

NAME Billy Jewett		TELEPHONE NUMBER WITH AREA CODE (573) 336-5880	
TITLE Operator			

6. FACILITY CONTACT

NAME Gary Porter		TITLE Chairman	
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MO 780-1805 (09-08)

FACILITY NAME Weeks Hollow WWTF		PERMIT NO. MO- 0111716	OUTFALL NO. 001
PART A – BASIC APPLICATION INFORMATION			
7. ADDITIONAL FACILITY INFORMATION			
7.1 BRIEF DESCRIPTION OF FACILITIES Improvement project includes 2.25 MGD primary treatment capacity and 1.5 MGD SBR secondary treatment capacity with future expansion capability to 2.25 MGD.			
7.2 TOPOGRAPHIC MAP. ATTACH TO THIS APPLICATION A TOPOGRAPHIC MAP OF THE AREA EXTENDING AT LEAST ONE MILE BEYOND FACILITY PROPERTY BOUNDARIES. THIS MAP MUST SHOW THE OUTLINE OF THE FACILITY AND THE FOLLOWING INFORMATION. (YOU MAY SUBMIT MORE THAN ONE MAP IF ONE MAP DOES NOT SHOW THE ENTIRE AREA.) a. The area surrounding the treatment plant, including all unit processes. b. The location of the downstream landowner(s). (See Item 10.) c. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable. d. The actual point of discharge. e. Wells, springs, other surface water bodies and drinking water wells that are: 1) within ¼ mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant. f. Any areas where the sewage sludge produced by the treatment works is stored, treated or disposed. g. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act, or RCRA, by truck, rail or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored or disposed.			
7.3 PROCESS FLOW DIAGRAM OR SCHEMATIC. PROVIDE A DIAGRAM SHOWING THE PROCESSES OF THE TREATMENT PLANT. ALSO, PROVIDE A WATER BALANCE SHOWING ALL TREATMENT UNITS, INCLUDING DISINFECTION (E.G. CHLORINATION AND DECHLORINATION). THE WATER BALANCE MUST SHOW DAILY AVERAGE FLOW RATES AT INFLUENT AND DISCHARGE POINTS AND APPROXIMATE DAILY FLOW RATES BETWEEN TREATMENT UNITS. INCLUDE A BRIEF NARRATIVE DESCRIPTION OF THE DIAGRAM.			
7.4 FACILITY SIC CODE <u>4952</u>	DISCHARGE SIC CODE: <u>4952</u>	FACILITY NAICS CODE: <u>9241</u>	DISCHARGE NAICS CODE: <u>9241</u>
7.5 NUMBER OF SEPARATE DISCHARGE POINTS <u>1</u>			
7.6 NUMBER OF PEOPLE PRESENTLY CONNECTED OR POPULATION EQUIVALENT <u>8451</u>		DESIGN POPULATION EQUIVALENT 9850	
NUMBER OF UNITS PRESENTLY CONNECTED HOMES <u>1820</u> APARTMENTS <u>217</u> TRAILERS <u>195</u> OTHER <u>9</u>			
TOTAL DESIGN FLOW (ALL OUTFALLS) 0.63 MGD		ACTUAL FLOW 0.54 MGD	
7.7 DOES ANY BYPASSING OCCUR ANYWHERE IN THE COLLECTION SYSTEM OR AT THE TREATMENT FACILITY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If Yes, attach an explanation.)			
7.8 LENGTH OF THE SANITARY SEWER COLLECTION SYSTEM IN MILES <u>63</u>			
7.9 IS INDUSTRIAL WASTE DISCHARGED TO THE FACILITY IDENTIFIED IN ITEM 2? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
7.10 WILL THE DISCHARGE BE CONTINUOUS THROUGH THE YEAR? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
A. DISCHARGE WILL OCCUR DURING THE FOLLOWING MONTHS January - December		B. HOW MANY DAYS OF THE WEEK WILL THE DISCHARGE OCCUR? 7	
7.11 IS WASTEWATER LAND APPLIED? (If Yes, Attach Form I) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		7.12 DOES THIS FACILITY DISCHARGE TO A LOSING STREAM OR SINKHOLE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
7.13 HAS A WASTE LOAD ALLOCATION STUDY BEEN COMPLETED FOR THIS FACILITY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
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. LABORATORY CONTROL INFORMATION			
8.1 LABORATORY WORK CONDUCTED BY PLANT PERSONNEL			
Lab work conducted outside of plant.		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Push-button or visual methods for simple test such as pH, settleable solids.		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Additional procedures such as Dissolved Oxygen, Chemical Oxygen Demand, Biological Oxygen Demand, titrations, solids, volatile content.		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
More advanced determinations such as BOD seeding procedures, fecal coliform, nutrients, total oils, phenols, etc.		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Highly sophisticated instrumentation, such as atomic absorption and gas chromatograph.		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

