



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
**FORM B: APPLICATION FOR OPERATING PERMIT FOR FACILITIES THAT
 RECEIVE PRIMARILY DOMESTIC WASTE AND HAVE A DESIGN FLOW LESS
 THAN OR EQUAL TO 100,000 GALLONS PER DAY**

FOR AGENCY USE ONLY	
CHECK NUMBER	
DATE RECEIVED	FEE SUBMITTED

READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. THIS APPLICATION IS FOR:

An operating permit for a new or unpermitted facility. Construction Permit # _____
 (Include completed antidegradation review or request for antidegradation review, see instructions)

A new site-specific operating permit formerly general permit #MOG _____

A site-specific operating permit renewal: Permit #MO- _____ Expiration Date _____

A site-specific operating permit modification: Permit #MO- _____ Reason: _____

General permit (MOGD – Non POTWs discharging < 50,000 GPD or MOG823 – Land Application of Domestic Wastewater):
 Permit #MO- _____ Expiration Date _____

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

2. FACILITY

NAME		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS (PHYSICAL)	CITY	STATE	ZIP CODE

2.1 Legal description: _____, _____, _____, Sec. _____, T _____, R _____ County _____

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

2.3 Name of receiving stream: _____

2.4 Number of outfalls: _____ Wastewater outfalls: _____ Stormwater outfalls: _____ Instream monitoring sites: _____

3. OWNER

NAME		EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE
ADDRESS	CITY	STATE	ZIP CODE

3.1 Request review of draft permit prior to public notice? YES NO

3.2 Are you a publicly owned treatment works? YES NO
 If yes, is the Financial Questionnaire attached? YES NO

3.3 Are you a privately owned treatment works? YES NO

3.4 Are you a privately owned treatment facility regulated by the Public Service Commission? YES NO

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

NAME		EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE
ADDRESS	CITY	STATE	ZIP CODE

If the continuing authority is different than the owner, 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	TITLE	CERTIFICATE NUMBER
EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE	

6. FACILITY CONTACT

NAME		TITLE	
EMAIL ADDRESS		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE

7. DESCRIPTION OF FACILITY

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. Specify where samples are taken. 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.

7.2 Attach an aerial photograph or USGS topographic map showing the location of the facility and outfall.

8. ADDITIONAL FACILITY INFORMATION

8.1	Facility SIC code: _____ Discharge SIC code: _____
8.2	Number of people presently connected or population equivalent (P.E.) _____ Design P.E. _____
8.3	Connections to the facility: Number of units presently connected: Homes _____ Trailers _____ Apartments _____ Other (including industrial) _____ Number of commercial establishments: _____
8.4	Design flow: _____ Actual flow: _____
8.5	Will discharge be continuous through the year? <input type="checkbox"/> Yes <input type="checkbox"/> No Discharge will occur during the following months: How many days of the week will discharge occur?
8.6	Is industrial wastewater discharged to the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a list of the industries that discharge to your facility
8.7	Does the facility accept or process leachate from landfills? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.8	Is wastewater land applied? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is Form I attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.9	Does the facility discharge to a losing stream or sinkhole? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.10	Has a wasteload allocation study been completed for this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No

9. LABORATORY CONTROL INFORMATION

LABORATORY WORK CONDUCTED BY PLANT PERSONNEL

Lab work conducted outside of plant. Yes No

Push-button or visual methods for simple test such as pH, settleable solids. Yes No

Additional procedures such as dissolved oxygen, chemical oxygen demand, biological oxygen demand, titrations, solids, volatile content. Yes No

More advanced determinations such as BOD seeding procedures, fecal coliform, nutrients, total oils, phenols, etc. Yes No

Highly sophisticated instrumentation, such as atomic absorption and gas chromatograph. Yes No

10. COLLECTION SYSTEM

10.1 Length of pipe in the sewer collection system? _____ Feet, or _____ Miles (either unit is appropriate)

10.2 Does significant infiltration occur in the collection system? Yes No
If yes, briefly explain any steps underway or planned to minimize inflow and infiltration:

11. BYPASSING

Does any bypassing occur in the collection system or at the treatment facility? Yes No
If yes, explain:

12. SLUDGE HANDLING, USE AND DISPOSAL

12.1 Is the sludge a hazardous waste as defined by 10 CSR 25? Yes No

12.2 Sludge production, including sludge received from others: _____ Design dry tons/year _____ Actual dry tons/year

12.3 Capacity of sludge holding structures:
 Sludge storage provided: _____ cubic feet; _____ days of storage; _____ average percent solids of sludge;
 No sludge storage is provided. Sludge is stored in lagoon.

