



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

GENERAL INFORMATION (PLEASE SEE INSTRUCTIONS)

1.0 NAME OF FACILITY

1.1 THIS FACILITY IS OPERATING UNDER MISSOURI STATE OPERATING PERMIT (MSOP) NUMBER:

1.2 IS THIS A NEW FACILITY? PROVIDE CONSTRUCTION PERMIT (CP) NUMBER IF APPLICABLE.

1.3 Describe the nature of the business, in detail. Identify the goods and services provided by the business. Include descriptions of all raw, intermediate, final products, byproducts, or waste products used in the production or manufacturing process, stored outdoors, loaded or transferred and any other pertinent information for potential sources of wastewater or stormwater discharges.

FLOWS, TYPE, AND FREQUENCY

2.0 Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in item B. Construct a water balance on the line drawing by showing average and maximum flows between intakes, operations, treatment units, evaporation, public sewers, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

2.1 For each outfall (1) below, provide: (2) a description of all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, stormwater runoff, and any other process or non-process wastewater, (3) the average flow and maximum flow (put max in parentheses) contributed by each operation and the sum of those operations, (4) the treatment received by the wastewater, and (5) the treatment type code. Continue on additional sheets if necessary.

1. OUTFALL NO.	2. OPERATION(S) CONTRIBUTING FLOW; INCLUDE ALL PROCESSES AND SUB PROCESSES AT EACH OUTFALL	3. AVERAGE FLOW AND (MAXIMUM FLOW), INCLUDE UNITS.	4. TREATMENT DESCRIPTION	5. TREATMENT CODES FROM TABLE A

Attach additional pages if necessary.

2.2 INTERMITTENT DISCHARGES

Except for stormwater runoff, leaks, or spills, are any of the discharges described in items 2.0 or 2.1 intermittent or seasonal?

Yes (complete the following table) No (go to section 2.3)

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

2.3 PRODUCTION

A. Does an effluent limitation guideline (ELG) promulgated by EPA under section 304 of the Clean Water Act apply to your facility? Indicate the part and subparts applicable.

Yes 40 CFR _____ Subpart(s) _____ No (go to section 2.5)

B. Are the limitations in the effluent guideline(s) expressed in terms of production (or other measure of operation)? Describe in C below.

Yes (complete C.) No (go to section 2.5)

C. If you answered "yes" to B, list the quantity representing 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.

A. OUTFALL(S)	B. QUANTITY PER DAY	C. UNITS OF MEASURE	D. OPERATION, PRODUCT, MATERIAL, ETC. (specify)

2.4 IMPROVEMENTS

A. Are you 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 which 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 2.6)

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

B. Optional: provide below or attach additional sheets describing water pollution control programs or other environmental projects which may affect discharges. Indicate whether each program is underway or planned, and indicate actual or planned schedules for construction. This may include proposed bmp projects for stormwater.

2.5 SLUDGE MANAGEMENT

Describe the removal of any industrial or domestic biosolids or sludges generated at your facility. Include names and contact information for any haulers used. Note the frequency, volume, and methods (incineration, landfilling, composting, etc) used. See Form A for additional forms which may need to be completed.

DATA COLLECTION AND REPORTING REQUIREMENTS FOR APPLICANTS

3.0 EFFLUENT (AND INTAKE) CHARACTERISTICS (SEE INSTRUCTIONS)

A. & B. See instructions before continuing – complete one Table 1 for **each outfall** (and intake) – annotate the outfall (intake) number or designation in the space provided. The facility is not required to complete intake data unless required by the department or rule.

C. Use the space below to list any pollutants listed in the instructions section 3.0 C. Table B which you know or have reason to believe is discharged or may be discharged from any outfall not listed in parts 3.0 A or B on Table 1. For every pollutant listed, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	3. OUTFALL(S)	4. ANALYTICAL RESULTS (INCLUDE UNITS)

3.1 Whole Effluent Toxicity Testing

A. To your knowledge, have any Whole Effluent Toxicity (WET) tests been performed on the facility discharges (or on receiving waters in relation to your discharge) within the last three years?

