

MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH
**FORM C – APPLICATION FOR DISCHARGE PERMIT –
MANUFACTURING, COMMERCIAL, MINING,
SILVICULTURE OPERATIONS, PROCESS AND STORMWATER**

FOR AGENCY USE ONLY	
CHECK NO.	
DATE RECEIVED	FEE SUBMITTED

NOTE: DO NOT ATTEMPT TO COMPLETE THIS FORM BEFORE READING THE ACCOMPANYING INSTRUCTIONS

1.00 NAME OF FACILITY

1.10 THIS FACILITY IS NOW IN OPERATION UNDER MISSOURI OPERATING PERMIT NUMBER

1.20 THIS IS A NEW FACILITY AND WAS CONSTRUCTED UNDER MISSOURI CONSTRUCTION PERMIT NUMBER (COMPLETE ONLY IF THIS FACILITY DOES NOT HAVE AN OPERATING PERMIT).

2.00 LIST THE STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES APPLICABLE TO YOUR FACILITY (FOUR DIGIT CODE)

A. FIRST _____ B. SECOND _____
C. THIRD _____ D. FOURTH _____

2.10 FOR EACH OUTFALL GIVE THE LEGAL DESCRIPTION.

OUTFALL NUMBER (LIST) _____ 1/4 _____ 1/4 SEC _____ T _____ R _____ COUNTY

2.20 FOR EACH OUTFALL LIST THE NAME OF THE RECEIVING WATER

OUTFALL NUMBER (LIST) _____ RECEIVING WATER _____

2.30 BRIEFLY DESCRIBE THE NATURE OF YOUR BUSINESS

2.40 CONTINUED

C. EXCEPT FOR STORM RUNOFF, LEAKS OR SPILLS, ARE ANY OF THE DISCHARGES DESCRIBED IN ITEMS A OR B INTERMITTENT OR SEASONAL?

YES (COMPLETE THE FOLLOWING TABLE) NO (GO TO SECTION 2.50)

1. OUTFALL NUMBER <i>(list)</i>	2. OPERATION(S) CONTRIBUTING FLOW <i>(list)</i>	3. FREQUENCY		4. FLOW				C. DURATION <i>(in days)</i>
		A. DAYS PER WEEK <i>(specify average)</i>	B. MONTHS PER YEAR <i>(specify average)</i>	A. FLOW RATE <i>(in mgd)</i>		B. TOTAL VOLUME <i>(specify with units)</i>		
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	4. LONG TERM DAILY	3. MAXIMUM AVERAGE	

2.50 MAXIMUM PRODUCTION

A. DOES AN EFFLUENT GUIDELINE LIMITATION PROMULGATED BY EPA UNDER SECTION 304 OF THE CLEAN WATER ACT APPLY TO YOUR FACILITY?

YES (COMPLETE B.) NO (GO TO SECTION 2.60)

B. ARE THE LIMITATIONS IN THE APPLICABLE EFFLUENT GUIDELINES EXPRESSED IN TERMS OF PRODUCTION (OF OTHER MEASURE OF OPERATION)?

YES (COMPLETE c.) NO (GO TO SECTION 2.60)

C. IF YOU ANSWERED "YES" TO B. LIST THE QUANTITY THAT REPRESENTS AN ACTUAL MEASUREMENT OF YOUR MAXIMUM LEVEL OF PRODUCTION, EXPRESSED IN THE TERMS AND UNITS USED IN THE APPLICABLE EFFLUENT GUIDELINE AND INDICATE THE AFFECTED OUTFALLS.

1. MAXIMUM QUANTITY			2. AFFECTED OUTFALLS <i>(list outfall numbers)</i>
A. QUANTITY PER DAY	B. UNITS OF MEASURE	C. OPERATION, PRODUCT, MATERIAL, ETC. <i>(specify)</i>	

2.60 IMPROVEMENTS

A. ARE YOU NOW REQUIRED BY ANY FEDERAL, STATE OR LOCAL AUTHORITY TO MEET, ANY IMPLEMENTATION SCHEDULE FOR THE CONSTRUCTION, UPGRADING OR OPERATION OF WASTEWATER TREATMENT EQUIPMENT OR PRACTICES OR ANY OTHER ENVIRONMENTAL PROGRAMS THAT MAY AFFECT THE DISCHARGES DESCRIBED IN THIS APPLICATION? THIS INCLUDES, BUT IS NOT LIMITED TO, PERMIT CONDITIONS, ADMINISTRATIVE OR ENFORCEMENT ORDERS, ENFORCEMENT COMPLIANCE SCHEDULE LETTERS, STIPULATIONS, COURT ORDERS AND GRANT OR LOAN CONDITIONS.