FACILITY NAME Weeks Hollow WWTF	PERMIT NO. MO- 0111716	OUTFALL NO. 001
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PART A – BASIC APPLICATION INFORMATION

9. SLUDGE HANDLING, USE AND DISPOSAL

9.1 IS THE SLUDGE A HAZARDOUS WASTE AS DEFINED BY 10 CSR 25?
Yes No

9.2 SLUDGE PRODUCTION, INCLUDING SLUDGE RECEIVED FROM OTHERS
Design Dry Tons/Year 200 _____ Actual Dry Tons/Year 94 _____

9.3 CAPACITY OF SLUDGE HOLDING STRUCTURES

9.4 SLUDGE STORAGE PROVIDED
Cubic Feet 70400 Days of Storage 47 Average Percent Solids of Sludge 14% dried No Sludge Storage is Provided

9.5 TYPE OF STORAGE
 Holding Tank Basin Building Concrete Pad Other (Describe) 3360 sqft drying beds

9.6 SLUDGE TREATMENT
 Anaerobic Digester Storage Tank Lime Stabilization Lagoon
 Aerobic Digester Air or Heat Drying Composting Other (Attach Description)

9.7 SLUDGE USE OR DISPOSAL
 Land Application Contract Hauler Hauled to Another Treatment Facility Solid Waste Landfill
 Surface Disposal (Sludge Disposal Lagoon, Sludge Held For More Than Two Years) Incineration
 Other (Attach Explanation Sheet) _____

9.8 PERSON RESPONSIBLE FOR HAULING SLUDGE TO DISPOSAL FACILITY

NAME
NA

ADDRESS	CITY	STATE	ZIP
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CONTACT PERSON	TELEPHONE NUMBER WITH AREA CODE	PERMIT NO. MO-
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9.9 SLUDGE USE OR DISPOSAL FACILITY
 By Applicant By Others (Complete Below)

NAME
PCSD No. 1

ADDRESS PCSD No. 1	CITY St. Robert	STATE MO	ZIP 65584
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CONTACT PERSON Jack Eldredge, Operations Manager	TELEPHONE NUMBER WITH AREA CODE (573) 336-5880	PERMIT NO. MO-
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9.10 DO THE SLUDGE OR BIOSOLIDS DISPOSAL COMPLY WITH FEDERAL SLUDGE REGULATIONS UNDER 40 CFR 503?
 Yes No (Attach Explanation)

10. DOWNSTREAM LANDOWNER(S). (ATTACH ADDITIONAL SHEETS AS NECESSARY.)

NAME
Jim Laughlin

ADDRESS 510 Hospital Road	CITY Waynesville,	STATE MO	ZIP 65583
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11. DRINKING WATER SUPPLY INFORMATION

11.1 SOURCE OF YOUR DRINKING WATER SUPPLY

A. PUBLIC SUPPLY (MUNICIPAL OR WATER DISTRICT WATER) (IF PUBLIC, PLEASE GIVE NAME OF PUBLIC SUPPLY)
Pulaski County PWSD No. 2

B. PRIVATE WELL

C. SURFACE WATER (LAKE, POND OR STREAM)

11.2 DOES YOUR DRINKING WATER SOURCE SERVE AT LEAST 25 PEOPLE AT LEAST 60 DAYS PER YEAR (NOT NECESSARILY CONSECUTIVE DAYS)?
Yes No

11.3 DOES YOUR SUPPLY SERVE HOUSING THAT IS OCCUPIED YEAR ROUND BY THE SAME PEOPLE? THIS DOES NOT INCLUDE HOUSING THAT IS OCCUPIED SEASONALLY?
Yes No

END OF PART A

MO 780-1805 (09-08)