Yes (go to 3.1 B) No (go to 3.2)

3.1 B

Disclose wet testing conditions, including test duration (chronic or acute), the organisms tested, and the testing results. Provide any results of toxicity identification evaluations (TIE) or toxicity reduction evaluations (TRE) if applicable. Please indicate the conclusions of the test(s) including any pollutants identified as causing toxicity and steps the facility is taking to remedy the toxicity.

3.2 CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported herein, above, or on Table 1 performed by a contract laboratory or consulting firm?

Yes (list the name, address, telephone number, and pollutants analyzed by each laboratory or firm.) No (go to 4.0)

A. LAB NAME	B. ADDRESS	C. TELEPHONE <i>(area code and number)</i>	D. POLLUTANTS ANALYZED <i>(list or group)</i>

4.0 STORMWATER

4.1

Do you have industrial stormwater discharges from the site? If so, attach a site map outlining drainage areas served by each outfall. Indicate the following attributes within each drainage area: pavement or other impervious surfaces; buildings; outdoor storage areas; material loading and unloading areas; outdoor industrial activities; structural stormwater control measures; hazardous waste treatment, storage, and disposal units; and wells or springs in the area.

OUTFALL NUMBER	TOTAL AREA DRAINED (PROVIDE UNITS)	TYPES OF SURFACES (VEGETATED, STONE , PAVED, ETC)	BEST MANAGEMENT PRACTICES EMPLOYED; INCLUDE STRUCTURAL BMPS AND TREATMENT DESIGN FLOW FOR BMPS DESCRIBE HOW FLOW IS MEASURED

4.2 STORMWATER FLOWS

Provide the date of sampling with the flows, and how the flows were estimated.

SIGNATORY REQUIREMENTS

5.0 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 submitted 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.

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

SEE INSTRUCTIONS; PLEASE PRINT OR TYPE.

You may report some or all of this information on separate sheet (use similar format) instead of completing these pages.

FORM C TABLE 1 FOR 3.0 - ITEMS A AND B

EFFLUENT (AND INTAKE) CHARACTERISTICS	THIS OUTFALL IS:	OUTFALL NO.
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3.0 PART A – You must provide the results of at least one analysis for every pollutant in Part A. Complete one table for each outfall or proposed outfall. See instructions.

1. POLLUTANT	2. VALUES						3. UNITS (specify if blank)		
	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUES		C. LONG TERM AVERAGE VALUES		D. NO. OF ANALYSES	A. CONCENTRATION	B. MASS
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			
A. Biochemical Oxygen Demand, 5-day (BOD ₅)									
B. Chemical Oxygen Demand (COD)									
C. Total Organic Carbon (TOC)									
D. Total Suspended Solids (TSS)									
E. Ammonia as N									
F. Flow	VALUE		VALUE		VALUE			MILLIONS OF GALLONS PER DAY (MGD)	
G. Temperature (winter)	VALUE		VALUE		VALUE			°F	
H. Temperature (summer)	VALUE		VALUE		VALUE			°F	
I. pH	MINIMUM		MAXIMUM		AVERAGE			STANDARD UNITS (SU)	

3.0 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 the pollutant. Complete one table for each outfall (intake). Provide results for additional parameters not listed here in Part 3.0 C.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK “X”		3. VALUES						4. UNITS		
	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUES		C. LONG TERM AVERAGE VALUES		D. NO. OF ANALYSES	A. CONCENTRATION	B. MASS
			CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS			

Subpart 1 – Conventional and Non-Conventional Pollutants

A. Alkalinity (CaCO ₃)			MINIMUM		MINIMUM		MINIMUM			
B. Bromide (24959-67-9)										
C. Chloride (16887-00-6)										
D. Chlorine, Total Residual										
E. Color										
F. Conductivity										
F. Cyanide, Amenable to Chlorination										