YES (COMPLETE THE FOLLOWING TABLE) NO (GO TO 3.00)

1. IDENTIFICATION OF CONDITION AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
				A. REQUIRED	B. PROJECTED

B. OPTIONAL: YOU MAY ATTACH ADDITIONAL SHEETS DESCRIBING ANY ADDITIONAL WATER POLLUTION CONTROL PROGRAMS (OR OTHER ENVIRONMENTAL PROJECTS WHICH MAY AFFECT YOUR DISCHARGES) YOU NOW HAVE UNDER WAY OR WHICH YOU PLAN. INDICATE WHETHER EACH PROGRAM IS NOW UNDER WAY OR PLANNED, AND INDICATE YOUR ACTUAL OR PLANNED SCHEDULES FOR CONSTRUCTION.

MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED.

3.10 BIOLOGICAL TOXICITY TESTING DATA

DO YOU HAVE ANY KNOWLEDGE OR REASON TO BELIEVE THAT ANY BIOLOGICAL TEST FOR ACUTE OR CHRONIC TOXICITY HAS BEEN MADE ON ANY OF YOUR DISCHARGES OR ON RECEIVING WATER IN RELATION TO YOUR DISCHARGE WITHIN THE LAST THREE YEARS?

YES (IDENTIFY THE TEST(S) AND DESCRIBE THEIR PURPOSES BELOW.) NO (GO TO 3.20)

3.20 CONTRACT ANALYSIS INFORMATION

WERE ANY OF THE ANALYSES REPORTED PERFORMED BY A CONTRACT LABORATORY OR CONSULTING FIRM?

YES (LIST THE NAME, ADDRESS AND TELEPHONE NUMBER OF AND POLLUTANTS ANALYZED BY EACH SUCH LABORATORY OR FIRM BELOW.) NO (GO TO 3.30)

A. NAME	B. ADDRESS	C. TELEPHONE (area code and number)	D. POLLUTANTS ANALYZED (list)

3.30 CERTIFICATION

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS APPLICATION AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

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

PLEASE PRINT OR TYPE. You may report some or all of this information on separate sheet
 (Use the same format) instead of completing these pages.
 SEE INSTRUCTIONS

FORM C
 TABLE 1 FOR 3.00 ITEM A AND B

INTAKE AND EFFLUENT CHARACTERISTICS	OUTFALL NO.
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PART A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS <i>(specify if blank)</i>		4. INTAKE <i>(optional)</i>			
	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE <i>(if available)</i>		C. LONG TERM AVRG. VALUE <i>(if available)</i>		D. NO. OF ANALYSES	A. CONCENTRATION	B. MASS	A. LONG TERM AVRG. VALUE		B. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
A. Biochemical Oxygen Demand (BOD)												
B. Chemical Oxygen Demand (COD)												
C. Total organic Carbon (TOC)												
D. Total Suspended Solids (TSS)												
E. Ammonia (as N)												
F. Flow	VALUE		VALUE		VALUE					VALUE		
G. Temperature <i>(winter)</i>	VALUE		VALUE		VALUE				°C	VALUE		
H. Temperature <i>(summer)</i>	VALUE		VALUE		VALUE				°C	VALUE		
I. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM					STANDARD UNITS			

PART B – Mark "X" in column 2A for each pollutant you know or have reason to believe is present. Mark "X" in column 2B for each pollutant you believe to be absent. If you mark column 2A for any pollutant, you must provide the results for at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"		3. EFFLUENT				4. UNITS		5. INTAKE <i>(optional)</i>					
	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE <i>(if available)</i>		C. LONG TERM AVRG. VALUE <i>(if available)</i>		D. NO. OF ANALYSES	A. CONCENTRATION	B. MASS	A. LONG TERM AVRG. VALUE		B. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	

CONVENTIONAL AND NONCONVENTIONAL POLLUTANTS

A. Bromide (24959-67-9)														
B. Chlorine, Total Residual														
C. Color														
D. Fecal Coliform														
E. Fluoride (16984-48-8)														
F. Nitrate - Nitrate (as N)														