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL			
FACILITY NAME Weeks Hollow WWTF		PERMIT NO. MO- 0111716	OUTFALL NO. 001
PART B – ADDITIONAL APPLICATION INFORMATION			
20. INFLOW AND INFILTRATION			
ESTIMATE THE AVERAGE NUMBER OF GALLONS PER DAY THAT FLOW INTO THE TREATMENT WORKS FROM INFLOW AND INFILTRATION. Gallons Per Day 58,000			
BRIEFLY EXPLAIN ANY STEPS UNDERWAY OR PLANNED TO MINIMIZE INFLOW AND INFILTRATION. The CMOM plan is followed.			
20.1 OPERATION AND MAINTENANCE PERFORMED BY CONTRACTOR(S)			
ARE ANY OPERATIONAL OR MAINTENANCE ASPECTS (RELATED TO WASTEWATER TREATMENT AND EFFLUENT QUALITY) OF THE TREATMENT WORKS THE RESPONSIBILITY OF A CONTRACTOR? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, list the name, address, telephone number and status of each contractor and describe the contractor's responsibilities. (Attach additional pages if necessary.)			
NAME			
MAILING ADDRESS			
TELEPHONE NUMBER WITH AREA CODE			
RESPONSIBILITIES OF CONTRACTOR			
20.2 SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION. PROVIDE INFORMATION ABOUT ANY UNCOMPLETED IMPLEMENTATION SCHEDULE OR UNCOMPLETED PLANS FOR IMPROVEMENTS THAT WILL AFFECT THE WASTEWATER TREATMENT, EFFLUENT QUALITY OR DESIGN CAPACITY OF THE TREATMENT WORKS. IF THE TREATMENT WORKS HAS SEVERAL DIFFERENT IMPLEMENTATION SCHEDULES OR IS PLANNING SEVERAL IMPROVEMENTS, SUBMIT SEPARATE RESPONSES FOR EACH. (IF NONE, GO TO QUESTION B-20.3.)			
A. List the outfall number that is covered by this implementation schedule Outfall No. 001		B. Indicate whether the planned improvements or implementation schedule are required by local, state or federal agencies. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
20.3 WASTEWATER DISCHARGES: COMPLETE QUESTIONS 20.4 THROUGH 20.7 ONCE FOR EACH OUTFALL (INCLUDING BYPASS POINTS) THROUGH WHICH EFFLUENT IS DISCHARGED. DO NOT INCLUDE INFORMATION ON COMBINED SEWER OVERFLOWS IN THIS SECTION.			
20.4 DESCRIPTION OF OUTFALL			
OUTFALL NUMBER 001			
A. LOCATION ¼ <u> </u> ¼ SE ¼ SW Section <u>2</u> Township <u>36N</u> Range <u>11</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W UTM Coordinates Easting (X): <u>2</u> Northing (Y): <u>36</u> For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)			
B. Distance from Shore (If Applicable) <u>0</u> ft.		C. Depth Below Surface (If Applicable) <u>0</u> ft.	D. Average Daily Flow Rate <u>0.52</u> mgd
E. Does this outfall have either an intermittent or periodic discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide the following information:			
Number of Days Per Year Discharge Occurs: <u>7</u>	Average Duration of Each Discharge: <u>24 hrs</u>	Average Flow Per Discharge: <u>0.52</u> mgd	Months in Which Discharge Occurs: <u>12</u>
Is Outfall Equipped with a Diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
20.5 DESCRIPTION OF RECEIVING WATER			
B. Name of Receiving Water Unnamed tributary (gaining) to Gasconade River			
B. Name of Watershed (If Known) (10290201-070005)		U.S. Soil Conservation Service 14-Digit Watershed Code (If Known) 10290201-070005	
B. Name of State Management/River Basin (If Known) Gasconade River (P) (01455)		U.S. Geological Survey 8-Digit Hydrologic Cataloging Unit Code (If Known)	
B. Critical Flow of Receiving Stream (If Applicable) Acute <u> </u> cfs Chronic <u> </u> cfs		B. Total Hardness of Receiving Stream at Critical Low Flow (If Applicable) mg/L of CaCO ₃	

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
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PART B – ADDITIONAL APPLICATION INFORMATION (CONTINUED)

20.6 DESCRIPTION OF TREATMENT

A. WHAT LEVELS OF TREATMENT ARE PROVIDED? Check All That Apply
 Primary Secondary Advanced Other (Describe)

B. INDICATE THE FOLLOWING REMOVAL RATES (AS APPLICABLE)
 Design BOD₅ Removal Or Design CBOD₅ Removal 95 % Design SS Removal 95 %
 Design P Removal 0 % Design N Removal 0 % Other _____ %