12.4 Type of Storage: Holding tank Building
 Basin Lagoon
 Concrete Pad Other (Describe) _____

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

12.6 Sludge Use or Disposal:
 Land Application Surface Disposal (Sludge Disposal Lagoon, Sludge held for more than two years)
 Contract Hauler Hauled to Another treatment facility
 Incineration Sludge Retained in Wastewater treatment lagoon
 Solid waste landfill

12.7 Person responsible for hauling sludge to disposal facility:
 By applicant By others (complete below)

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

12.8 Sludge use or disposal facility
 By applicant By others (Complete below.)

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

12.9 Does the sludge or biosolids disposal comply with federal sludge regulations under 40 CFR 503?
 Yes No (Explain)

13. ELECTRONIC DISCHARGE MONITORING REPORT (eDMR) SUBMISSION SYSTEM

Per 40 CFR Part 127 National Pollutant Discharge Elimination System (NPDES) Electronic Reporting Rule, reporting of effluent limits and monitoring shall be submitted by the permittee via an electronic system to ensure timely, complete, accurate, and nationally consistent set of data. **One of the following must be checked in order for this application to be considered complete.** Please visit <http://dnr.mo.gov/env/wpp/edmr.htm> to access the Facility Participation Package.

- You have completed and submitted with this permit application the required documentation to participate in the eDMR system.
- You have previously submitted the required documentation to participate in the eDMR system and/or you are currently using the eDMR system.
- You have submitted a written request for a waiver from electronic reporting. See instructions for further information regarding waivers.

14. CERTIFICATION

I certify that I am familiar with the information contained in the application, that to the best of my knowledge and belief such information is true, complete and accurate, and if granted this permit, I agree to abide by the Missouri Clean Water Law and all rules, regulations, orders and decisions, subject to any legitimate appeal available to applicant under the Missouri Clean Water Law.

NAME (TYPE OR PRINT)	OFFICIAL TITLE	TELEPHONE NUMBER WITH AREA CODE
SIGNATURE		DATE SIGNED

INSTRUCTIONS FOR COMPLETING FORM B: APPLICATION FOR OPERATING PERMIT FOR FACILITIES THAT RECEIVE PRIMARILY DOMESTIC WASTE AND HAVE A DESIGN FLOW LESS THAN OR EQUAL TO 100,000 GALLONS PER DAY
(Facilities over 100,000 gallons per day of domestic waste must use FORM B2)
(Facilities that receive wastes other than domestic contact the department)

1. Check the appropriate box. **Do not check more than one item.** Operating permit refers to a permit issued by the Department of Natural Resources' Water Protection Program. If an Antidegradation Review has not been conducted, submit the application located at the following link to the Missouri Department of Natural Resources, Water Protection Program, P.O. Box 176, Jefferson City, MO 65102: <http://dnr.mo.gov/forms/780-1893-f.pdf>

1.1 **Fees Information:**

DOMESTIC OPERATING PERMIT FEES – PRIVATE

Annual operating permit fees are based on flow.

Annual fee/Design flow	Annual fee/Design flow	Annual fee/Design flow
\$150.....<5,000 gpd	\$1,000..... 15,000-24,999 gpd	\$4,000..... 100,000-249,999 gpd
\$300.....5,000-9,999 gpd	\$1,500.....25,000-29,999 gpd	\$5,000.....≥250,000 gpd
\$600.....10,000-14,999 gpd	\$3,000.....30,000-99,999 gpd	

New domestic wastewater treatment facilities must submit the annual fee with the original application.

If the application is for a site-specific permit re-issuance, send no fees. You will be invoiced separately by the department on the anniversary date of the original permit. Permit fees must be current for the department to reissue the operating permit. Late fees of two percent per month are charged and added to outstanding annual fees.

PUBLIC SEWER SYSTEM OPERATING PERMIT FEES (city, public sewer district, public water district, or other publicly owned treatment works). Annual fee is based on number of service connections. Fees listings are found in 10 CSR 20-6.011 which is available at <http://s1.sos.mo.gov/cmsimages/adrules/csr/current/10csr/10c20-6.pdf>. New public sewer system facilities should not submit any fee as the department will invoice the permittee.

OPERATING PERMIT MODIFICATIONS, including transfers, are subject to the following fees:

- a. Publicly Owned Treatment Works (POTWs) - \$200 each.
- b. Non-POTWs – \$100 each for a minor modification (name changes, address changes, other non-substantive changes) or a fee equal to 25% of the facility's annual operating fee for a major modification.

2. Name of Facility – Include the name by which this facility is locally known. Example: Southwest Sewage Treatment Plant, Country Club Mobile Home Park, etc. Provide the street address or location of the facility. If the facility lacks a street name or route number, provide the names of the closest intersection, highway, country road, etc.