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE <i>(if available)</i>		C. LONG TERM AVRG. VALUE <i>(if available)</i>		D. NO. OF ANALYSES	A. CONCEN- TRATION	B. MASS	A. LONG TERM AVRG. VALUE		B. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
G. Nitrogen, Total Organic <i>(as N)</i>														
H. Oil and Grease														
I. Phosphorus <i>(as P)</i> , Total (7723-14-0)														
J. Sulfate <i>(as SO⁴)</i> (14808-79-8)														
K. Sulfide <i>(as S)</i>														
L. Sulfite <i>(as SO³)</i> (14265-45-3)														
M. Surfactants														
N. Aluminum, Total (7429-90-5)														
O. Barium, Total (7440-39-3)														
P. Boron, Total (7440-42-8)														
Q. Cobalt, Total (7440-48-4)														
R. Iron, Total (7439-89-6)														
S. Magnesium, Total (7439-95-4)														
T. Molybdenum, Total (7439-98-7)														
U. Manganese, Total (7439-96-5)														
V. Tin, Total (7440-31-5)														
W. Titanium, Total (7440-32-6)														

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE <i>(if available)</i>		C. LONG TERM AVRG. VALUE <i>(if available)</i>		D. NO. OF ANALYSES	A. CONCENTRATION	B. MASS	A. LONG TERM AVRG. VALUE		B. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, AND TOTAL PHENOLS														
1M. Antimony, Total (7440-36-9)														
2M. Arsenic, Total (7440-38-2)														
3M. Beryllium, Total (7440-41-7)														
4M. Cadmium, Total (7440-43-9)														
5M. Chromium III (16065-83-1)														
6M. Chromium VI (18540-29-9)														
7M. Copper, Total (7440-50-8)														
8M. Lead, Total (7439-92-1)														
9M. Mercury, Total (7439-97-6)														
10M. Nickel, Total (7440-02-0)														
11M. Selenium, Total (7782-49-2)														
12M. Silver, Total (7440-22-4)														
13M. Thallium, Total (7440-28-0)														
14M. Zinc, Total (7440-66-6)														
15M. Cyanide, Amenable to Chlorination														
16M. Phenols, Total														
RADIOACTIVITY														
(1) Alpha Total														
(2) Beta Total														
(3) Radium Total														
(4) Radium 226 Total														

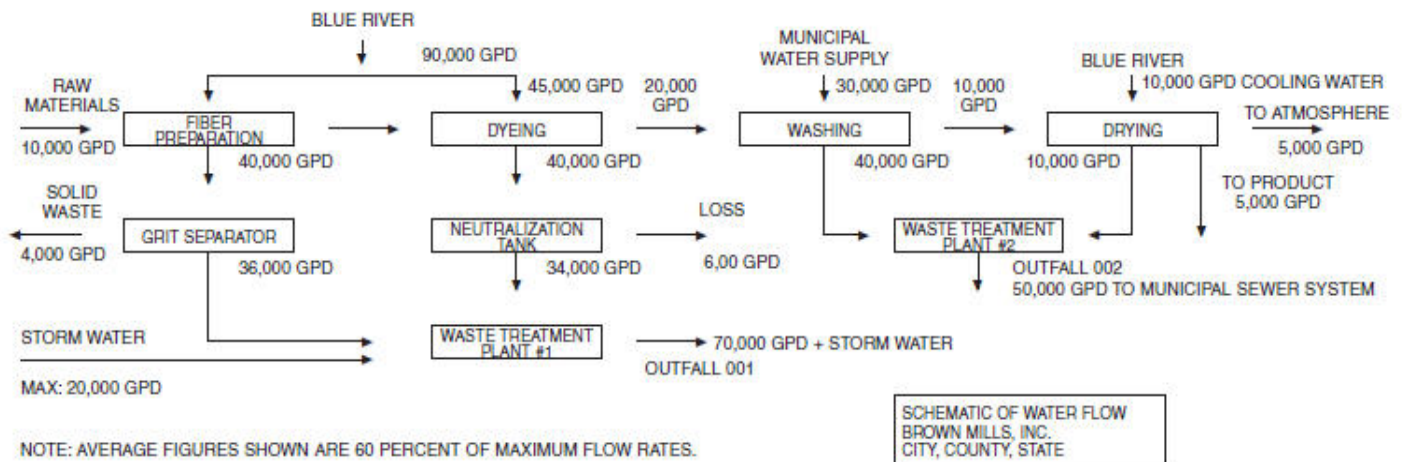
**INSTRUCTIONS FOR FILLING OUT APPLICATION FOR DISCHARGE
PERMIT FORM C – MANUFACTURING, COMMERCIAL,
MINING AND SILVICULTURE OPERATIONS.**

All blanks must be filled in when the application is submitted to the appropriate regional office (see map). The form must be signed as indicated.

