

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
MISSOURI CLEAN WATER COMMISSION



CONSTRUCTION PERMIT

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

City of Warrenton 200 West Booneslick Road Warrenton, MO 63383
--

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 (Department).

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.

October 28, 2015
Effective Date

Sara Parker Pauley
Sara Parker Pauley, Director, Department of Natural Resources

October 27, 2017
Expiration Date

John Madras
John Madras, Director, Water Protection Program

CONSTRUCTION PERMIT

I. CONSTRUCTION DESCRIPTION

This project consists of the replacement of the Water Street Lift Station and construction of a triplex pump station with a trash screen and installation of a flow meter and stand-by generator. Replacement and construction of a screen headworks facility consisting of a coarse perforated plate mechanical screen, compactor, and manual bar rack. Construction will include all necessary piping and appurtenance to make the facilities complete and useable. Demolition of the existing pump station and screening facilities will commence after construction.

II. COST ANALYSIS FOR COMPLIANCE

Pursuant to Section 644.145, RSMo, when issuing permits under this chapter that incorporate a new requirement for discharges from publicly owned combined or separate sanitary or storm sewer systems or publicly owned treatment works, or when enforcing provisions of this chapter or the Federal Water Pollution Control Act, 33 U.S.C. 1251 et seq., pertaining to any portion of a publicly owned combined or separate sanitary or storm sewer system or [publicly owned] treatment works, the Department of Natural Resources shall make a “finding of affordability” on the costs to be incurred and the impact of any rate changes on ratepayers upon which to base such permits and decisions, to the extent allowable under this chapter and the Federal Water Pollution Control Act. This process is completed through a cost analysis for compliance. Permits that do not include new requirements may be deemed affordable.

The department is not required to determine cost analysis for compliance because the permit contains no new conditions or requirements that convey a new cost to the facility.

III. CONSTRUCTION PERMIT CONDITIONS

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

1. This construction permit does not authorize discharge.
2. All construction shall be in accordance with the plans and specifications submitted by Gonzalez Companies LLC and Hazen and Sawyer on August 18, 2015 and October 5, 2015.
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. 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 St. Louis Regional Office per 10 CSR 20-7.015(9)(E)2.

5. This construction permit is invalid for projects required to comply with the requirements contained in 10 CSR 20-4, "Grants and Loans"
6. 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."
7. 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.
 - A. Sewer mains shall be laid at least 10-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 10-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.
 - B. Manholes should be located at least 10-feet horizontally from any existing or proposed water main.
 - C. Manholes shall be located with the top access at or above grade level.
 - 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:
 - a. 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
 - b. Either the water main or sewer line may be continuously encased or enclosed in a watertight carrier pipe which extends 10-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 will 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. The city of Warrenton 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-builts if the project was not constructed in accordance with previously submitted plans and specifications.

IV. REVIEW SUMMARY

1. AMMONIA

The Water Protection Program is providing this notice to inform permittees that EPA's published ammonia criteria for aquatic life protection is lower than the current Missouri criteria. The department has initiated stakeholder discussions on this topic and at this time, there is no firm target date for starting the rulemaking to adopt new standards. More information can be found at <http://dnr.mo.gov/pubs/pub2481.pdf>.

The Warrenton WWTF meets their current ammonia effluent limits.

2. CONSTRUCTION PURPOSE

The proposed project consists of relocating and replacing the Water Street Lift Station with a triplex pump station. The existing Water Street Lift Station has insufficient capacity for the current and projected flows. In addition, evidence of flooding at the existing Water Street Lift Station site was observed.

The existing mechanical bar screen at the Warrenton WWTF experiences blinding during peak flows which creates operation and maintenance issues.

3. FACILITY DESCRIPTION

The existing facility consists of screening, influent pumping, grit removal, a three-channel oxidation ditch, and three secondary clarifiers. The solids are treated with aerobic digesters and held until it can be land applied. The system is being modified with the replacement of the Water Street Lift Station and the screening headworks facility.

4. COMPLIANCE PARAMETERS

These additions are not designed or intended to affect loadings, treatment capabilities of the system, nor the average or peak design flows.

5. REVIEW of MAJOR TREATMENT DESIGN CRITERIA

The replacement Water Street Lift Station will contain three 84.5 HP submersible pumps, each with a capacity of 2,130 gpm at a TDH of 100 feet.

