



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH
**FORM B – APPLICATION FOR CONSTRUCTION OR OPERATING PERMIT
 FOR FACILITIES WHICH RECEIVE PRIMARILY DOMESTIC WASTE
 (≤100,000 gallons per day) UNDER MISSOURI CLEAN WATER LAW**

FOR AGENCY USE ONLY	
CHECK NUMBER _____	
DATE RECEIVED _____	FEE SUBMITTED _____

NOTE ► PLEASE READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. This application is for:

An operating permit and antidegradation review public notice.
 A construction permit following an appropriate operating permit and antidegradation review public notice.
 A construction permit and a concurrent operating permit and antidegradation review public notice.
 A construction permit (submitted before Aug. 30, 2008 or antidegradation review is not required).
 An operating permit for a new or unpermitted facility. Construction Permit # _____
 An operating permit renewal: Permit #MO- _____ Expiration Date _____
 An operating permit modification: Permit #MO- _____ Reason: _____

1.1 Is this a Federal/State Funded Project? YES NO Funding Agency/Project #: _____
 1.2 Is the appropriate fee included with the application (See instructions for appropriate fee)? YES NO

2. FACILITY (Outfall of)

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

2.1 LEGAL DESCRIPTION: _____ 1/4, _____ 1/4, _____ 1/4, 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: _____

3. OWNER

NAME		E-MAIL ADDRESS	TELEPHONE WITH AREA CODE
ADDRESS	CITY	STATE	ZIP CODE

3.1 Request review of draft permit prior to Public Notice? YES NO

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

NAME		TELEPHONE WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE

5. OPERATOR

NAME	CERTIFICATE NUMBER	TELEPHONE WITH AREA CODE
------	--------------------	--------------------------

6. FACILITY CONTACT

NAME	TITLE	TELEPHONE WITH AREA CODE
------	-------	--------------------------

7. ADDITIONAL FACILITY INFORMATION

7.1 Description of facilities (Attach additional sheet if required). Attach a 1" = 2,000' scale U.S. Geological Survey topographic map showing location of all outfalls and downstream landowners. (See Item 9.)
 7.2 Facility SIC code: _____; Discharge SIC code: _____; Facility NAICS code: _____; Discharge NAICS code: _____.
 7.3 Number of people presently connected or population equivalent (P.E.) _____ Design P.E. _____
 Number of units presently connected: Homes _____ Trailers _____ Apartments _____ Other _____
 Design flow for this outfall: _____ Total design flow for the facility: _____ Actual flow for this outfall: _____
 Commercial Establishment: Daily number of employees working _____ Daily number of customers/guests _____
 7.4 Length of pipe in the sewer collection system? _____ feet/miles (Please denote which unit is appropriate.)
 7.5 Does any bypassing occur in the collection system or at the treatment facility? Yes No (If yes, attach explanation.)
 7.6 Does significant infiltration occur in the collection system? Yes No (If yes, attach explanation and proposed repair.)
 7.7 Is industrial waste discharged to the facility identified in Item 2? Yes No (If yes, see instructions.)
 7.8 Will the discharge be continuous through the year? Yes No
 a. Discharge will occur during the following months: _____
 b. How many days of the week will the discharge occur? _____
 7.9 Is wastewater land applied? Yes No (If yes, attach Form I.)
 7.10 Will chlorine be added to the effluent? Yes No
 a. If chlorine is added, what is the resulting residual? _____ µg/l (micrograms per liter)
 7.11 Does this facility discharge to a losing stream or sinkhole? Yes No
 7.12 Attach a flow chart showing all influents, treatment facilities and outfalls.
 7.13 Has a waste load allocation study been completed for this facility? Yes No
 7.14 List all permit violations, including effluent limit exceedances in the last five years. Attach a separate sheet if necessary. If none, write none. _____