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"		3. VALUES						4. UNITS		
	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE		C. LONG TERM AVERAGE VALUE		D. NO. OF ANALYSES	A. CONCEN- TRATION	B. MASS
			CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS			
Subpart 1 – Conventional and Non-Conventional Pollutants (Continued)											
G. <i>E. coli</i>											
H. Fluoride (16984-48-8)											
I. Nitrate plus Nitrate (as N)											
J. Kjeldahl, Total (as N)											
K. Nitrogen, Total Organic (as N)											
L. Oil and Grease											
M. Phenols, Total											
N. Phosphorus (as P), Total (7723-14-0)											
O. Sulfate (as SO ⁴) (14808-79-8)											
P. Sulfide (as S)											
Q. Sulfite (as SO ³) (14265-45-3)											
R. Surfactants											
S. Trihalomethanes, Total											
Subpart 2 – Metals											
1M. Aluminum, Total Recoverable (7429-90-5)											
2M. Antimony, Total Recoverable (7440-36-9)											
3M. Arsenic, Total Recoverable (7440-38-2)											
4M. Barium, Total Recoverable (7440-39-3)											
5M. Beryllium, Total Recoverable (7440-41-7)											
6M. Boron, Total Recoverable (7440-42-8)											
7M. Cadmium, Total Recoverable (7440-43-9)											
8M. Chromium III Total Recoverable (16065-83-1)											
9M. Chromium VI, Dissolved (18540-29-9)											
10M. Cobalt, Total Recoverable (7440-48-4)											

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"		3. VALUES						4. UNITS		
	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE		C. LONG TERM AVERAGE VALUE		D. NO. OF ANALYSES	A. CONCEN- TRATION	B. MASS
			CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS			
Subpart 2 – Metals (Continued)											
11M. Copper, Total Recoverable (7440-50-8)											
12M. Iron, Total Recoverable (7439-89-6)											
13M. Lead, Total Recoverable (7439-92-1)											
14M. Magnesium, Total Recoverable (7439-95-4)											
15M. Manganese, Total Recoverable (7439-96-5)											
16M. Mercury, Total Recoverable (7439-97-6)											
17M. Methylmercury (22967926)											
18M. Molybdenum, Total Recoverable (7439-98-7)											
19M. Nickel, Total Recoverable (7440-02-0)											
20M. Selenium, Total Recoverable (7782-49-2)											
21M. Silver, Total Recoverable (7440-22-4)											
22M. Thallium, Total Recoverable (7440-28-0)											
23M. Tin, Total Recoverable (7440-31-5)											
24M. Titanium, Total Recoverable (7440-32-6)											
25M. Zinc, Total Recoverable (7440-66-6)											
Subpart 3 – Radioactivity											
1R. Alpha Total											
2R. Beta Total											
3R. Radium Total											
4R. Radium 226 plus 228 Total											

**INSTRUCTIONS FOR FILLING OUT APPLICATION FOR NPDES DISCHARGE PERMIT – FORM C –
MANUFACTURING, COMMERCIAL, MINING, SILVICULTURE OPERATIONS, PROCESS WASTEWATER, NON-
PROCESS WASTEWATER, AND INDUSTRIAL STORMWATER DISCHARGES.**

All applicable sections must be filled in when the application is submitted. The form must be signed as indicated. This application is to be completed only for facilities with a discharge. Non-discharging (land application facilities) should fill out the appropriate forms for the activity. Include any area with potential discharge, even if there is normally no discharge. If this form is not adequate for you to describe your existing operations, then sufficient information should be attached so an evaluation of the discharges can be made. Attach additional sheets as necessary for any additional information. If an applicant believes previous outfalls are no longer applicable to the facility, please indicate so. Certain parts of the application may be submitted electronically, such as extensive analytical data, or project plans relating to improvements. This may be included using a thumb drive or CD. If extensive data is submitted without an electronic copy, the department may request the submission at a later time so the permit writer can mathematically evaluate the data. If you have any questions regarding this form please contact the Water Protection Program Operating Permits Administrative Assistant at 800-361-4827 or 573-571-6825 and you will be directed to a permit writer.

GENERAL INFORMATION

1.0 Name of Facility – By what title or name is this facility known? Has the official name changed? Please indicate both the previous and current name you wish to be listed on the permit.