The replacement headworks coarse mechanical screen is designed to handle a peak flow of 12 MGD in addition to the manual bar rack for redundancy.

6. OPERATING PERMIT

Operating permit MO-0087912 will not require a modification to reflect the construction activities.

Emily T. Carpenter
Engineering Section
emily.carpenter@dnr.mo.gov



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM

**APPLICATION FOR CONSTRUCTION PERMIT -
WASTEWATER TREATMENT FACILITY**

RECEIVED

AUG 18 2015

FOR DEPARTMENT USE ONLY	
APP NO.	CP NO.
APP RECEIVED 3000	CHECK NO. 0523
DATE RECEIVED 8-18-15	

Water Protection Program

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: _____ Project #: _____
- 1.2 Has the Missouri Department of Natural Resources approved the proposed project's antidegradation review?
 YES Date of Approval: 4/27/2015
- 1.3 Has the department approved the proposed project's facility plan*?
 YES Date of Approval: _____ 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

Warrenton Wastewater CIP, Phase 1 - WWTF Screen Headworks Facility

2.2 PROJECT DESCRIPTION

Replacement of the existing influent screening facilities with a new facility to contain a new structure housing a 6 mm (1/4-inch) perforated plate screen, washer/screw compactor, manual bar screen, and screen enclosure.

2.3 SLUDGE HANDLING, USE AND DISPOSAL DESCRIPTION

Design dry tons/year = 450. Aerobic digestion for Class B stabilization, with liquid sludge land application.

2.4 DESIGN INFORMATION

- A. Current population: 8,741; Design population: 12,286
- B. Actual Flow: 1,608,644 gpd; Design Average Flow: 2,420,351 gpd;
Actual Peak Daily Flow: N/A gpd; Design Maximum Daily Flow: 6,935,208 gpd; Design Wet Weather Event: 11,300,000

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 Warrenton WWTF		TELEPHONE NUMBER WITH AREA CODE 636-456-2491		E-MAIL ADDRESS ggevers@warrenton-mo.org
ADDRESS (PHYSICAL) 225 Willow Road	CITY Warrenton	STATE MO	ZIP CODE 63383	COUNTY Warren
Wastewater Treatment Facility: Mo- 0087912 (Outfall 1 Of 1)				
3.1 Legal Description: <u>NW</u> ¼, <u>SE</u> ¼, <u>SW</u> ¼, Sec. <u>10</u> , T <u>47N</u> , R <u>02W</u> (Use additional pages if construction of more than one outfall is proposed.)				
3.2 UTM Coordinates Easting (X): <u>662722</u> Northing (Y): <u>4301453</u> For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)				
3.3 Name of receiving streams: <u>Unnamed tributary to Hickory Lick Creek (U). First Classified Stream is Big Creek (C) (0207)</u>				
4.0 PROJECT OWNER				
NAME City of Warrenton		TELEPHONE NUMBER WITH AREA CODE (636) 456-3535		E-MAIL ADDRESS ggevers@warrenton-mo.org
ADDRESS 200 West Booneslick Road	CITY Warrenton	STATE MO	ZIP CODE 63383	
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 Same as above		TELEPHONE NUMBER WITH AREA CODE		E-MAIL ADDRESS
ADDRESS	CITY	STATE	ZIP CODE	
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 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 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 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 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 type="checkbox"/> NO				
6.0 ENGINEER				
ENGINEER NAME / COMPANY NAME Edward Brown, PE / Hazen and Sawyer		TELEPHONE NUMBER WITH AREA CODE (513) 469-2750		E-MAIL ADDRESS EBrown@hazenandsawyer.com
ADDRESS 7870 E. Kemper Rd, Suite 300	CITY Cincinnati	STATE OH	ZIP CODE 45249	
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 Guy Gevers, City of Warrenton			DATE 8-14-15	
TITLE OR CORPORATE POSITION Public Works Director		TELEPHONE NUMBER WITH AREA CODE (636) 456-3535		E-MAIL ADDRESS ggevers@warrenton-mo.org
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.				

PART B – LAND APPLICATION ONLY

(Submit only if the proposed construction project includes land application of wastewater.)

