



**FORM B2 – APPLICATION FOR CONSTRUCTION OR OPERATING PERMIT FOR FACILITIES WHICH RECEIVE PRIMARILY DOMESTIC WASTE AND HAVE A DESIGN FLOW MORE THAN 100,000 GALLONS PER DAY**

FACILITY NAME	
PERMIT NO.	COUNTY

**APPLICATION OVERVIEW**

Form B2 has been developed in a modular format and consists of Parts A, B and C and a Supplemental Application Information (Parts D, E, F and G) packet. All applicants must complete Parts A, B and C. Some applicants must also complete parts of the Supplemental Application Information packet. The following items explain which parts of Form B2 you must complete. Submittal of an incomplete application may result in the application being returned.

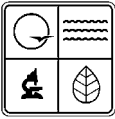
**BASIC APPLICATION INFORMATION**

- A. Basic Application Information for all Applicants. All applicants must complete Part A.
- B. Additional Application Information for all Applicants. All applicants must complete Part B.
- C. Certification. All applicants must complete Part C.

**SUPPLEMENTAL APPLICATION INFORMATION**

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface water of the United States and meets one or more of the following criteria must complete *Part D - Expanded Effluent Testing Data*:
  - 1. Has a design flow rate greater than or equal to 1 million gallons per day.
  - 2. Is required to have or currently has a pretreatment program.
  - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete *Part E - Toxicity Testing Data*:
  - 1. Has a design flow rate greater than or equal to 1 million gallons per day.
  - 2. Is required to have or currently has a pretreatment program.
  - 3. Is otherwise required by the permitting authority to provide the information.
- F. Industrial User Discharges and Resource Conservation and Recovery Act / Comprehensive Environmental Response, Compensation and Liability Act Wastes. A treatment works that accepts process wastewater from any significant industrial users, also known as SIUs, or receives a Resource Conservation and Recovery Act or CERCLA wastes must complete *Part F - Industrial User Discharges and Resource Conservation and Recovery Act /CERCLA Wastes*.  
  
SIUs are defined as:
  - 1. All Categorical Industrial Users, or CIUs, subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations 403.6 and 40 Code of Federal Regulations 403.6 and 40 CFR Chapter 1, Subchapter N.
  - 2. Any other industrial user that meets one or more of the following:
    - i. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions).
    - ii. Contributes a process waste stream that makes up five percent or more of the average dry weather hydraulic or organic capacity of the treatment plant.
    - iii. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete *Part G - Combined Sewer Systems*.

**ALL APPLICANTS MUST COMPLETE PARTS A, B and C**



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM, WATER POLLUTION CONTROL BRANCH  
**FORM B2 – APPLICATION FOR CONSTRUCTION OR OPERATING PERMIT FOR FACILITIES WHICH RECEIVE PRIMARILY DOMESTIC WASTE AND HAVE A DESIGN FLOW MORE THAN 100,000 GALLONS PER DAY**

FOR AGENCY USE ONLY	
CHECK NUMBER	
DATE RECEIVED	FEE SUBMITTED

**PART A – BASIC APPLICATION INFORMATION**

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, 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**

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

2.1 **LEGAL DESCRIPTION** (Plant Site): \_\_\_\_\_ ¼, \_\_\_\_\_ ¼, \_\_\_\_\_ ¼, 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)

**3. OWNER**

NAME		TITLE		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS		CITY		STATE	ZIP

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		CITY	
ADDRESS	CERTIFICATE NUMBER (IF APPLICABLE)	STATE	ZIP

**5. OPERATOR**

NAME		TITLE		TELEPHONE NUMBER WITH AREA CODE	
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**6. FACILITY CONTACT**