C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:
 Ultraviolet

If disinfection is by chlorination, is dechlorination used for this outfall? Yes No

Does the treatment plant have post aeration? Yes No

20.7 EFFLUENT TESTING DATA. ALL APPLICANTS THAT DISCHARGE TO WATERS OF THE U.S. MUST PROVIDE EFFLUENT TESTING DATA FOR THE FOLLOWING PARAMETERS. PROVIDE THE INDICATED EFFLUENT DATA **FOR EACH OUTFALL THROUGH WHICH EFFLUENT IS DISCHARGED**. DO NOT INCLUDE INFORMATION OF COMBINED SEWER OVERFLOWS IN THIS SECTION. ALL INFORMATION REPORTED MUST BE BASED ON DATA COLLECTED THROUGH ANALYSIS CONDUCTED USING 40 CFR PART 136 METHODS. IN ADDITION, THIS DATA MUST COMPLY WITH QA/QC REQUIREMENTS OF 40 CFR PART 136 AND OTHER APPROPRIATE QA/QC REQUIREMENTS FOR STANDARD METHODS FOR ANALYTES NOT ADDRESSED BY 40 CFR PART 136.

OUTFALL NUMBER

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	VALUE	UNITS	VALUE	UNITS	NO. OF SAMPLES
pH (Minimum)		S.U.	7.75	S.U.	12
pH (Maximum)		S.U.	7.98	S.U.	12
FLOW RATE		MGD	.52	MGD	12
TEMPERATURE (Winter)		°C	5.9	°C	12
TEMPERATURE (Summer)		°C	30.7	°C	12

*For pH report a minimum and a maximum daily value.

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	CONC.	UNITS	CONC.	UNITS	NO. OF SAMPLES		

Conventional and Nonconventional Compounds

BIOCHEMICAL OXYGEN DEMAND (Report One)	BOD ₅	170	mg/L	111.6	mg/L	5	SM 5210B 18ed	
	CBOD ₅	45	mg/L	32.4	mg/L	5	SM 5210B 18ed	
FECAL COLIFORM	33	#/100 mL	15.1	#/100 mL	7	SM 9222D 18ed		
TOTAL SUSPENDED SOLIDS (TSS)	45	mg/L	33.15	mg/L	12	SM 2540D 18ed		
AMMONIA (AS N)	26	mg/L	18.2	mg/L	5	SM4500 NH3 B		
CHLORINE (TOTAL RESIDUAL, TRC)	0.93	mg/L	0.77	mg/L	7	SM 4500CI GM		
DISSOLVED OXYGEN		mg/L		mg/L				
TOTAL KJELDAHL NITROGEN (TKN)		mg/L		mg/L				
NITRATE PLUS NITRITE NITROGEN		mg/L		mg/L				
OIL AND GREASE	34.6	mg/L	8.5	mg/L	12	EPA 1664 r 2/99		
PHOSPHORUS (TOTAL)		mg/L		mg/L				
TOTAL DISSOLVE SOLIDS (TDS)		mg/L		mg/L				
OTHER	140	mg/L	123.2	mg/L	5	SM 5220D 18ed		

END OF PART B

PART C - CERTIFICATION

30. CERTIFICATION

All applicants must complete the Certification Section. This certification must be signed by an officer of the company or city official. All applicants must complete all applicable sections as explained in the Application Overview. By signing this certification statement, applicants confirm that they have reviewed the entire form and have completed all sections that apply to the facility for which this application is submitted.

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PRINTED NAME AND OFFICIAL TITLE (MUST BE AN OFFICER OF THE COMPANY OR CITY OFFICIAL)

Gary Porter, Chairman

SIGNATURE



TELEPHONE NUMBER WITH AREA CODE

(573) 336-5880

DATE SIGNED

01/21/2014

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

For Design Flows Less than 1 Million Gallons Per Day,
Send Completed Form to:

Appropriate Regional Office

Map of regional offices with addresses and phone numbers is available on the Web at www.dnr.mo.gov/regions/ro-map.pdf.