8. SLUDGE HANDLING, USE AND DISPOSAL			
8.1	Is the sludge a hazardous waste as defined by 10 CSR 25? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8.2	Sludge Production, including sludge received from others: _____ Design Dry Tons/Year _____ Actual Dry Tons/Year		
8.3	Capacity of sludge holding structures: Sludge storage provided: _____ cubic feet; _____ days of storage; _____ average percent solids of sludge; <input type="checkbox"/> No sludge storage is provided.		
8.4	Type of Storage:	<input type="checkbox"/> Holding tank <input type="checkbox"/> Basin <input type="checkbox"/> Concrete Pad	<input type="checkbox"/> Building <input type="checkbox"/> Other (Please describe) _____
8.5	Sludge Treatment:	<input type="checkbox"/> Anaerobic Digester <input type="checkbox"/> Storage Tank <input type="checkbox"/> Lime Stabilization	<input type="checkbox"/> Lagoon <input type="checkbox"/> Aerobic Digester <input type="checkbox"/> Air or Heat Drying <input type="checkbox"/> Composting <input type="checkbox"/> Other (Attach description)
8.6	Sludge Use or Disposal:	<input type="checkbox"/> Land Application <input type="checkbox"/> Contract Hauler <input type="checkbox"/> Hauled to Another Treatment Facility <input type="checkbox"/> Solid Waste Landfill	
		<input type="checkbox"/> Surface Disposal (Sludge Disposal Lagoon, Sludge held for more than two years) <input type="checkbox"/> Incineration <input type="checkbox"/> Sludge Retained in Wastewater treatment lagoon <input type="checkbox"/> Other _____ Attach explanation sheet.	
8.7	PERSON RESPONSIBLE FOR HAULING SLUDGE TO DISPOSAL FACILITY		
	<input type="checkbox"/> By Applicant <input type="checkbox"/> By Others (complete below)		
NAME			
ADDRESS		CITY	STATE ZIP CODE
CONTACT PERSON		TELEPHONE WITH AREA CODE	PERMIT NO. MO-
8.8 SLUDGE USE OR DISPOSAL FACILITY			
	<input type="checkbox"/> By Applicant <input type="checkbox"/> By Others (Please complete below.)		
NAME			
ADDRESS		CITY	STATE ZIP CODE
CONTACT PERSON		TELEPHONE WITH AREA CODE	PERMIT NO. MO-
8.9	Does the sludge or biosolids disposal comply with federal sludge regulations under 40 CFR 503? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach explanation)		
9. DOWNSTREAM LANDOWNER (S). ATTACH ADDITIONAL SHEETS AS NECESSARY. SEE INSTRUCTIONS.			
NAME			
ADDRESS		CITY	STATE ZIP CODE
10. DRINKING WATER SUPPLY INFORMATION			
10.1	WHAT IS THE SOURCE OF YOUR DRINKING WATER SUPPLY: A. Public supply (municipal or water district water) _____ If public, please give name of the public supply _____ B. Private well _____ C. Surface water (lake, pond or stream) _____		
10.2	Does your drinking water source serve at least 25 people at least 60 days per year (not necessarily consecutive days)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10.3	Does your supply serve housing which is occupied year round by the same people? This does not include housing which is occupied seasonally? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11.	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 AND OFFICIAL TITLE (TYPE OR PRINT)			TELEPHONE WITH AREA CODE
SIGNATURE			DATE SIGNED

**INSTRUCTIONS FOR COMPLETING FORM B
APPLICATION FOR CONSTRUCTION OR OPERATING PERMITS FOR
FACILITIES WHICH RECEIVE BASICALLY DOMESTIC WASTE
(Facilities over 100,000 gallons per day of domestic waste must use FORM B2)**

(Facilities that receive wastes other than domestic must fill out FORM A and other forms as appropriate)

1. Check which parameter is applicable. **Do not check more than one item.** Construction and operating permit refer to permits issued by the Department of Natural Resources, Water Protection Program, Water Pollution Branch. Effective Sept. 1, 2008, a facility will be required to use *MISSOURI'S ANTIDegradation Rule And Implementation Procedure*. For more information, this document is available on the Web at www.dnr.mo.gov/env/wpp/docs/aip-cwc-appr-050708.pdf. This procedure will be applicable to new and expanded wastewater facilities and requires the proposed discharge to a water body to undergo a level of Antidegradation Review which documents that the use of a water body's available assimilative capacity is justified.

1.1 Self-explanatory.

1.2 An operating permit and antidegradation review public notice requires a Water Quality/Antidegradation Review Sheet to be submitted with the application (No fee required).

CONSTRUCTION PERMIT FEES (Please include fee with application.)

\$750 for a sewage treatment facility with a design flow of less than 500,000 gallons per day, or gpd.

\$2,200 for sewage treatment facility with a design flow of 500,000 gpd or more.

DOMESTIC OPERATING PERMIT FEES (Annual operating permit fees are based on flow and are due each year on the anniversary date of the permit.)