NAME		TITLE	
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FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
<b>PART A – BASIC APPLICATION INFORMATION</b>		
<b>7. ADDITIONAL FACILITY INFORMATION</b>		
7.1 BRIEF DESCRIPTION OF FACILITIES		
7.2 TOPOGRAPHIC MAP. ATTACH TO THIS APPLICATION A TOPOGRAPHIC MAP OF THE AREA EXTENDING AT LEAST ONE MILE BEYOND FACILITY PROPERTY BOUNDARIES. THIS MAP MUST SHOW THE OUTLINE OF THE FACILITY AND THE FOLLOWING INFORMATION. (YOU MAY SUBMIT MORE THAN ONE MAP IF ONE MAP DOES NOT SHOW THE ENTIRE AREA.)		
a. The area surrounding the treatment plant, including all unit processes. b. The location of the downstream landowner(s). (See Item 10.) c. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable. d. The actual point of discharge. e. Wells, springs, other surface water bodies and drinking water wells that are: 1) within ¼ mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant. f. Any areas where the sewage sludge produced by the treatment works is stored, treated or disposed. g. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act, or RCRA, by truck, rail or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored or disposed.		
7.3 PROCESS FLOW DIAGRAM OR SCHEMATIC. PROVIDE A DIAGRAM SHOWING THE PROCESSES OF THE TREATMENT PLANT. ALSO, PROVIDE A WATER BALANCE SHOWING ALL TREATMENT UNITS, INCLUDING DISINFECTION (E.G. CHLORINATION AND DECHLORINATION). THE WATER BALANCE MUST SHOW DAILY AVERAGE FLOW RATES AT INFLUENT AND DISCHARGE POINTS AND APPROXIMATE DAILY FLOW RATES BETWEEN TREATMENT UNITS. INCLUDE A BRIEF NARRATIVE DESCRIPTION OF THE DIAGRAM.		
7.4 FACILITY SIC CODE	DISCHARGE SIC CODE:	FACILITY NAICS CODE:
_____.	_____.	_____.
7.5 NUMBER OF SEPARATE DISCHARGE POINTS		
7.6 NUMBER OF PEOPLE PRESENTLY CONNECTED OR POPULATION EQUIVALENT		DESIGN POPULATION EQUIVALENT
_____		_____
NUMBER OF UNITS PRESENTLY CONNECTED		
HOMES _____	APARTMENTS _____	TRAILERS _____ OTHER _____
TOTAL DESIGN FLOW (ALL OUTFALLS)		ACTUAL FLOW
7.7 DOES ANY BYPASSING OCCUR ANYWHERE IN THE COLLECTION SYSTEM OR AT THE TREATMENT FACILITY?		
Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, attach an explanation.)		
7.8 LENGTH OF THE SANITARY SEWER COLLECTION SYSTEM IN MILES		
_____		
7.9 IS INDUSTRIAL WASTE DISCHARGED TO THE FACILITY IDENTIFIED IN ITEM 2? Yes <input type="checkbox"/> No <input type="checkbox"/>		
7.10 WILL THE DISCHARGE BE CONTINUOUS THROUGH THE YEAR? Yes <input type="checkbox"/> No <input type="checkbox"/>		
A. DISCHARGE WILL OCCUR DURING THE FOLLOWING MONTHS	B. HOW MANY DAYS OF THE WEEK WILL THE DISCHARGE OCCUR?	
7.11 IS WASTEWATER LAND APPLIED? (If Yes, Attach Form I) Yes <input type="checkbox"/> No <input type="checkbox"/>	7.12 DOES THIS FACILITY DISCHARGE TO A LOSING STREAM OR SINKHOLE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.13 HAS A WASTE LOAD ALLOCATION STUDY BEEN COMPLETED FOR THIS FACILITY? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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.		
<b>8. LABORATORY CONTROL INFORMATION</b>		
8.1 LABORATORY WORK CONDUCTED BY PLANT PERSONNEL		
Lab work conducted outside of plant.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Push-button or visual methods for simple test such as pH, settleable solids.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional procedures such as Dissolved Oxygen, Chemical Oxygen Demand, Biological Oxygen Demand, titrations, solids, volatile content.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
More advanced determinations such as BOD seeding procedures, fecal coliform, nutrients, total oils, phenols, etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Highly sophisticated instrumentation, such as atomic absorption and gas chromatograph.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.	
<b>PART A – BASIC APPLICATION INFORMATION</b>			
<b>9. SLUDGE HANDLING, USE AND DISPOSAL</b>			
9.1 IS THE SLUDGE A HAZARDOUS WASTE AS DEFINED BY 10 CSR 25? Yes <input type="checkbox"/> No <input type="checkbox"/>			
9.2 SLUDGE PRODUCTION, INCLUDING SLUDGE RECEIVED FROM OTHERS Design Dry Tons/Year		Actual Dry Tons/Year	
9.3 CAPACITY OF SLUDGE HOLDING STRUCTURES			
9.4 SLUDGE STORAGE PROVIDED Cubic Feet      Days of Storage      Average Percent Solids of Sludge <input type="checkbox"/> No Sludge Storage is Provided			
9.5 TYPE OF STORAGE <input type="checkbox"/> Holding Tank <input type="checkbox"/> Basin <input type="checkbox"/> Building <input type="checkbox"/> Concrete Pad <input type="checkbox"/> Other (Describe) _____			
9.6 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)			
9.7 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"/> Other (Attach Explanation Sheet) _____			
9.8 PERSON RESPONSIBLE FOR HAULING SLUDGE TO DISPOSAL FACILITY			
NAME			
ADDRESS		CITY	STATE      ZIP
CONTACT PERSON		TELEPHONE NUMBER WITH AREA CODE	PERMIT NO. MO-
9.9 SLUDGE USE OR DISPOSAL FACILITY <input type="checkbox"/> By Applicant <input type="checkbox"/> By Others (Complete Below)			
NAME			
ADDRESS		CITY	STATE      ZIP
CONTACT PERSON		TELEPHONE NUMBER WITH AREA CODE	PERMIT NO. MO-
9.10 DO THE SLUDGE OR BIOSOLIDS DISPOSAL COMPLY WITH FEDERAL SLUDGE REGULATIONS UNDER 40 CFR 503? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Explanation)			
<b>10. DOWNSTREAM LANDOWNER(S). (ATTACH ADDITIONAL SHEETS AS NECESSARY.)</b>			
NAME			
ADDRESS		CITY	STATE      ZIP
<b>11. DRINKING WATER SUPPLY INFORMATION</b>			
11.1 SOURCE OF YOUR DRINKING WATER SUPPLY			
A. PUBLIC SUPPLY (MUNICIPAL OR WATER DISTRICT WATER) (IF PUBLIC, PLEASE GIVE NAME OF PUBLIC SUPPLY)			
B. PRIVATE WELL			
C. SURFACE WATER (LAKE, POND OR STREAM)			
11.2 DOES YOUR DRINKING WATER SOURCE SERVE AT LEAST 25 PEOPLE AT LEAST 60 DAYS PER YEAR (NOT NECESSARILY CONSECUTIVE DAYS)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
11.3 DOES YOUR SUPPLY SERVE HOUSING THAT IS OCCUPIED YEAR ROUND BY THE SAME PEOPLE? THIS DOES NOT INCLUDE HOUSING THAT IS OCCUPIED SEASONALLY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>END OF PART A</b>			

