



SOILS REPORT REVIEW REQUEST FOR LAND APPLICATION OF TREATED WASTEWATER

1.0 REASON FOR REQUEST:

- Soils report for a surface land application system with an application rate greater than 24-inches per year.
- Soils report for a subsurface system. Type: Conventional Mound Low-pressure pipe Drip
- Other: _____

2.0 WASTEWATER TREATMENT FACILITY INFORMATION

NAME	MISSOURI STATE OPERATING PERMIT #
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2.2 DESIGN INFORMATION

- A. Surface land application rate: _____ inches/year; _____ inches/week; _____ inches/day.
- B. Subsurface application (loading) rate: _____ gallons per day per square foot. Was the loading rate given in gallons per day per square foot for the different soil properties throughout the soil treatment area? Yes No
- C. Number of acres available for the soil treatment area: _____ acres.
- D. Is there reserve or replacement acres available for the soil treatment area? Yes No If yes, how many? _____ acres

2.3 ADDITIONAL INFORMATION INCLUDED IN THE SOILS REPORT

- A. A copy of the USGS topographic map with the soil treatment area clearly delineated? Yes No
- B. A site drawing identifying locations of the soil treatment area, observation pits, soil borings, and extent of different soil properties clearly delineated and applicable site features? Yes No
- C. A copy of the Geohydrologic Evaluation of Liquid-Waste Treatment Facility/Site report? Yes No
- D. A copy of the USDA – NRCS County Soil Survey map with a legend and the soil treatment area clearly delineated? Yes No
- E. Soil profile descriptions from each observation pit and supplemental soil boring included (i.e. horizon, thickness, matrix color, redoximorphic features, structure, texture, consistency, permeability (if applicable), slope, aspect, water table, limiting layers, ponding/flooding frequency, loading rates for each horizon, general discussion of findings and conclusions, etc.)? Yes No
- F. Discussion of setback distances from residences, water supply sources, losing streams, and other site features? Yes No
- G. Discussion of whether the site requires imported soils and those soil characteristics? Yes No
- H. A recommendation for overcoming limitations? Yes No N/A

3.0 PROJECT OWNER

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

4.0 QUALIFIED INDIVIDUAL: I hereby certify that I am familiar with the information contained in this form and to the best of my knowledge and belief such information is true, complete, and accurate. I hereby certify that I prepared, finalized, signed, and dated the attached soils report and that I am a qualified individual that has successfully completed at least fifteen semester credit hours of soil science course work, including at least three hours of course work in soil morphology and interpretations.

NAME	TELEPHONE NUMBER WITH AREA CODE	EMAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP CODE
AUTHORIZED SIGNATURE	TITLE OR CORPORATE POSITION	DATE	

Mail completed form and any attachments to: MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
ATTN: ENGINEERING SECTION
P.O. BOX 176
JEFFERSON CITY, MO 65102-0176

INSTRUCTIONS FOR COMPLETING SOILS REPORT REVIEW REQUEST FOR LAND APPLICATION OF TREATED WASTEWATER

Submit this form along with a soils report for department review and approval. No fee is necessary. All blanks must be filled in including the **required signatures**.

- 1.0 Check the applicable box. If selecting "Other," provide an explanation.
- 2.0 Complete the wastewater treatment facility information. Provide the name and Missouri State Operating Permit, or MSOP, number.
- 2.2 Provide the wastewater treatment facility design information and when required in the units specified.
- 2.3 Provide the additional project information within the soils report. Check the appropriate boxes.
 - A. Check the applicable box. Make sure the provided map is legible. One source to obtain a topographic map is the <http://nationalmap.gov/ustopo/>.
 - B. Check the applicable box.
 - C. Check the applicable box.

A copy of a geological site evaluation from the Missouri Geologic Survey must be included for all new surface and subsurface land application sites. The Request for Geohydrologic Evaluation of Liquid-Waste Treatment Facility/Site, Form—MO 780-1688 is available online at dnr.mo.gov/forms/780-1688-f.pdf.
 - D. Check the applicable box. For more information on soil survey, maps are available online at <http://websoilsurvey.nrcs.usda.gov/app/>.
 - E. Check the applicable box.
 - F. Check the applicable box.
 - G. Check the applicable box.
 - H. Check the applicable box.
- 3.0 Complete the Project Owner contact information. Include the name, address, phone number with area code and email address.
- 4.0 Complete the Qualified Individual contact information and certification. Include the name, address, phone number with area code and email address. A qualified individual shall have a minimum of at least fifteen semester credit hours of soils science course work, including at least three hours of course work in soil morphology and interpretations.

All applications must be signed as follows in accordance with 10 CSR 20-6.010(2)(B), 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.

Mail the completed form to the department.
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
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P.O. BOX 176
JEFFERSON CITY, MO 65102-0176

If there are any questions concerning this form, contact the Department of Natural Resources, Water Protection Program at 800-361-4827 or 573-751-1300 or visit dnr.mo.gov/env/wpp/permits/ww-construction-permitting.htm.