Annual fee/Design flow	Annual fee/Design flow	Annual Fee/Design flow
\$100.....<5,000 gpd	\$375.....10,000-10,999 gpd	\$650.....16,000-16,999 gpd
\$150.....5,000-5,999 gpd	\$400.....11,000-11,999 gpd	\$800.....17,000-19,999 gpd
\$175.....6,000-6,999 gpd	\$450.....12,000-12,999 gpd	\$1,000.....20,000-22,999 gpd
\$200.....7,000-7,999 gpd	\$500.....13,000-13,999 gpd	\$2,000.....23,000-24,999 gpd
\$225.....8,000-8,999 gpd	\$550.....14,000-14,999 gpd	\$2,500.....25,000-29,999 gpd
\$250.....9,000-9,999 gpd	\$600.....15,000-15,999 gpd	\$3,000.....30,000 gpd -1 mgd

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 2 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. The table of fees is in 10 CSR 20-6.011 and is available at www.sos.mo.gov/adrules/csr/current/10csr/10c20-6a.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. Municipals - \$200 each
- b. All others - 25 percent of annual fee

Note: Facility name or address changes where owner, operator and continuing authority remain the same are not considered transfers. Incomplete permit applications or related engineering documents will be returned by the department if they are not completed in the time frame established by the department in a comment letter to the owner. Permit fees for returned applications shall be forfeited. Permit fees for applications being processed by the department that are withdrawn by the applicant shall be forfeited.

2. If the facility has multiple outfalls, designate the outfall number and total number and use a separate form for each outfall. Name of Facility - The name by which is this facility locally known. Example: Southwest Sewage Treatment Plant, Country Club Mobile Home Park, etc. Give the street address or location of the facility. If the facility lacks a street name or route number, give the names of the closest intersection, highway, country road, etc.

2.1 Point of discharge should be given in terms of the legal description of the waste treatment plant. Sufficient information should be submitted that it may be located by department staff.

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 Receiving stream(s) - Include the name of the stream or streams to which the discharge is directed and any subsequent tributary until a continuous flowing stream is reached.

3. Owner - Include the legal name and address of the owner.

3.1 Prior to submitting a permit to public notice, the Department of Natural Resources shall provide the permit applicant 10 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. Check yes to review the draft permit prior to public notice. Check no to waive the process and expedite the permit.

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 www.sos.mo.gov/adrules/csr/current/10csr/10c20-6a.pdf or contact the appropriate Department of Natural Resources Regional Office.

5. Operator - Provide the name, certificate number and telephone number of the operator of the facility.

6. Provide the name, title and work telephone number 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, if necessary.

INSTRUCTIONS FOR COMPLETING FORM B
APPLICATION FOR CONSTRUCTION OR OPERATING PERMITS FOR
FACILITIES WHICH RECEIVE BASICALLY DOMESTIC WASTE
(CONTINUED)

- 7.1 Provide a brief description of the wastewater treatment facilities. Attach a 1"=2,000' scale U.S. Geological Survey topographic map showing location of all outfalls. This type of map is available on the Web at www.dnr.mo.gov/internetmapviewer/ or from the Department of Natural Resources' Division of Geology and Land Survey in Rolla, Missouri at 573-368-2125.
- 7.2 For Standard Industrial Codes, visit www.osha.gov/pls/imis/sicsearch.html and for the North American Industry Classification System at www.census.gov/naics or contact the appropriate Department of Natural Resources Regional Office. For example, a family style restaurant has a Facility SIC code of 5812 and a Facility NAICS code of 722210.
- 7.3 Indicate the total number of people presently served by the wastewater treatment facility. If this is a commercial establishment, indicate the number of employees and the number of guests or patrons served by the wastewater treatment facility on a daily basis.
- 7.4 Self-explanatory.
- 7.5 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.
- 7.6 Self-explanatory.
- 7.7 Attach a list of industrial discharges into the system. For each industry, provide the name of facility, address, flow, type of industry/SIC code/ NAICS code and a list of the pollutants discharged by that industry into the collection system.
- 7.8 - 7.14 Self-explanatory.
- 8.1 A copy of 10 CSR 25 is available on the Web at www.sos.mo.gov/adrules/csr/current/10csr/10csr.asp#10-25 or at the Department of Natural Resources Regional Offices.
- 8.2 – 8.8 Self-explanatory.
- 8.9 Refer to University of Missouri Extension Environmental Quality publications about biosolids - numbers WQ420-426. Available on the Web at extension.missouri.edu/explore/envqual/. In addition, the federal sludge regulations are available through the U.S. Government Printing Office at www.gpoaccess.gov/cfr/index.html.
9. Provide the name and address of the first downstream landowner, different from that of the permitted facility, through whose property the discharge will flow. For discharges that leave the permitted facility and flow under a road or highway, or along the right-of-way, the downstream property owner is the landowner that the discharge flows to after leaving the right-of-way.
10. - 10.3 Self – explanatory.
- 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.

This completed form, along with the applicable permit fees, should be submitted to the appropriate Regional Office. Submittal of an incomplete application may result in the application being returned. Map of regional offices with addresses and phone numbers can be viewed on the web at www.dnr.mo.gov/regions/ro-map.pdf. If there are any questions concerning this form, please contact the appropriate Regional Office or the Department of Natural Resources, Water Protection Program, Water Pollution Branch, NPDES Permits and Engineering Section at 573-751-6825.