<b>MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL</b>			
FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.	
<b>PART B – ADDITIONAL APPLICATION INFORMATION</b>			
<b>20. INFLOW AND INFILTRATION</b>			
ESTIMATE THE AVERAGE NUMBER OF GALLONS PER DAY THAT FLOW INTO THE TREATMENT WORKS FROM INFLOW AND INFILTRATION. Gallons Per Day _____			
BRIEFLY EXPLAIN ANY STEPS UNDERWAY OR PLANNED TO MINIMIZE INFLOW AND INFILTRATION. _____			
<b>20.1 OPERATION AND MAINTENANCE PERFORMED BY CONTRACTOR(S)</b>			
ARE ANY OPERATIONAL OR MAINTENANCE ASPECTS (RELATED TO WASTEWATER TREATMENT AND EFFLUENT QUALITY) OF THE TREATMENT WORKS THE RESPONSIBILITY OF A CONTRACTOR? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, list the name, address, telephone number and status of each contractor and describe the contractor's responsibilities. (Attach additional pages if necessary.)			
NAME _____			
MAILING ADDRESS _____			
TELEPHONE NUMBER WITH AREA CODE _____			
RESPONSIBILITIES OF CONTRACTOR _____			
<b>20.2 SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION. PROVIDE INFORMATION ABOUT ANY UNCOMPLETED IMPLEMENTATION SCHEDULE OR UNCOMPLETED PLANS FOR IMPROVEMENTS THAT WILL AFFECT THE WASTEWATER TREATMENT, EFFLUENT QUALITY OR DESIGN CAPACITY OF THE TREATMENT WORKS. IF THE TREATMENT WORKS HAS SEVERAL DIFFERENT IMPLEMENTATION SCHEDULES OR IS PLANNING SEVERAL IMPROVEMENTS, SUBMIT SEPARATE RESPONSES FOR EACH. (IF NONE, GO TO QUESTION B-20.3.)</b>			
A. List the outfall number that is covered by this implementation schedule Outfall No. _____		B. Indicate whether the planned improvements or implementation schedule are required by local, state or federal agencies. Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>20.3 WASTEWATER DISCHARGES:</b> COMPLETE QUESTIONS 20.4 THROUGH 20.7 ONCE FOR EACH OUTFALL (INCLUDING BYPASS POINTS) THROUGH WHICH EFFLUENT IS DISCHARGED. DO NOT INCLUDE INFORMATION ON COMBINED SEWER OVERFLOWS IN THIS SECTION.			
<b>20.4 DESCRIPTION OF OUTFALL</b>			
OUTFALL NUMBER _____			
A. LOCATION ¼ _____ ¼ _____ ¼ _____ Section _____ Township _____ Range _____ <input type="checkbox"/> E <input type="checkbox"/> W UTM Coordinates Easting (X): _____ Northing (Y): _____ For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)			
B. Distance from Shore (If Applicable) _____ ft.		C. Depth Below Surface (If Applicable) _____ ft.	D. Average Daily Flow Rate _____ mgd
E. Does this outfall have either an intermittent or periodic discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide the following information:			
Number of Days Per Year Discharge Occurs:	Average Duration of Each Discharge:	Average Flow Per Discharge: mgd	Months in Which Discharge Occurs:
Is Outfall Equipped with a Diffuser? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>20.5 DESCRIPTION OF RECEIVING WATER</b>			
B. Name of Receiving Water _____			
B. Name of Watershed (If Known)		U.S. Soil Conservation Service 14-Digit Watershed Code (If Known)	
B. Name of State Management/River Basin (If Known)		U.S. Geological Survey 8-Digit Hydrologic Cataloging Unit Code (If Known)	
B. Critical Flow of Receiving Stream (If Applicable) Acute _____ cfs      Chronic _____ cfs		B. Total Hardness of Receiving Stream at Critical Low Flow (If Applicable) mg/L of CaCO <sub>3</sub>	

