



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM

POLLUTION MINIMIZATION PROGRAM (PMP) ANNUAL REPORT

NOTE ►	All facilities permitted under the terms and conditions of the Multiple Discharger Variance (MDV) must submit PMP reports annually. Failure to submit an accurate report or to meet the requirements of the PMP may be grounds for termination of the MDV for this facility. Attach additional sheets as necessary.			
1. GENERAL INFORMATION				
OWNER NAME			PERMIT NUMBER (s) #MO-	
FACILITY NAME			COUNTY	
MAILING ADDRESS		CITY	STATE	ZIP CODE
2. CERTIFIED OPERATOR				
OPERATOR NAME		TITLE	CERTIFICATE NUMBER	
EMAIL ADDRESS		TELEPHONE NUMBER WITH AREA CODE		
3. POLLUTION MINIMIZATION ACTIVITIES: Attach additional sheet as necessary.				
3.1 Describe maintenance completed this year to ensure the berms of the facility been properly seeded, mowed, and maintained, which includes the removal of pests and proper filling of rodent holes to prevent erosion.				
3.2 Describe actions taken to ensure the lagoon complies with equivalent to secondary treatment limits. Be sure to include corrective measures taken if BOD ₅ or TSS exceedances occurred during the past year.				
3.3 Has the facility accepted new or additional industrial waste? If yes, please provide details.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.4 List operation and maintenance activities that ensure the lagoon does not show signs of the following: short circuiting, foul odors, scum or solids, and septicity.				
3.5 Describe any improved processes and/or controls to prevent and reduce pollutant loadings that the facility has employed.				

3. SLUDGE DEPTH MEASUREMENT: Sludge depths only need to be measured and reported during the permit renewal process. A listing of sludge depth measurements for each lagoon cell is required to accompany the permit renewal application.

3.1 Attach a listing of sludge depth measurements for each lagoon cell.	<input type="checkbox"/> Attached
3.2 Has the sludge volume has been maintained to ensure the lagoon is operating at an optimal level. If no, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3 Has sludge been removed in the past year? If yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. CERTIFICATION

FACILITY CONTACT	OFFICIAL TITLE
EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE

I certify I have personally examined and am familiar with the information submitted in this report and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining this information; I believe the information is true, accurate and complete. I am aware there are significant penalties for submitting false information including the possibility of termination from the MDV.

OWNER OR AUTHORIZED REPRESENTATIVE	OFFICIAL TITLE
SIGNATURE	DATE SIGNED

POLLUTION MINIMIZATION PROGRAM (PMP) ANNUAL REPORT

1. Attach listing of sludge depth measurements for each lagoon cell. (3.1)
2. This completed form and any attachments should be submitted annually electronically via the eDMR system.

If there are any questions concerning this form, please contact the MDV Coordinator, by phone at 573-751-1300 or by email at mdv@dnr.mo.gov.