For Design Flows of 1 Million Gallons Per Day or Greater,
Send Completed Form to:

Department of Natural Resources
Water Protection Program
ATTN: NPDES Permits and Engineering Section
P.O. Box 176
Jefferson City, MO 65102

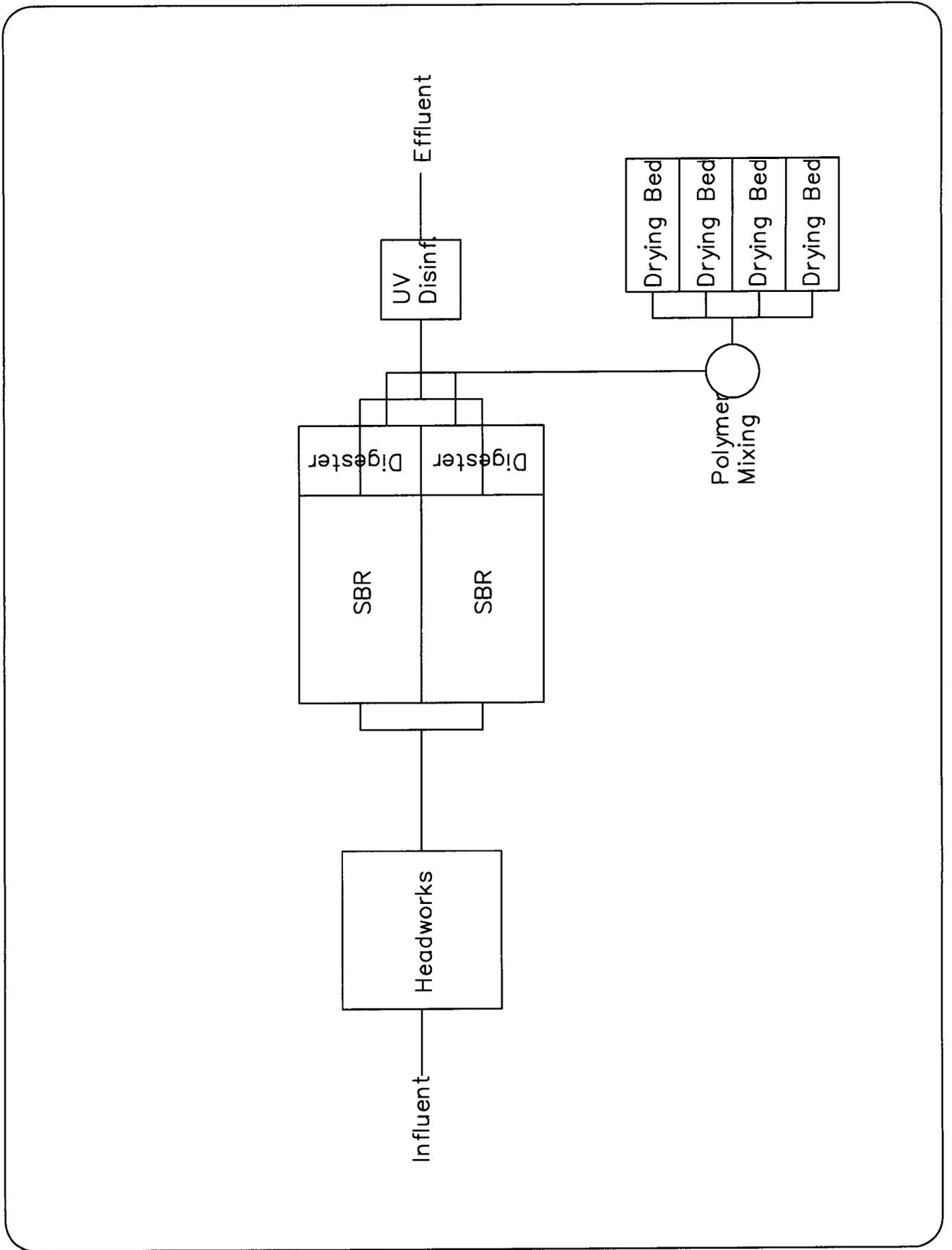
END OF PART C.