This application is to be completed only for wastewater facilities with a discharge. Include any facility with possibility of discharge, even if normally there is no discharge. If this form is not adequate for you to describe your existing operation, then sufficient information should be attached so that an evaluation of the discharge can be made.

- 1.00 Name of Facility – By what title or name is this facility known locally?
- 1.10 and 1.20 Self-explanatory.
- 2.00 List in descending order of significance the four digit Standard Industrial Classification (SIC) codes that best describe your facility in terms of the principal products or services you produce or provide. Also, specify each classification in words.

SIC code numbers are descriptions that may be found in the "Standard Industrial Classification Manual" prepared by the Executive Office of the President, Office of Management and Budget, that is available from the Government Printing Office, Washington, D.C. Use the current edition of the manual. If you have any questions concerning the appropriate SIC code for your facility, contact the Missouri Department of Natural Resources Regional office in your area (see map).
- 2.10 Point of discharge should be given in terms of the legal description of the waste treatment plant, location or sufficient information so that it may be located.
- 2.20 Receiving Water – the name of the stream to which the discharge is directed and any subsequent tributary until a continuous flowing stream is reached.
- 2.30 Self-explanatory.
- 2.40 A. The line drawing should show generally the route taken by water in your facility from intake to discharge. Show all operations contributing wastewater, including process and production areas, sanitary flows, cooling water and storm water runoff. You may group similar operations into a single unit labeled to correspond to the more detailed listing. The water balance should show average and maximum flows. Show all significant losses of water to products, atmosphere, discharge and public sewer systems. You should use actual measurements whenever available; otherwise, use your best estimate. An example of any acceptable line drawing appears below.



B. List all sources of wastewater to each outfall. Operations may be described in general terms (for example, "dye-making reactor" or a distillation tower"). You may estimate the flow contributed by each source if no data is available, and for storm water, you may use any reasonable measure of duration, volume or frequency. For each treatment unit, indicate its size, flow rate and retention time, and describe the ultimate disposal of any solid or liquid wastes not discharged. Treatment units should be listed in order and you should select the proper code from Table A to fill in column 3B for each treatment unit. Insert "XX" into column 3B if no code corresponds to a treatment unit you list.

TABLE A – CODES FOR TREATMENT UNITS

PHYSICAL TREATMENT PROCESSES

1-A	.....Ammonia Stripping	1-M	.....Grit Removal
1-B	.....Dialysis	1-N	.....Microstraining
1-C	.....Diatomaceous Earth Filtration	1-O	.....Mixing
1-D	.....Distillation	1-P	.....Moving Bed Filters
1-E	.....Electrodialysis	1-Q	.....Multimedia Filtration
1-F	.....Evaporation	1-R	.....Rapid Sand Filtration
1-G	.....Flocculation	1-S	.....Reverse Osmosis (Hyperfiltration)
1-H	.....Flotation	1-T	.....Screening
1-I	.....Foam Fractionation	1-U	.....Sedimentation (Settling)
1-J	.....Freezing	1-V	.....Slow Sand Filtration
1-K	.....Gas-Phase Separation	1-W	.....Solvent Extraction
1-L	.....Grinding (Comminutors)	1-X	.....Sorption

CHEMICAL TREATMENT PROCESSES

2-A	.....Carbon Absorption	2-G	.....Disinfection (Ozone)
2-B	.....Chemical Oxidation	2-H	.....Disinfection (Other)
2-C	.....Chemical Precipitation	2-I	.....Electrochemical Treatment
2-D	.....Coagulation	2-J	.....Ion Exchange
2-E	.....Dechlorination	2-K	.....Neutralization
2-F	.....Disinfection (Chlorine)	2-L	.....Reduction