8.0 FACILITY INFORMATION

8.1 Type of wastewater to be irrigated: Domestic State/National Park Seasonal business
 Municipal Municipal with a pretreatment program or significant industrial users
 Other (explain) _____

8.2 Months when the business or enterprise will operate or generate wastewater:
 12 months per year Part of the year (list months): _____

8.3 This system is designed for:
 No-discharge.
 Partial irrigation when feasible and discharge rest of time.
 Irrigation during recreational season, April – October, and discharge during November – March.
 Other (explain) _____.

9.0 STORAGE BASINS

9.1 Number of storage basins: _____ (Use additional pages if greater than three basins.)

9.2 Type of basins: Steel Concrete Fiberglass Earthen Earthen with membrane liner

9.3 Storage basin dimensions at inside top of berm (feet). Report freeboard as feet from top of berm to emergency spillway or overflow pipe.
Basin #1: Length _____ Width _____ Depth _____ Freeboard _____ Depth _____ Safety _____ % Slope _____
Basin #2: Length _____ Width _____ Depth _____ Freeboard _____ Depth _____ Safety _____ % Slope _____
Basin #3: Length _____ Width _____ Depth _____ Freeboard _____ Depth _____ Safety _____ % Slope _____

9.4 Storage Basin operating levels (report as feet below emergency overflow level).
Basin #1: Maximum operating water level _____ ft Minimum operating water level _____ ft
Basin #2: Maximum operating water level _____ ft Minimum operating water level _____ ft
Basin #3: Maximum operating water level _____ ft Minimum operating water level _____ ft

9.5 Design depth of sludge in storage basins.
Basin #1: _____ ft Basin #2: _____ ft Basin #3: _____ ft

9.6 Existing sludge depth, if the basins are currently in operation.
Basin #1: _____ ft Basin #2: _____ ft Basin #3: _____ ft

9.7 Total design sludge storage: _____ dry tons and _____ cubic feet

10.0 LAND APPLICATION SYSTEM

10.1 Number of irrigation sites _____ Total Acres _____ Maximum % field slopes _____
Location: _____ ¼, _____ ¼, _____ ¼, _____ Sec. _____ T _____ R _____ County _____ Acres
Location: _____ ¼, _____ ¼, _____ ¼, _____ Sec. _____ T _____ R _____ County _____ Acres
Location: _____ ¼, _____ ¼, _____ ¼, _____ Sec. _____ T _____ R _____ County _____ Acres
(Use additional pages if greater than three irrigation sites.)

10.2 Type of vegetation: Grass hay Pasture Timber Row crops
 Other (describe) _____

10.3 Wastewater flow (dry weather) gallons per day: Average annual _____ Seasonal _____ Off-season _____

10.4 Land application rate (design flow including 1-in-10 year storm water flows):
Design: _____ inches/year _____ inches/hour _____ inches/day _____ inches/week
Actual: _____ inches/year _____ inches/hour _____ inches/day _____ inches/week

10.5 Total irrigation per year (gallons): Design: _____ gal Actual: _____ gal

10.6 Actual months used for irrigation (check all that apply):
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

10.7 Land application rate is based on:
 Hydraulic Loading Other (describe) _____
 Nutrient Management Plan (N&P) If N&P is selected, is the plan included? YES NO

AUG 18 2015



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM, WATER POLLUTION CONTROL BRANCH

Water Protection Program

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

FACILITY NAME Warrenton WWTF	
PERMIT NO. MO-0087912	COUNTY Warren

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.

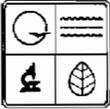
BASIC APPLICATION INFORMATION

- 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.
 - iv. Is otherwise required by the permitting authority to provide the information.
- 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 AN OPERATING PERMIT FOR
 FACILITIES THAT RECEIVE PRIMARILY DOMESTIC WASTE AND
 HAVE A DESIGN FLOW MORE THAN 100,000 GALLONS PER DAY**

FOR AGENCY USE ONLY	
CHECK NUMBER	
DATE RECEIVED	FEE SUBMITTED

PART A – BASIC APPLICATION INFORMATION

1. THIS APPLICATION IS FOR:

An operating permit for a new or unpermitted facility. Construction Permit # _____
 (Please include completed Antidegradation Review or request to conduct an Antidegradation Review, see instructions)