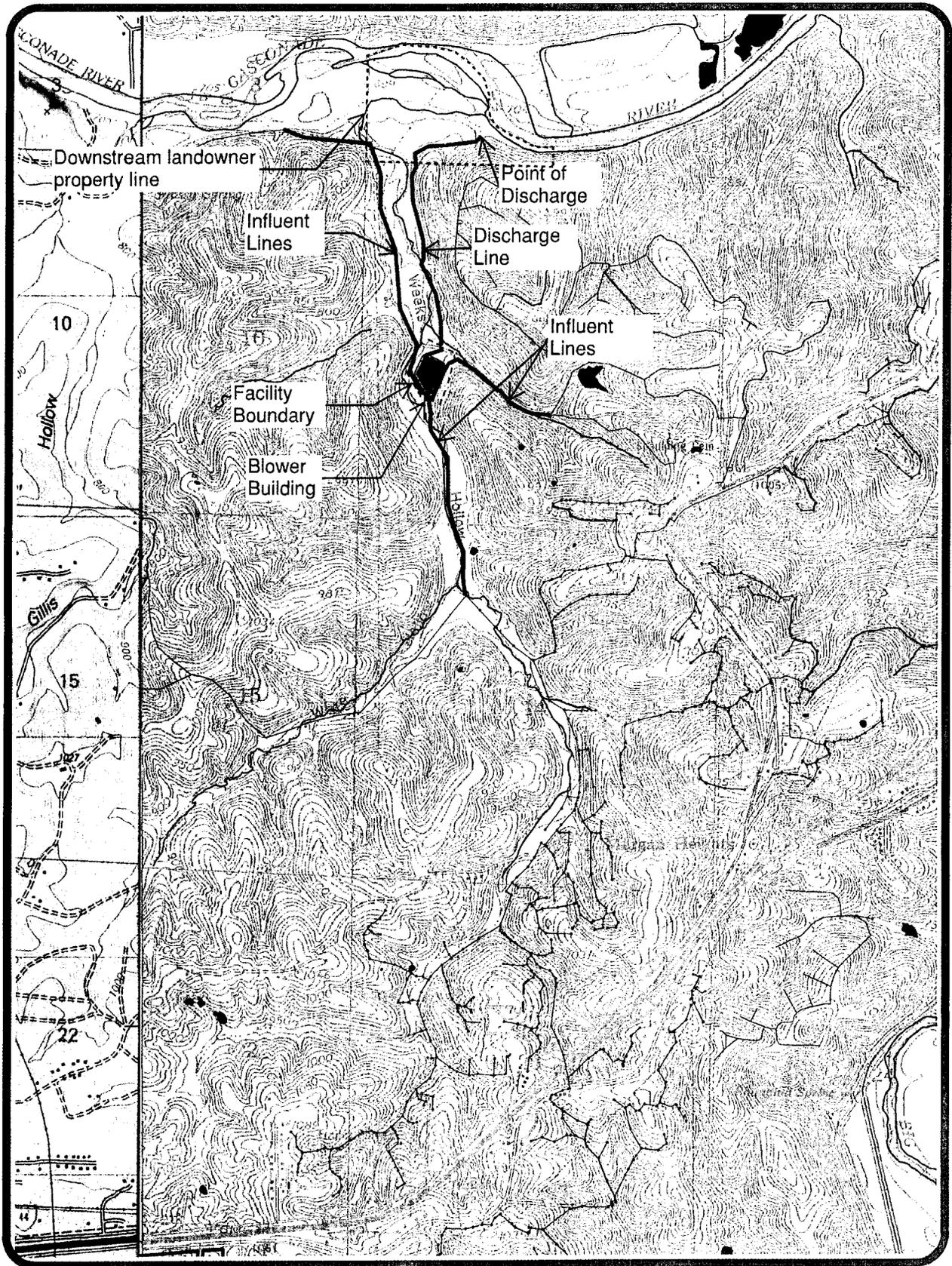
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.

Do not complete the remainder of this application, unless:

1. Your facility design flow is equal to or greater than 1,000,000 gallons per day.
2. Your facility is a pretreatment treatment works.
3. Your facility is a combined sewer system.

Submittal of an incomplete application may result in the application being returned. Permit fees for returned applications shall be forfeited. Permit fees for applications being processed by the department that are withdrawn by the applicant shall be forfeited.





INTEGRITY
ENGINEERING, INC.
 P.O. Box 900 / 1714 Gas Light Street
 Sikeston, Missouri 65403
 Phone (573) 341-2100 / Fax (573) 341-2111
 "Providing Engineering, Land Surveying, Architectural and Environmental Services With Integrity"

TITLE: PCSD No. 1 - WEEKS HOLLOW WWTF
 DRAWN BY: SLS DATE: FEBRUARY 2013
 CHECKED BY: TLC
 SCALE: 1"=2000' SHEET#: 1 OF 1