BIOLOGICAL TREATMENT PROCESSES

3-A	.....Activated Sludge	3-E	.....Pre-Aeration
3-B	.....Aerated Lagoons	3-F	.....Spray Irrigation/Land Application
3-C	.....Anaerobic Treatment	3-G	.....Stabilization Ponds
3-D	.....Nitrification-Denitrification	3-H	.....Trickling Filtration

OTHER PROCESSES

4-A	.....Discharge to Surface Water	4-C	.....Reuse/Recycle of Treated Effluent
4-B	.....Ocean Discharge Through Outfall	4-D	.....Underground Injection

SLUDGE TREATMENT AND DISPOSAL PROCESSES

5-A	.....Aerobic Digestion	5-M	.....Heat Drying
5-B	.....Anaerobic Digestion	5-N	.....Heat Treatment
5-C	.....Belt Filtration	5-O	.....Incineration
5-D	.....Centrifugation	5-P	.....Land Application
5-E	.....Chemical Conditioning	5-Q	.....Landfill
5-F	.....Chlorine Treatment	5-R	.....Pressure Filtration
5-G	.....Composting	5-S	.....Pyrolysis
5-H	.....Drying Beds	5-T	.....Sludge Lagoons
5-I	.....Elutriation	5-U	.....Vacuum Filtration
5-J	.....Flotation Thickening	5-V	.....Vibration
5-K	.....Freezing	5-W	.....Web Oxidation
5-L	.....Gravity Thickening		

2.40 C. A discharge is intermittent unless it occurs without interruption during the operating hours of the facility, except for infrequent shutdowns for maintenance, process changes or other similar activities. A discharge is seasonal if it occurs only during certain parts of the year. Fill in every applicable column in this item for each source of intermittent or seasonal discharges. Base your answers on actual data whenever available; otherwise, provide your best estimate. Report the highest daily value for flow rate and total volume in the "Maximum Daily" columns. Report the average of all daily values measures during days when discharge occurred within the last year in the "Long Term Average" columns.

2.50 A. All effluent guidelines promulgated by EPA appear in the Federal Register and are published annually in 40 CFR Subchapter N. A guideline applies to you if you have any operations contributing process wastewater in any subcategory covered by BPT, BCT, or BAT guidelines. If you are unsure whether you are covered by a promulgated effluent guideline, check with your Missouri Department of Natural Resources' Regional Office. You must check yes if an applicable effluent guideline has been promulgated, even if the guideline limitations are being contested in court. If you believe that a promulgated effluent guideline has been remanded for reconsideration by a court and does not apply to your operations, you may check no.

B. An effluent guideline is expressed in terms of production (or other measure of operation) if the limitations are expressed as mass of pollutant per operational parameter; for example, "pounds of BOD per cubic foot of logs from which bark is removed," or "pounds of TSS per megawatt hour of electrical energy consumed by smelting furnace." An example of a guideline not expressed in terms of a measure of operation is one which limits the concentration of pollutants.

C. This item must be completed only if you checked yes to item B. The production information requested here is necessary to apply effluent guidelines to your facility and you may not claim it as confidential. However, you do not have to indicate how the reported information was calculated.

Report quantities in the units of measurement used in the applicable effluent guideline. The figures provided must be a measure of actual operation over a one month period, such as the production for the highest month during the last twelve months, or the monthly average production for the highest year of the last five years, or other reasonable measure of actual operation, but may not be based on design capacity or on predictions of future increases in operation.

2.60 A. If you check yes to this question, complete all parts of the chart, or attach a copy of any previous submission you have made containing the same information.

B. You are not required to submit a description of future pollution control projects if you do not wish to or if none is planned.

3.00 These items require you to collect and report data on the pollutants discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and must be completed in accordance with the specific instructions for that part. The following general instructions apply to the entire item.

GENERAL INSTRUCTIONS. Part A requires you to report at least one analysis for each pollutant. Part B requires you to mark "X" in either the "Believe Present" column or the "Believe Absent" column (column 2A or 2B, Part B) based on your best estimate, and test for those which you believe to be present. Part C requires you to list any of a group of pollutants which you believe to be present, with a brief explanation of why you believe it to be present. (See specific instructions on the form and below Parts A through C).