An operating permit renewal: Permit #MO- _____ Expiration Date _____

An operating permit modification: Permit #MO- _____ Reason: _____

1.1 Is the appropriate fee included with the application (see instructions for appropriate fee)? YES NO

2. FACILITY

NAME Warrenton WWTF		TELEPHONE NUMBER WITH AREA CODE 636-456-2491	
ADDRESS (PHYSICAL) 225 Willow Road	CITY Warrenton	STATE MO	ZIP 63383
2.1 LEGAL DESCRIPTION (Facility Site): NW ¼, SE ¼, SW ¼, Sec. 10/2, T 47N, R 02W			COUNTY Warren
2.2 UTM Coordinates Easting (X): 662722 Northing (Y): 4 3 0 1 4 5 3 For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)			
2.3 Name of receiving stream: Unnamed tributary to Hickory Lick Creek (U). First Classified Stream is Big Creek (C) (0207)			
2.4 Number of Outfalls: 1 wastewater outfalls, stormwater outfalls, instream monitoring sites			

3. OWNER

NAME City of Warrenton		E-MAIL ADDRESS ggevers@warrenton-mo.org	TELEPHONE NUMBER WITH AREA CODE 636-456-3535
ADDRESS 200 West Booneslick Road	CITY Warrenton	STATE MO	ZIP 63383
3.1 Request review of draft permit prior to Public Notice? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
3.2 Are you a Publically Owned Treatment Works (POTW)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
3.3 Are you a Privately Owned Treatment Facility? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
3.4 Are you a Privately Owned Treatment Facility regulated by the Public Service Commission (PSC)? <input type="checkbox"/> YES <input checked="" 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 Same as above		E-MAIL ADDRESS	TELEPHONE WITH AREA CODE
ADDRESS	CITY	STATE	ZIP

If the Continuing Authority is different than the Owner, please include a copy of the contract agreement between the two parties and a description of the responsibilities of both parties within the agreement.

5. OPERATOR

NAME Jeff Nelson	TITLE WWTP Supervisor	CERTIFICATE NUMBER (IF APPLICABLE) B 5891
E-MAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE 636-456-2494	

6. FACILITY CONTACT

NAME Guy Gevers		TITLE Public Works Director	
E-MAIL ADDRESS ggevers@warrenton-mo.org		TELEPHONE NUMBER WITH AREA CODE 636-456-3535	
ADDRESS 200 West Booneslick Road	CITY Warrenton	STATE MO	ZIP CODE 63383

FACILITY NAME
Warrenton WWTF

PERMIT NO.
MO- 0087912

OUTFALL NO.
001

PART A – BASIC APPLICATION INFORMATION

7. FACILITY INFORMATION

7.1 Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant. Show all of the treatment units, including disinfection (e.g. – Chlorination and Dechlorination), influents, and outfalls. Indicate any treatment process changes in the routing of wastewater during dry weather and peak wet weather. Include a brief narrative description of the diagram. Attach sheets as necessary.

See attached figures

FACILITY NAME Warrenton WWTF	PERMIT NO. MO- 0087912	OUTFALL NO. 001
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PART A – BASIC APPLICATION INFORMATION

7. FACILITY INFORMATION (continued)

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.

- The area surrounding the treatment plant, including all unit processes.
- The location of the downstream landowner(s). (See Item 10.)
- 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.
- The actual point of discharge.
- 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.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (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 Facility SIC Code: 4952	Discharge SIC Code: 4952
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7.4 Number of people presently connected or population equivalent (P.E.): 8741 Design P.E. 12286

7.5 Connections to the facility:
 Number of units presently connected:
 Homes _____ Trailers _____ Apartments _____ Other (including industrial) _____
 Number of Commercial Establishments: _____

7.6 Design Flow **2.0 MGD** Actual Flow **1.6 MGD**

7.7 Will discharge be continuous through the year? Yes No
 Discharge will occur during the following months: How many days of the week will discharge occur?

7.8 Is industrial waste discharged to the facility? Yes No
 If yes, please describe the number and types of industries that discharge to your facility.

Warrenton receives wastewater from the Truesdale Coca-Cola facility and has an active pre-treatment program.

Refer to the APPLICATION OVERVIEW to determine whether additional information is needed for Part F.