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
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**PART B – ADDITIONAL APPLICATION INFORMATION (CONTINUED)**

**20.6 DESCRIPTION OF TREATMENT**

A. WHAT LEVELS OF TREATMENT ARE PROVIDED? Check All That Apply  
 Primary     Secondary     Advanced     Other (Describe)

B. INDICATE THE FOLLOWING REMOVAL RATES (AS APPLICABLE)  
Design BOD<sub>5</sub> Removal Or Design CBOD<sub>5</sub> Removal \_\_\_\_\_%      Design SS Removal \_\_\_\_\_%  
Design P Removal \_\_\_\_\_%      Design N Removal \_\_\_\_\_%      Other \_\_\_\_\_%

C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

If disinfection is by chlorination, is dechlorination used for this outfall?     Yes     No

Does the treatment plant have post aeration?     Yes     No

**20.7 EFFLUENT TESTING DATA. ALL APPLICANTS THAT DISCHARGE TO WATERS OF THE U.S. MUST PROVIDE EFFLUENT TESTING DATA FOR THE FOLLOWING PARAMETERS. PROVIDE THE INDICATED EFFLUENT DATA FOR EACH OUTFALL THROUGH WHICH EFFLUENT IS DISCHARGED. DO NOT INCLUDE INFORMATION OF COMBINED SEWER OVERFLOWS IN THIS SECTION. ALL INFORMATION REPORTED MUST BE BASED ON DATA COLLECTED THROUGH ANALYSIS CONDUCTED USING 40 CFR PART 136 METHODS. IN ADDITION, THIS DATA MUST COMPLY WITH QA/QC REQUIREMENTS OF 40 CFR PART 136 AND OTHER APPROPRIATE QA/QC REQUIREMENTS FOR STANDARD METHODS FOR ANALYTES NOT ADDRESSED BY 40 CFR PART 136.**