Base your determination that a pollutant is present in or absent from your discharge on your knowledge of your raw materials, maintenance chemicals, intermediate and final products and byproducts, and any previous analyses known to you of your effluent or of any similar effluent. (For example, if you manufacture pesticides, you should expect those pesticides to be present in contaminated storm water runoff.) If you would expect a pollutant to be present solely as a result of its presence in your intake water, you must mark "Believe Present" but you are not required to analyze for that pollutant. Instead, mark an "X" in the "Intake" column.

REPORTING. All levels must be reported as a concentration and as total mass. You may report some or all of the required data by attaching separate sheets of paper. (Use the following abbreviations in the columns headed "Units" (column 3, Part A, and column 4, Part B).

CONCENTRATION

ppm	..... parts per million
mg/L	..... milligrams per liter
ppb	..... parts per billion
ug/L	..... micrograms per liter

MASS

lbs	..... pounds
ton	..... tons (English tons)
mg	..... Milligrams
g	..... grams
kg	..... kilograms
T	..... tonnes (metric tons)

If you measure only one daily value, complete only the "Maximum Daily Values" columns and insert "1" into the "number of analyses" columns (columns 2A and 2B, Part A, and columns 3A and 3D, Part B). The Missouri Department of Natural Resources may require you to conduct additional analyses to further characterize your discharges.

For composite samples, the daily value is the total mass or average concentration found in a complete sample taken over the operating hours of the facility during a 24 hour period; for grab samples, the daily value is the arithmetic or flow-weighted total mass or average concentration found in a series of at least four grab samples taken over the operating hours of the facility during a 24 hour period.

If you measure more than one daily value for a pollutant, determine the average of all values within the last year and report the concentration and mass under the "Long Term Average Values" columns (column 2C, Part A, and column 3C, Part B), and the total number of daily values under the "Number of Analyses" columns (column 2D, Part A, and column 3D, Part B). Also, determine the average of all daily values taken during each calendar month, and report the highest average of all daily values taken during each calendar month, and report the highest average under the "Maximum 30 Day Values" columns (column 2B, Part A, and column 3B, Part B).

SAMPLING. The collection of the samples for the reported analyses should be supervised by a person experienced in performing sampling of industrial wastewater. You may contact your Missouri Department of Natural Resources' Regional Office for detailed guidance on sampling techniques and for answers to specific questions. Any specific requirements contained in the applicable analytical methods should be followed for sample containers, sample preservation, holding times, the collection of duplicate samples, etc. The time when you sample should be representative of your normal operation, to the extent feasible, with all processes which contribute wastewater in normal operation and with your treatment system operating properly with no system upsets. Samples should be collected from the center of the flow channel, where turbulence is at a maximum, at a site specified in your present permit or at any site adequate for the collection of a representative sample.

Grab and composite samples are defined as follows:

GRAB SAMPLE. An individual sample of at least 100 milliliters collected at a randomly selected time over a period not exceeding 15 minutes.

COMPOSITE SAMPLE. A combination of at least eight sample aliquots of at least 100 milliliters, collected at periodic intervals during the operating hours of a facility over a 24 hour period. For volatile pollutants, aliquots must be combined in the laboratory immediately before analysis. The composite must be flow proportional; either the time interval between each aliquot or the volume of each aliquot must be proportional to either the stream flow at the time of sampling or the total stream flow since the collection of the previous aliquot. Aliquots may be collected manually or automatically.

ANALYSIS. You must use test methods promulgated in 40 CFR Part 136; however, if none has been promulgated for a particular pollutant, you may use any suitable method for measuring the level of the pollutant in your discharge provided that you submit a description of the method or a reference to a published method. Your description should include the sample holding times, preservation techniques and the quality control measures which you used.

If you have two or more substantially identical outfalls, you may request permission from the Missouri Department of Natural Resources to sample and analyze only one outfall and submit the results of the analysis for other substantially identical outfalls. If your request is granted by the Missouri Department of Natural Resources, on a separate sheet attached to the application form, identify which outfall you did test and describe why the outfalls which you did not test are substantially identical to the outfall which you did test.