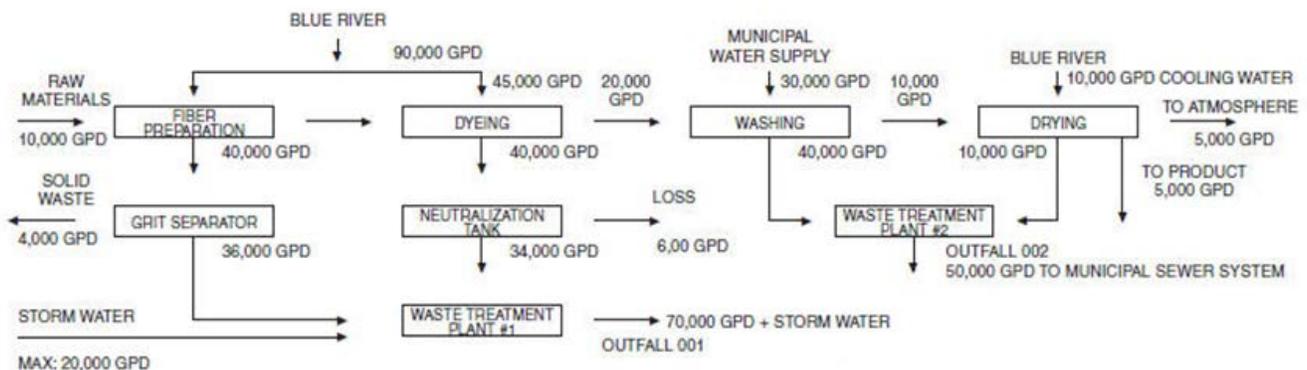
1.1 Operating permit number as assigned (MO-#####)

1.2 Indicate if this is a new facility or if there are any new discharges. Has the facility completed an antidegradation review? Is this facility being moved from a general permit to a site specific permit? If so, indicate general permit number.

1.3 Self-explanatory.

FLOWS, TYPE, AND FREQUENCY

2.0 The line drawing should show 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 stormwater runoff. Indicate any alternate treatment trains available. You may group similar operations into a single unit labeled to correspond to the more detailed listing. More than one drawing may be required depending on the complexity of the system. The water balance should show average and maximum flows. Show all significant losses of water to: products, atmosphere, public sewer systems; both storm sewer and sewer. You should use actual measurements whenever available; otherwise, use your best estimate. An example of an acceptable line drawing appears below.



2.1 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 stormwater, 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 (Hyper Filtration)
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		

2.2 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.

PRODUCTION

2.3 A. All effluent limitation guidelines (ELGs) promulgated by EPA appear in the Federal Register and are published annually in 40 CFR Subchapter N (400-499). A guideline applies to you based on the applicability sections within each subpart. If you are unsure you are covered by an ELG, 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 a promulgated effluent guideline has been remanded for reconsideration by a court and does not apply to your operations, you may check no. The ELG number and subpart(s) must be included.

2.3 B. An ELG 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, or requires no discharge of the wastewater.

2.3 C. This item must be completed 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 and the units of measurement used in the applicable effluent guideline. The data 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. This data must be concurrent of facility operations.

2.4 IMPROVEMENTS If you check yes to this question, complete all parts of the table, or attach a copy of any previous submission you have made containing the same information. You are not required to submit a description of future pollution control projects if you do not wish to, or if none are planned.

2.5 SLUDGE MANAGEMENT If the facility generates any sludge or biosolids, please indicate where the sludge accumulates (lagoon, tank, etc.) and the methods of disposal. Please include the volume and frequency of sludge removal/disposal and any haulers used. Please indicate if the facility composts, incinerates, landfills, stores, sells, or other methods of eliminating the sludge from lagoons or holding tanks. Consider submitting a sludge or biosolids management plan electronically if additional description is needed.

DATA COLLECTION AND REPORTING REQUIREMENTS FOR APPLICANTS

3.0 This section requires collection and reporting of data on pollutants discharged from each outfall, including stormwater outfalls, non-process wastewater, and any intake data you wish to provide. Parts A, B, and C address different sets of pollutants and must be completed in accordance with the specific instructions for the part. All data 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.

3.0 A. and B. These sections are found on Table 1. Complete a separate table for each outfall and intake.

3.0 A. Requires reporting at least one analysis for each pollutant. Part A must be completed by all applicants for all outfalls, including outfalls containing only noncontact cooling water, stormwater runoff, or other discharges; intake values are not required in this Part. Upon written request, (email is suitable) prior to submitting the application, the department may waive the requirements to test for one or more of these pollutants upon determining testing for the pollutant(s) is not applicable for your effluent.