**OUTFALL NUMBER**

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	VALUE	UNITS	VALUE	UNITS	NO. OF SAMPLES
pH (Minimum)		S.U.		S.U.	
pH (Maximum)		S.U.		S.U.	
FLOW RATE		MGD		MGD	
TEMPERATURE (Winter)		°C		°C	
TEMPERATURE (Summer)		°C		°C	

\*For pH report a minimum and a maximum daily value.

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	CONC.	UNITS	CONC.	UNITS	NO. OF SAMPLES		

**Conventional and Nonconventional Compounds**

BIOCHEMICAL OXYGEN DEMAND (Report One)	BOD <sub>5</sub>		mg/L		mg/L		
	CBOD <sub>5</sub>		mg/L		mg/L		
FECAL COLIFORM		#/100 mL		#/100 mL			
TOTAL SUSPENDED SOLIDS (TSS)		mg/L		mg/L			
AMMONIA (AS N)		mg/L		mg/L			
CHLORINE (TOTAL RESIDUAL, TRC)		mg/L		mg/L			
DISSOLVED OXYGEN		mg/L		mg/L			
TOTAL KJELDAHL NITROGEN (TKN)		mg/L		mg/L			
NITRATE PLUS NITRITE NITROGEN		mg/L		mg/L			
OIL AND GREASE		mg/L		mg/L			
PHOSPHORUS (TOTAL)		mg/L		mg/L			
TOTAL DISSOLVE SOLIDS (TDS)		mg/L		mg/L			
OTHER		mg/L		mg/L			

**END OF PART B**

**PART C - CERTIFICATION**

**30. CERTIFICATION**

All applicants must complete the Certification Section. This certification must be signed by an officer of the company or city official. All applicants must complete all applicable sections as explained in the Application Overview. By signing this certification statement, applicants confirm that they have reviewed the entire form and have completed all sections that apply to the facility for which this application is submitted.

ALL APPLICANTS MUST COMPLETE THE FOLLOWING 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 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.

PRINTED NAME AND OFFICIAL TITLE (MUST BE AN OFFICER OF THE COMPANY OR CITY OFFICIAL)

SIGNATURE

TELEPHONE NUMBER WITH AREA CODE

DATE SIGNED

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

For Design Flows Less than 1 Million Gallons Per Day,  
Send Completed Form to:

**Appropriate Regional Office**

Map of regional offices with addresses and phone numbers is available on the Web at [www.dnr.mo.gov/regions/ro-map.pdf](http://www.dnr.mo.gov/regions/ro-map.pdf).

For Design Flows of 1 Million Gallons Per Day or Greater,  
Send Completed Form to:

Department of Natural Resources  
Water Protection Program  
ATTN: NPDES Permits and Engineering Section  
P.O. Box 176  
Jefferson City, MO 65102

**END OF PART C.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.**

Do not complete the remainder of this application, unless:

1. Your facility design flow is equal to or greater than 1,000,000 gallons per day.
2. Your facility is a pretreatment treatment works.
3. Your facility is a combined sewer system.

Submittal of an incomplete application may result in the application being returned. 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.

**MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.**

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
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**PART D – EXPANDED EFFLUENT TESTING DATA**

**40. EXPANDED EFFLUENT TESTING DATA**

Refer to the supplemental application information to determine whether Part D applies to the treatment works.