REPORTING OF INTAKE DATA. You are not required to report data under the "Intake" columns unless you wish to demonstrate your eligibility for a "net" effluent limitation for one or more pollutants, that is, an effluent limitation adjusted by subtracting the average level of the pollutant(s) present in your intake water. National Pollutant Discharge Elimination System (NPDES) regulations allow net limitations only in certain circumstances. To demonstrate your eligibility, under the Intake columns report the average of the results of analyses on your intake water (if your water is treated before use, test the water after it is treated), and attach a separate sheet containing the following for each pollutant:

1. A statement that the intake water is drawn from the body of water into which the discharge is made. (Otherwise, you are not eligible for net limitations.)
 2. A statement of the extent to which the level of the pollutant is reduced by treatment of your wastewater. (Your limitations will be adjusted only to the extent that the pollutant is not removed.)
 3. When applicable, a demonstration of the extent to which the pollutants in the intake vary physically, chemically, or biologically from the pollutants contained in your discharge. For example, when the pollutant represents a class of compounds. Your limitations will be adjusted only to the extent that the intake pollutants do not vary from the discharged pollutants.
- 3.00 Part A must be completed by all applicants for all outfalls, including outfalls containing only noncontact cooling water or storm runoff. However, at your request, the Missouri Department of Natural Resources may waive the requirements to test for one or more of these pollutants, upon a determination that testing for the pollutant(s) is not appropriate for your effluent.

Use composite samples for all pollutants in this part, except use grab samples for pH and temperature. See discussion in instructions above for definitions of the columns in Part A. The "Long Term Average Values" column (column 2C) and "Maximum 30 Day Values" column (column 2B) are not compulsory but should be filled out if data is available.

- 3.00 Part B must be completed by all applicants for all outfalls, including outfalls containing only noncontact cooling water or storm runoff.

Use composite samples for all pollutants you analyze for in this part, except use grab samples for residual chlorine, oil and grease and fecal coliform. The Long Term Average Values column (column 3C) and Maximum 30 Day Values column (column 3B) are not compulsory but should be filled out if data is available.

- 3.00 List any pollutants in Table B that you believe to be present and explain why you believe them to be present in part C. No analysis is required, but you have analytical, you must report it.

TABLE B – TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES REQUIRED TO BE IDENTIFIED BY APPLICANTS IF EXPECTED TO BE PRESENT

TOXIC POLLUTANT	HAZARDOUS SUBSTANCES	HAZARDOUS SUBSTANCES
Asbestos	Dichlorvos	Nalad
	Diethylamine	Napthenic acid
HAZARDOUS SUBSTANCES	Dimethylamine	Nitrotoluene
	Dintrobenzene	Parathion
Acetaldehyde	Diquat	Phenolsulfonate
Allyl alcohol	Disulfoton	Phosgene
Allyl chloride	Diuron	Propargite
Amyl acetate	Epichlorohydrin	Propylene oxide
Aniline	Ethion	Pyrethrins
Benzonitrile	Ethylene diamine	Quinoline
Benzyl chloride	Ethylene dibromide	Resorcinol
Butyl acetate	Formaldehyde	Strontium
Butylamine	Furfural	Strychnine
Captan	Guthion	Sytrene

TABLE B – (continued)

HAZARDOUS SUBSTANCES	HAZARDOUS SUBSTANCES	HAZARDOUS SUBSTANCES
Carbaryl	Isoprene	2, 4, 5-T (2,4,5-Trichloro- phenoxyacetic acid)
Carbofuran	Isopropanolamine	TDE (Tetrachlorodiphenyl ethane)
Carbon disulfide	Kelthane	2, 4, 5-TP (2-(2,4,5-Trichloro- phenoxy) propanoic acid)
Chlorpyrifos	Kepone	Trichlorofon
Coumaphos	Malathion	Triethanolamine
Cresol	Mercaptodimethur	Triethylamine
Crotonaldehyde	Methoxychlor	Uranium
2,4-D (2,4-Dichloro- Phenoxyacetic acid)	Methyl mercaptan	Vanadium
Diazinon	Methyl parathion	Vinyl acetate
Dicamba	Mevinphos	Xylene
Dichlobenil	Mexacarbate	Xylenol
2,2-Dichloropropionic acid	Monethyl amine	Zirconium
	Monomethyl amine	

3.10 Self-explanatory. Additional information may be requested by the Missouri Department of Natural Resources.

3.20 Self-explanatory.

3.30 The Clean Water Act provides for severe penalties for submitting false information on this application form.

Section 309(c)(2) of the Clean Water Act provides that "Any person who knowingly makes any false statement, representation, or certification in any application . . . shall upon conviction, be punished by a fine of no more \$10,000 or by imprisonment for not more than six months, or both.

All applications must be signed as follows and the signature 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.