7.9 Does the facility accept or process leachate from landfills? Yes No

7.10 Is wastewater land applied? Yes No
 If yes, is Form I attached? Yes No

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

7.12 Has a wasteload allocation study been completed for this facility? Yes No

8. LABORATORY CONTROL INFORMATION

LABORATORY WORK CONDUCTED BY PLANT PERSONNEL

Lab work conducted outside of plant.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Push-button or visual methods for simple test such as pH, settleable solids.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Additional procedures such as Dissolved Oxygen, Chemical Oxygen Demand, Biological Oxygen Demand, titrations, solids, volatile content.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
More advanced determinations such as BOD seeding procedures, fecal coliform, nutrients, total oils, phenols, etc.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Highly sophisticated instrumentation, such as atomic absorption and gas chromatograph.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

FACILITY NAME Warrenton WWTF	PERMIT NO. MO- 0087912	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 450 Actual Dry Tons/Year 128.1

9.3 Sludge storage provided: 134000 Cubic feet; 240 Days of storage; 1.6 Average percent solids of sludge;
 No sludge storage is provided. Sludge is stored in lagoon.

9.4 Type of storage: Holding Tank Building
 Basin Lagoon
 Concrete Pad Other (Please describe) _____

9.5 Sludge Treatment:
 Anaerobic Digester Storage Tank Lime Stabilization Lagoon
 Aerobic Digester Air or Heat Drying Composting Other (Attach Description)

9.6 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) _____

9.7 Person responsible for hauling sludge to disposal facility:
 By Applicant By Others (complete below)

NAME		E-MAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE WITH AREA CODE	PERMIT NO. MO-	

9.8 Sludge use or disposal facility:
 By Applicant By Others (Please complete below)

NAME		E-MAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE WITH AREA CODE	PERMIT NO. MO-	

9.9 Does the sludge or biosolids disposal comply with Federal Sludge Regulation 40 CFR 503?
 Yes No (Please explain)

END OF PART A

FACILITY NAME Warrenton WWTF	PERMIT NO. MO- MO-0087912	OUTFALL NO. 001
PART B – ADDITIONAL APPLICATION INFORMATION		
10. COLLECTION SYSTEM		
10.1 Length of sanitary sewer collection system in miles <u>64</u>		
10.2 Does significant infiltration occur in the collection system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, briefly explain any steps underway or planned to minimize inflow and infiltration:		
11. BYPASSING		
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, explain:		
12. 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 the 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	EMAIL ADDRESS	
RESPONSIBILITIES OF CONTRACTOR		
13. 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. Wastewater CIP Report (2014), Phase 1 - Headworks Upgrade (proposed with this application) Wastewater CIP REport (2014), Phase 2B - WWTP Biosolids Dewatering (no scheduled date) Wastewater CIP Report (2014), Phase 3 - WWTP Orbal Process Controls Upgrade (no scheduled date)		

FACILITY NAME Warrenton WWTF	PERMIT NO. MO- MO-0087912	OUTFALL NO. 001
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PART B – ADDITIONAL APPLICATION INFORMATION

14. EFFLUENT TESTING DATA

Applicants 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. At a minimum, effluent testing data must be based on at least **three samples** and must be no more than four and one-half years apart.

Outfall Number

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.5	S.U.		S.U.	
pH (Maximum)	7.8	S.U.		S.U.	
Flow Rate	4.292	MGD	2.439	MGD	

*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	Number of Samples		

Conventional and Nonconventional Compounds

BIOCHEMICAL OXYGEN DEMAND (Report One)	BOD ₅		mg/L	5	mg/L		SM5210B	
	CBOD ₅		mg/L		mg/L			
E. COLI			#/100 mL		#/100 mL			
TOTAL SUSPENDED SOLIDS (TSS)			mg/L	2	mg/L		SM 2540B	
AMMONIA (as N)	0.3		mg/L	0.3	mg/L		SM 4500NH3BC	
CHLORINE* (TOTAL RESIDUAL, TRC)			mg/L		mg/L			
DISSOLVED OXYGEN			mg/L		mg/L			
OIL and GREASE	1		mg/L	1	mg/L		EPA 1664	
OTHER			mg/L		mg/L			

*Report only if facility chlorinates

END OF PART B

Effluent Test Results based upon WWTF DMR Sampling Summary for Outfall #001, June 2015.