3.0 B. Mark "X" in either "Believed Present", Column 2A, or "Believed Absent", Column 2B, for each pollutant, based on your best estimate, and test those you believe present. Base your determination a pollutant is present in, or absent from, your discharge on your knowledge of your raw materials, source water, maintenance chemicals, intermediate, byproduct, and final products, and any previous analyses known to you of the facility's effluent, or of any similar effluent. If either chloride or sulfate is believed present, the department asks you to test for both chloride and sulfate. If you expect a pollutant is present as a result your intake water, you should mark "Believed Present" and analyze for the pollutant. Provide analysis of the intake or source water as well; this includes water withdrawn from wells or obtained from a potable water source. Presence of a pollutant in the discharge from sourced water does not eliminate disclosure requirements. If a

pollutant is reported as not present, the pollutant will be considered “believed absent” for the purposes of application shield.

3.0 A and B Continued

Use the following abbreviations (or other as applicable) in Column 4, “Units”. Mass must be specified as per day, month, or year.

CONCENTRATION		MASS	
ppm	parts per million	lbs	pounds
mg/L	milligrams per liter	ton	tons (English tons)
ppb	parts per billion	mg	Milligrams
ug/L	micrograms per liter	g	grams
pCi/L	picocuries per liter	kg	kilograms
		T	tonnes (metric tons)

MAXIMUM DAILY VALUE. If you measure a pollutant only once, complete only the “Maximum Daily Value” columns and insert “1” into the “number of analyses” in Column D. The Missouri Department of Natural Resources may require you to conduct additional analyses to further characterize your discharge. If the pollutant is sampled but not detected, a less than “<” symbol should be used next to the detection limit (or laboratory reporting limit). Simply stating “below detection limits” without quantifying the limit of detection may not be appropriate and additional information may be required.

MAXIMUM 30 DAY VALUES. “Maximum 30 Day Values” are not compulsory but should be filled out if data is available. The department suggests at least 4 samples (one per week) be collected over a one month period for averaging purposes, but is not required. Determine the average of all daily values taken during one calendar month, and report the highest average of all daily values taken during all calendar months, and report the highest average in Column B. Column D must show the number of samples used in the calculation.

LONG TERM AVERAGES. “Long Term Average Values” are not compulsory but should be filled out if data is available. Determine the long term average of all the data and report in Column C. Column D must show the number of samples used in the calculations. The facility should include a statement describing the timeframe of the data used in the calculations. Consider including an electronic copy of the data with the application.

SAMPLING. The collection of samples for analyses should be supervised by a person experienced in performing sampling of industrial wastewater and/or stormwater. 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 or blank samples, etc. The time when you sample should be representative of your normal operation, with all processes contributing 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, at a site specified in your present permit, or for new discharges, at any site adequate for the collection of a representative sample.

GRAB SAMPLE. An individual sample of sufficient volume for analysis, collected at a randomly selected time, over a period not exceeding 15 minutes, which is representative of the discharge. Grab samples must be used for temperature, pH, total residual chlorine, oil and grease, *E. coli*, and any pollutant considered to be volatile. Grab samples are typically appropriate for stormwater.

COMPOSITE SAMPLE. Use composite sampling (if available) for all pollutants (except above). 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 proportional; either time interval proportional, or flow proportional. Aliquots may be collected manually or automatically.

ANALYSIS. You must use test methods promulgated in 40 CFR Part 136 for all analyses. The facility must use a sufficiently sensitive method to determine compliance with Missouri Water Quality Standards in accordance with Standard Conditions Part I. If no method has been promulgated for a particular pollutant, you may use any suitable method for measuring the level of the pollutant in your discharge. If there is no promulgated method, your attached description should include the preservation techniques, sample holding times, the quality control measures which you used, and any other

pertinent information, such as filtering or what fraction the method detects. For obscure methods or new contaminants, consider including an electronic copy of the method with the application and the laboratory analysis sheets.

IDENTICAL OUTFALL CONSIDERATION. If you have two or more substantially identical outfalls, you may submit the results of the analysis for one substantially identical outfall in its place. Identify which outfall you did test and describe why the outfalls which you did not test are substantially identical to the outfall you did test.