40.1 EFFLUENT TESTING: IF THE TREATMENT WORKS HAS A DESIGN FLOW GREATER THAN OR EQUAL TO 1 MILLION GALLONS PER DAY OR IT HAS (OR IS REQUIRED TO HAVE) A PRETREATMENT PROGRAM, OR IS OTHERWISE REQUIRED BY THE PERMITTING AUTHORITY TO PROVIDE THE DATA, THEN PROVIDE EFFLUENT TESTING DATA FOR THE FOLLOWING POLLUTANTS. PROVIDE THE INDICATED EFFLUENT TESTING INFORMATION **FOR EACH OUTFALL THROUGH WHICH EFFLUENT IS DISCHARGED**. DO NOT INCLUDE INFORMATION ON COMBINED SEWER OVERFLOWS IN THIS SECTION. ALL INFORMATION REPORTED MUST BE BASED ON DATA COLLECTED THROUGH ANALYSIS CONDUCTED USING 40 CFR PART 136 METHODS. IN ADDITION, THIS DATA MUST COMPLY WITH QA/QC REQUIREMENTS OF 40 CFR PART 136 AND OTHER APPROPRIATE QA/QC REQUIREMENTS FOR STANDARD METHODS FOR ANALYTES NOT ADDRESSED BY 40 CFR PART 136. INDICATE IN THE BLANK ROWS PROVIDED BELOW ANY DATA YOU MAY HAVE ON POLLUTANTS NOT SPECIFICALLY LISTED IN THIS FORM. EFFLUENT TESTING MUST NOT BE MORE THAN FOUR AND ONE-HALF YEARS OLD.

OUTFALL NUMBER (Complete Once for Each Outfall Discharging Effluent to Waters of the State.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	CONC	UNITS	MASS	UNITS	CONC	UNITS	MASS	UNITS	NO. OF SAMPLES		

**METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS AND HARDNESS**

ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (as CaCO <sub>3</sub> )											

USE THIS SPACE (OR A SEPARATE SHEET) TO PROVIDE INFORMATION ON OTHER METALS REQUESTED BY THE PERMIT WRITER.


FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
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**PART D – EXPANDED EFFLUENT TESTING DATA (CONTINUED)**

**40.1 EXPANDED EFFLUENT TESTING DATA (CONTINUED)**

Complete Once for Each Outfall Discharging Effluent to Waters of the State.

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	CONC	UNITS	MASS	UNITS	CONC	UNITS	MASS	UNITS	NO. OF SAMPLES		
VOLATILE ORGANIC COMPOUNDS											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CHLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLORO-ETHANE											
1,2-DICHLORO-ETHANE											
TRANS-1,2-DICHLOROETHYLENE											
1,1-DICHLORO-ETHYLENE											
1,2-DICHLORO-PROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRA-CHLOROETHANE											
TETRACHLORO-ETHANE											
TOLUENE											
3,4-BENZO-FLUORANTHENE											
BENZO(GH) PHERYLENE											
BENZO(K) FLUORANTHENE											

MO 780-1805 (09-08)

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
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**PART D – EXPANDED EFFLUENT TESTING DATA (CONTINUED)**

**40.1 EXPANDED EFFLUENT TESTING DATA (CONTINUED)**

Complete Once for Each Outfall Discharging Effluent to Waters of the State.

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	CONC	UNITS	MASS	UNITS	CONC	UNITS	MASS	UNITS	NO. OF SAMPLES		
BIS (2-CHLOROTHOXY) METHANE											
BIS (2-CHLOROETHYL) – ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DEBENZO (A,H) ANTHRACENE											
1,2-DICHLORO-BENZENE											
1,3-DICHLORO-BENZENE											
1,4-DICHLORO-BENZENE											
3,3-DICHLORO-BENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITRO-TOLUENE											
2,6-DINITRO-TOLUENE											
1,2-DIPHENYL-HYDRAZINE											
1,1,1-TRICHLORO-ETHANE											
1,1,2-TRICHLORO-ETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											

USE THIS SPACE (OR A SEPARATE SHEET) TO PROVIDE INFORMATION ON OTHER VOLATILE ORGANIC COMPOUNDS REQUESTED BY THE PERMIT WRITER




FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
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**PART D – EXPANDED EFFLUENT TESTING DATA (CONTINUED)**

**40.1 EXPANDED EFFLUENT TESTING DATA (CONTINUED)**

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	CONC	UNITS	MASS	UNITS	CONC	UNITS	MASS	UNITS	NO. OF SAMPLES		
<b>BASE-NEUTRAL COMPOUNDS</b>											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO (1,2,3-CD) PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-PROPYLAMINE											
N-NITROSODI-METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											

USE THIS SPACE (OR SEPARATE SHEET) TO PROVIDE INFORMATION ON OTHER BASE-NEUTRAL COMPOUNDS REQUESTED BY THE PERMIT WRITER.