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PART C – CERTIFICATION

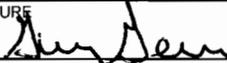
15. CERTIFICATION

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 Guy Gevers, City of Warrenton	OFFICIAL TITLE (MUST BE AN OFFICER OF THE COMPANY OR CITY OFFICIAL) Public Works Director
---	--

SIGNATURE


TELEPHONE NUMBER WITH AREA CODE
(636) 456-3535

DATE SIGNED
8-14-15

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.

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 PARTS OF FORM B2 YOU MUST COMPLETE.

Do not complete the remainder of this application, unless at least one of the following statements applies to your facility:

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.

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL

FACILITY NAME Warrenton WWTF	PERMIT NO. MO- MO-0087912	OUTFALL NO. 001
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PART D – EXPANDED EFFLUENT TESTING DATA

16. EXPANDED EFFLUENT TESTING DATA

Refer to the APPLICATION OVERVIEW to determine whether Part D applies to the treatment works.

If the treatment works has a design flow greater than or equal to 1 million gallons per day or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information 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. The facility shall use sufficiently sensitive analytical methods for detecting, identifying, and measuring the concentrations of pollutants. 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. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least **three pollutant scans** and must be no more than four and one-half years apart.

Outfall Number (Complete Once for Each Outfall Discharging Effluent to Waters of the State.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	No. of Samples		

METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS AND HARDNESS

ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM III											
CHROMIUM VI											
COPPER	5	ug/L			5	ug/L				SM 6020	
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC	27	ug/L			27	ug/L				SM 6020	
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (as CaCO ₃)											

VOLATILE ORGANIC COMPOUNDS

ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CHLOROBENZENE											

FACILITY NAME Warrenton WWTF	PERMIT NO. MO- MO-0087912	OUTFALL NO. 001
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PART D – EXPANDED EFFLUENT TESTING DATA

16. EXPANDED EFFLUENT TESTING DATA

Complete Once for Each Outfall Discharging Effluent to Waters of the State

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	No. of Samples			
CHLORODIBROMO-METHANE												
CHLOROETHANE												
2-CHLORO-ETHYL VINYL ETHER												
CHLOROFORM												
DICHLOROBROMO-METHANE												
1,1-DICHLORO-ETHANE												
1,2-DICHLORO-ETHANE												
TRANS-1,2-DICHLOROETHYLENE												
1,1-DICHLORO-ETHYLENE												
1,2-DICHLORO-PROPANE												
1,3-DICHLORO-PROPYLENE												
ETHYLBENZENE												
METHYL BROMIDE												
METHYL CHLORIDE												
METHYLENE CHLORIDE												
1,1,2,2-TETRA-CHLOROETHANE												
TETRACHLORO-ETHANE												
TOLUENE												
1,1,1-TRICHLORO-ETHANE												
1,1,2-TRICHLORO-ETHANE												
TRICHLORETHYLENE												
VINYL CHLORIDE												

ACID-EXTRACTABLE COMPOUNDS

P-CHLORO-M-CRESOL												
2-CHLOROPHENOL												
2,4-DICHLOROPHENOL												
2,4-DIMETHYLPHENOL												
4,6-DINITRO-O-CRESOL												
2,4-DINITROPHENOL												
2-NITROPHENOL												
4-NITROPHENOL												

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PART D – EXPANDED EFFLUENT TESTING DATA

16. EXPANDED EFFLUENT TESTING DATA

Complete Once for Each Outfall Discharging Effluent to Waters of the State.