2.1 Self-explanatory

2.2 Global Positioning System, or GPS, is a satellite-based navigation system. The department prefers that a GPS receiver is used at the outfall pipe and the displayed coordinates submitted. If access to a GPS receiver is not available, use a mapping system to approximate the coordinates; the department's mapping system is available at www.dnr.mo.gov/internetmapviewer/.

2.3-2.4 Self-explanatory

3. Owner – Provide the legal name, mailing address, phone number, and email address of the owner. Prior to submitting a permit to public notice, the Department of Natural Resources shall provide the permit applicant 15 days to review the draft permit for nonsubstantive drafting errors. In the interest of expediting permit issuance, permit applicants may waive the opportunity to review draft permits prior to public notice.

3.2-3.4 Self-explanatory.

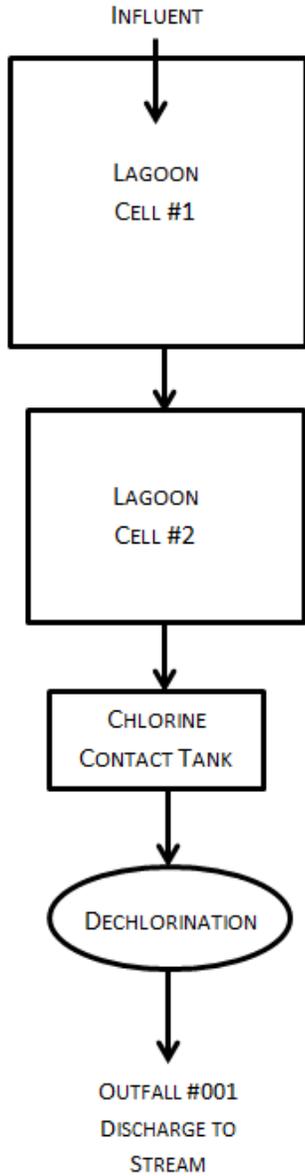
4. Continuing Authority – Include the permanent organization that will serve as the continuing authority for the operation, maintenance and modernization of the facility. The regulatory requirement regarding continuing authority is available at <http://s1.sos.mo.gov/cmsimages/adrules/csr/current/10csr/10c20-6.pdf> or contact the Department of Natural Resources Water Protection Program (see contact information below).

5. Operator – Provide the name, certificate number, title, mailing address, phone number, and e-mail address of the operator of the facility.

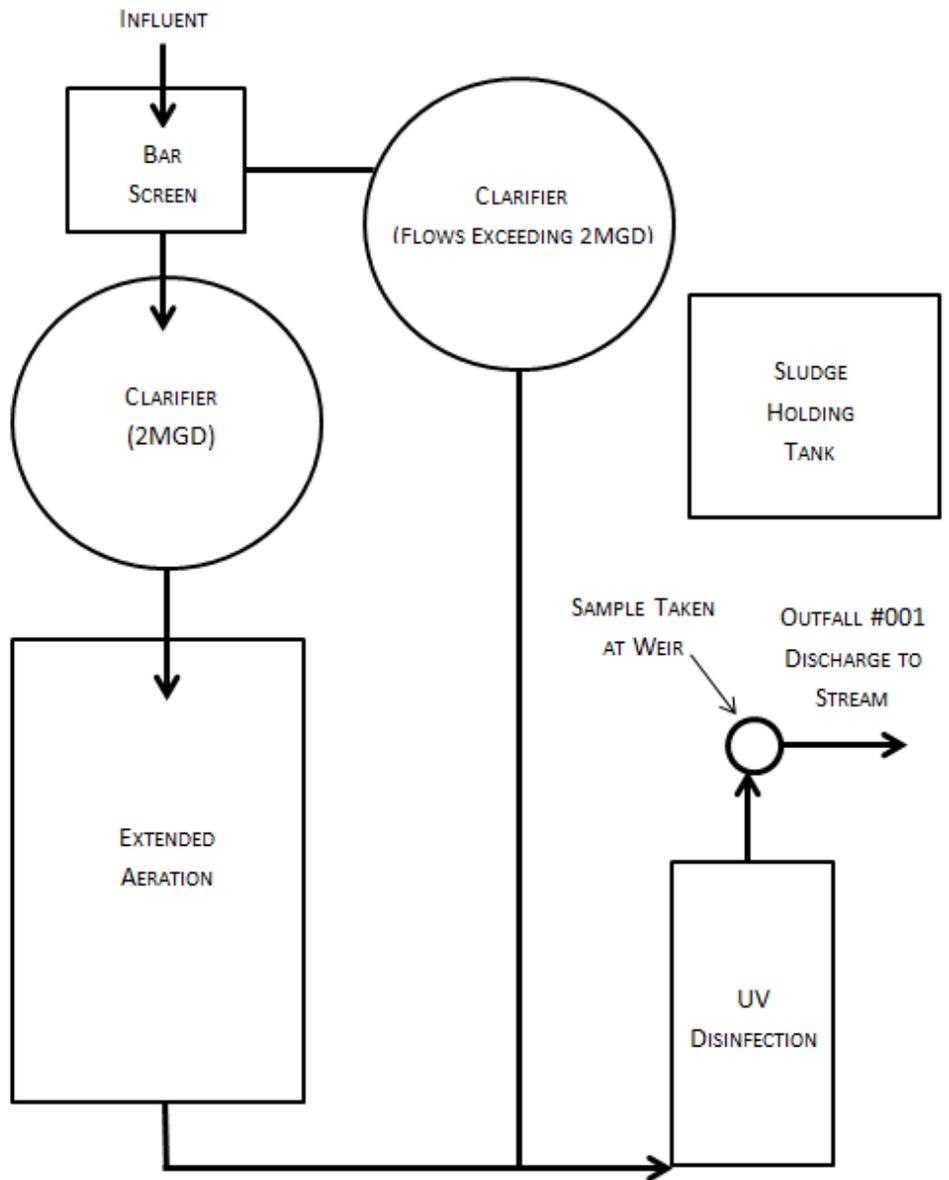
6. Provide the name, title, mailing address, work phone number, and e-mail address of a person who is thoroughly familiar with the operation of the facility and with the facts reported in this application and who can be contacted by the department.