REPORTING OF INTAKE DATA. You are not required to report intake data unless you wish apply for “net” effluent limitations for one or more pollutants. Net limitations are technology limits adjusted by subtracting the level of the pollutant present in the intake water from the discharge. National Pollutant Discharge Elimination System (NPDES) regulations allow net limitations only in certain circumstances. To demonstrate eligibility, report the maximum and average of the results of analyses on the intake water, attach a statement the intake water is drawn from the same body of water into which the discharge is made, and a statement how the pollutant level is reduced by the wastewater treatment. When applicable, a demonstration to the extent the pollutants in the intake vary physically, chemically, or biologically from the pollutants contained in the discharge; for example, when the pollutant represents a class of compounds.

3.0. C. requires listing any pollutants from “TABLE B – TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES REQUIRED TO BE IDENTIFIED BY APPLICANTS IF EXPECTED TO BE PRESENT” you believe to be present and explain why you believe them to be present. If you have analytical data, you must report it. You may include other pollutants not listed below but present in your discharge in 3.0 C. Please provide Chemical Abstract Service (CAS) numbers for any additional pollutants described. If the facility is required to complete Form D, duplication of the parameters here is not required.

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	Dimethylamine	Napthenic acid
HAZARDOUS SUBSTANCES	Dintrobenzene	Nitrotoluene
Acetaldehyde	Diquat	Parathion
Allyl alcohol	Disulfoton	Phenolsulfonate
Allyl chloride	Diuron	Phosgene
Amyl acetate	Epichlorohydrin	Propargite
Aniline	Ethion	Propylene oxide
Benzonitrile	Ethylene diamine	Pyrethrins
Benzyl chloride	Ethylene dibromide	Quinoline
Butyl acetate	Formaldehyde	Resorcinol
Butylamine	Furfural	Strontium
Captan	Guthion	Strychnine
Carbaryl	Isoprene	Sytrene
Carbofuran	Isopropanolamine	2,4,5-T (2,4,5-Trichloro-phenoxyacetic acid)
Carbon disulfide	Kelthane	TDE (Tetrachlorodiphenyl ethane)
Chlorpyrifos	Kepone	2, 4, 5-TP (2-(2,4,5-Trichloro-phenoxy) propanoic acid)
Coumaphos	Malathion	Trichlorofon
Cresol	Mercaptodimethur	Triethanolamine
Crotonaldehyde	Methoxychlor	Triethaylamine
2,4-D (2,4-Dichloro-Phenoxyacetic acid)	Methyl mercaptan	Uranium
Diazinon	Methyl parathion	Vanadium
Dicamba	Mevinphos	Vinyl acetate
Dichlobenil	Mexacarbate	Xylene
2,2-Dichloropropionic acid	Monethyl amine	Xylenol
Dichlorvos	Monomethyl amine	Zirconium
Diethylamine	Nalad	

3.1 Self-explanatory.

3.2 Self-explanatory.

4.0 STORMWATER [10 CSR 20-6.200(2)(C)1.]

In accordance with 10 CSR 20-6.200(2)(C)1.E(I) and (II), the facility must sample the stormwater for any pollutant listed in the permit for process wastewater discharges and/or the applicable Effluent Limitation Guideline. All industrial stormwater must be sampled for parameters listed in 10 CSR 20-6.200(2)(C)1.E.(III); these are: oil and grease, pH, biochemical oxygen demands (BOD₅), chemical oxygen demands (COD), total suspended solids (TSS), conductivity, total phosphorus, total Kjeldahl nitrogen, and nitrate plus nitrite nitrogen.

4.1 Indicate the outfall numbers for industrial stormwater discharges. Provide the area drained by each outfall. Indicate the type and percentages of surface(s), for example: 60% grass or vegetated areas, 10% non-vegetated soils, 30% pavement, etc., the outfall drains. The facility must indicate any structural best management practices, such as settling/retention, rain garden/infiltration, filter socks, etc, employed at each outfall.

4.2 Describe the method used to determine the flow rate in accordance with 10 CSR 20-6.200(2)(C)1., and the flow rate; submit the date and duration of the storm event from which the samples were taken.

5.0 SIGNATORY REQUIREMENTS 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 "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. For a corporation: by an officer having responsibility for the overall operation of the regulated facility or activity or for environmental matters. For a partnership or sole proprietorship: by a general partner or the proprietor. 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.