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	No. of Samples			
PENTACHLOROPHENOL												
PHENOL												
2,4,6-TRICHLOROPHENOL												
BASE-NEUTRAL COMPOUNDS												
ACENAPHTHENE												
ACENAPHTHYLENE												
ANTHRACENE												
BENZIDINE												
BENZO(A)ANTHRACENE												
BENZO(A)PYRENE												
3,4-BENZO-FLUORANTHENE												
BENZO(GH) PHERYLENE												
BENZO(K) FLUORANTHENE												
BIS (2-CHLOROTHOXY) METHANE												
BIS (2-CHLOROETHYL) – ETHER												
BIS (2-CHLOROISO-PROPYL) ETHER												
BIS (2-ETHYLHEXYL) PHTHALATE												
4-BROMOPHENYL PHENYL ETHER												
BUTYL BENZYL PHTHALATE												
2-CHLORONAPH-THALENE												
4-CHLORPHENYL PHENYL ETHER												
CHRYSENE												
DI-N-BUTYL PHTHALATE												
DI-N-OCTYL PHTHALATE												
DIBENZO (A,H) ANTHRACENE												
1,2-DICHLORO-BENZENE												
1,3-DICHLORO-BENZENE												
1,4-DICHLORO-BENZENE												
3,3-DICHLORO-BENZIDINE												
DIETHYL PHTHALATE												
DIMETHYL PHTHALATE												

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL

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PART E – TOXICITY TESTING DATA

17. TOXICITY TESTING DATA

Refer to the APPLICATION OVERVIEW to determine whether Part E applies to the treatment works.

Publicly owned treatment works, or POTWs, meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points.

- A. POTWs with a design flow rate greater than or equal to 1 million gallons per day
- B. POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403)
- C. POTWs required by the permitting authority to submit data for these parameters
 - At a minimum, these results must include quarterly testing for a 12-month period within the past one year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute or chronic toxicity, depending on the range of receiving water dilution. Do not include information about 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.
 - If EPA methods were not used, report the reason for using alternative methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E. If no biomonitoring data is required, do not complete Part E. Refer to the application overview for directions on which other sections of the form to complete.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years: _____ chronic 4 acute

Complete the following chart for the last three whole effluent toxicity tests. Allow one column per test. Copy this page if more than three tests are being reported.

	Most Recent	2 ND Most Recent	3 RD Most Recent
A. Test Information			
Test Method Number	*	*	*
Final Report Number	MO 1713213	MO 1608714	MO 1503502
Outfall Number	#001	#001	#001
Dates Sample Collected	08/11/2014-08/12/2014	08/19/2013-08/20/2013	08/20/2012-08/21/2012
Date Test Started	08/13/2014	08/21/2013	08/22/2012
Duration	48 hours	48 hours	48 hours
B. Toxicity Test Methods Followed			
Manual Title	*	*	*
Edition Number and Year of Publication	5th Ed. 2002.	5th Ed. 2002.	5th Ed. 2002.
Page Number(s)			
C. Sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used			
24-Hour Composite	Autosampler	Autosampler	Autosampler
Grab			
D. Indicate where the sample was taken in relation to disinfection (Check all that apply for each)			
Before Disinfection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Disinfection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Dechlorination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Describe the point in the treatment process at which the sample was collected			
Sample Was Collected:	Effluent sampler	Effluent sampler	Effluent sampler
F. Indicate whether the test was intended to assess chronic toxicity, acute toxicity, or both			
Chronic Toxicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute Toxicity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G. Provide the type of test performed			
Static	<input checked="" type="checkbox"/> **	<input checked="" type="checkbox"/> **	<input checked="" type="checkbox"/> **
Static-renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flow-through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Source of dilution water. If laboratory water, specify type; if receiving water, specify source			
Laboratory Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving Water	<input checked="" type="checkbox"/> Upstream water	<input checked="" type="checkbox"/> Upstream water	<input checked="" type="checkbox"/> Upstream water

*USEPA, 2002. *Methods for measuring the acute toxicity of effluents and receiving waters to freshwater and marine organisms*, 5th Ed. EPA-821-R-02-012.
 **Multiple dilution, 48 hours. *Caedonella dubia* and *Daphnia pulex*, AEC=100%

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PART E – TOXICITY TESTING DATA

17. TOXICITY TESTING DATA (continued)

	Most Recent	2 ND Most Recent	3 RD Most Recent
I. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh Water	Fresh water	Fresh water	Fresh water
Salt Water			

J. Percentage of effluent used for all concentrations in the test series

K. Parameters measured during the test (State whether parameter meets test method specifications)

pH	SM18 4500-H B	SM18 4500-H B	SM18 4500-H B
Salinity			
Temperature	SM18 2550B	SM18 2550B	SM18 2550B
Ammonia	SM18 4500-NH3 F	SM18 4500-NH3 F	SM18 4500-NH3 F
Dissolved Oxygen	SM18 4500-O G	SM18 4500-O G	SM18 4500-O G