7.1 Process Flow Diagram Examples

WASTEWATER TREATMENT LAGOON



WASTEWATER TREATMENT FACILITY



- 7.2 A topographic map is available on the Web at www.dnr.mo.gov/internetmapviewer/ or from the Department of Natural Resources' Geological Survey Division in Rolla at 573-368-2125.
- 8.1 For Standard Industrial Codes visit www.osha.gov/pls/imis/sicsearch.html or contact the Department of Natural Resources' Water Protection Program. For example, a family style restaurant has a Facility SIC code of 5812.
- 8.2-8.7 Self-explanatory.
- 8.8 If wastewater is land applied submit for Form I: www.dnr.mo.gov/forms/780-1686-f.pdf.
- 8.9-8.10 Self-explanatory

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9. Self-explanatory.
- 10.1 Self-explanatory.
- 10.2 If Inflow and Infiltration (I&I) is a problem at the facility, list possible actions to be taken to repair the collection and treatment facility.
11. Include overflows of combined sewers and lift stations or bypassing of the wastewater treatment facility. Provide a detailed description of the circumstances that sewage bypassing occurs and the frequency of occurrence.
12. A copy of 10 CSR 25 is available on the Web at www.sos.mo.gov/adrules/csr/current/10csr/10csr.asp#10-25.
- 12.1-12.9 Self-explanatory.
- 12.9 Refer to University of Missouri Extension Environmental Quality publications about biosolids (WQ420-WQ426). The documents are available at extension.missouri.edu/main/DisplayCategory.aspx?C=74. In addition, the federal sludge regulations are available through the U.S. Government Printing Office at <https://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>.
13. Electronic Discharge Monitoring Report (eDMR) Submission System – Visit the eDMR site at <http://dnr.mo.gov/env/wpp/edmr.htm> and click on the “Facility Participation Package” link. The eDMR Permit Holder and Certifier Registration Form and information about the eDMR system can be found in the Facility Participation Package. Waivers to electronic reporting may be granted by the Department per 40 CFR 127.15 under certain, special circumstances. A written request must be submitted to the Department for approval. Waivers may be granted to facilities owned or operated by:
- a. members of religious communities that choose not to use certain technologies or
 - b. permittees located in areas with limited broadband access. The National Telecommunications and Information Administration (NTIA) in collaboration with the Federal Communications Commission (FCC) have created a broadband internet availability map: <http://www.broadbandmap.gov/>. Please contact the Department if you need assistance.
14. CERTIFICATION
- Signature - All applications must be signed as follows and the signatures must be **original**:
- a. For a corporation, by an officer having responsibility for the overall operation of the regulated facility or activity or for environmental matters.
 - b. For a partnership or sole proprietorship, by a general partner or the proprietor.
 - c. For a municipal, state, federal or other public facility, by either a principal executive officer or by an individual having overall responsibility for environmental matters at the facility.

Submittal of an incomplete application may result in the application being returned.

This completed form and any attachments along with the applicable permit fees, should be submitted to:

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

Map of regional offices with addresses and phone numbers are available on the web at <http://dnr.mo.gov/regions/>. If there are any questions concerning this form, contact the appropriate regional office or the Department of Natural Resources, Water Protection Program, Operating Permits Section at 800-361-4827 or 573-751-6825.