L. Test Results

Acute:

Percent Survival in 100% Effluent	100%	100%	100%
LC ₅₀	>100% Effluent	>100% Effluent	>100% Effluent
95% C.I.			
Control Percent Survival	100%	100%	100%
Other (Describe)			

Chronic:

NOEC			
IC ₂₅			
Control Percent Survival			
Other (Describe)			

M. Quality Control/ Quality Assurance

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	08/06/2014	08/07/2013	08/01/2012
Other (Describe)			

Is the treatment works involved in a toxicity reduction evaluation? Yes No

If yes, describe:

If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date Submitted (MM/DD/YYYY)

Summary of Results (See Instructions)

END OF PART E

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

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL

FACILITY NAME Warrenton WWTF	PERMIT NO. MO- MO-0087912	OUTFALL NO. 001
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PART F – INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

20. RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE

20.1 Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail or dedicated pipe?
 Yes No

20.2 Method by which RCRA waste is received. (Check all that apply)
 Truck Rail Dedicated Pipe

20.3 Waste Description

EPA Hazardous Waste Number	Amount (volume or mass)	Units

21. CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER

21.1 Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?
 Yes No
 Provide a list of sites and the requested information for each current and future site.

21.2 Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/ or other remedial waste originates (or is expected to originate in the next five years).

21.3 List the hazardous constituents that are received (or are expected to be received). Included data on volume and concentration, if known. (Attach additional sheets if necessary)

21.4 Waste Treatment

a. Is this waste treated (or will it be treated) prior to entering the treatment works?
 Yes No
 If Yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?
 Continuous Intermittent
 If intermittent, describe the discharge schedule:

END OF PART F

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

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL

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PART G – COMBINED SEWER SYSTEMS

Refer to the APPLICATION OVERVIEW to determine whether Part G applies to the treatment works.

22. GENERAL INFORMATION

22.1 System Map. Provide a map indicating the following: (May be included with basic application information.)

- A. All CSO Discharges.
- B. Sensitive Use Areas Potentially Affected by CSOs. (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems and Outstanding Natural Resource Waters.)
- C. Waters that Support Threatened and Endangered Species Potentially Affected by CSOs.

22.2 System Diagram. Provide a diagram, either in the map provided above or on a separate drawing, of the Combined Sewer Collection System that includes the following information:

- A. Locations of Major Sewer Trunk Lines, Both Combined and Separate Sanitary.
- B. Locations of Points where Separate Sanitary Sewers Feed into the Combined Sewer System.
- C. Locations of In-Line or Off-Line Storage Structures.
- D. Locations of Flow-Regulating Devices.
- E. Locations of Pump Stations.

22.3 Percent of collection system that is combined sewer

22.4 Population served by combined sewer collection system

22.5 Name of any satellite community with combined sewer collection system

23. CSO OUTFALLS. COMPLETE THE FOLLOWING ONCE FOR EACH CSO DISCHARGE POINT

23.1 Description of Outfall

- a. Outfall Number
- b. Location

- c. Distance from Shore (if applicable) _____ ft
- d. Depth Below Surface (if applicable) _____ ft
- e. Which of the following were monitored during the last year for this CSO?
 Rainfall CSO Pollutant Concentrations CSO
 CSO Flow Volume Receiving Water Quality
- f. How many storm events were monitored last year?

23.2 CSO Events

- a. Give the Number of CSO Events in the Last Year Events Actual Approximate
- b. Give the Average Duration Per CSO Event
Hours Actual Approximate
- c. Give the Average Volume Per CSO Event
Million Gallons Actual Approximate
- d. Give the minimum rainfall that caused a CSO event in the last year _____ inches of rainfall

23.3 Description of Receiving Waters

- a. Name of Receiving Water
- b. Name of Watershed/River/Stream System
- c. U.S. Soil Conservation Service 14-Digit Watershed Code (If Known)
- d. Name of State Management/River Basin
- e. U.S. Geological Survey 8- Digit Hydrologic Cataloging Unit Code (If Known)

23.4 CSO Operations

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shellfish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable state water quality standard.)

END OF PART G

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