**END OF PART D**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.**

**MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.**

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
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**PART E – TOXICITY TESTING DATA**

**50. TOXICITY TESTING DATA**

Refer to the Supplemental Application Information to determine whether Part E applies to the treatment works.

Publicly owned treatment works, or POTWS, meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points.

- A. POTWS with a design flow rate greater than or equal to 1 million gallons per day.
- B. POTWS with a pretreatment program (or those that are required to have one under 40 CFR Part 403).
- C. POTWS required by the permitting authority to submit data for these parameters
  - ◆ At a minimum, these results must include quarterly testing for a 12-month period within the past one year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute or chronic toxicity, depending on the range of receiving water dilution. Do not include information about combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
  - ◆ If EPA methods were not used, report the reason for using alternative methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E. If no biomonitoring data is required, do not complete Part E. Refer to the application overview for directions on which other sections of the form to complete.

50.1 REQUIRED TESTS. INDICATE THE NUMBER OF WHOLE EFFLUENT TOXICITY TESTS CONDUCTED IN THE PAST FOUR AND ONE-HALF YEARS.

CHRONIC	ACUTE
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INDIVIDUAL TEST DATA. Complete the following chart for the last three whole effluent toxicity tests. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	MOST RECENT	2 <sup>ND</sup> MOST RECENT	3 <sup>RD</sup> MOST RECENT
<b>A. TEST INFORMATION</b>			
TEST NUMBER			
TEST SPECIES AND TEST METHOD NUMBER			
AGE AT INITIATION OF TEST			
OUTFALL NUMBER			
DATES SAMPLE COLLECTED			
DATE TEST STARTED			
DURATION			
<b>B. GIVE TOXICITY TEST METHODS FOLLOWED</b>			
MANUAL TITLE			
EDITION NUMBER AND YEAR OF PUBLICATION			
PAGE NUMBER(S)			
<b>C. GIVE THE SAMPLE COLLECTION METHOD(S) USED. FOR MULTIPLE GRAB SAMPLES, INDICATE THE NUMBER OF GRAB SAMPLES USED.</b>			
24-HOUR COMPOSITE			
GRAB			
<b>D. INDICATE WHERE THE SAMPLE WAS TAKEN IN RELATION TO DISINFECTION. (CHECK ALL THAT APPLY FOR EACH)</b>			
BEFORE DISINFECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTER DISINFECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTER DECHLORINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. DESCRIBE THE POINT IN THE TREATMENT PROCESS AT WHICH THE SAMPLE WAS COLLECTED</b>			
SAMPLE WAS COLLECTED			
<b>F. FOR EACH TEST, INCLUDE WHETHER THE TEST WAS INTENDED TO ASSESS CHRONIC TOXICITY, ACUTE TOXICITY OR BOTH.</b>			
CHRONIC TOXICITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACUTE TOXICITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. PROVIDE THE TYPE OF TEST PERFORMED</b>			
STATIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATIC STATIC-RENEWAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOW-THROUGH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>H. SOURCE OF DILUTION WATER. IF LABORATORY WATER, SPECIFY TYPE; IF RECEIVING WATER, SPECIFY SOURCE</b>			
LABORATORY WATER			
RECEIVING WATER			

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
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**PART E – TOXICITY TESTING DATA (CONTINUED)**

**50.1 WHOLE EFFLUENT TOXICITY TESTS DATA (CONTINUED)**

	MOST RECENT	2 <sup>ND</sup> MOST RECENT	3 <sup>RD</sup> MOST RECENT
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I. TYPE OF DILUTION WATER, IF SALT WATER, SPECIFY "NATURAL" OR TYPE OF ARTIFICIAL SEA SALTS OR BRINE USED.

FRESH WATER			
SALT WATER			

J. GIVE THE PERCENTAGE EFFLUENT USED FOR ALL CONCENTRATIONS IN THE TEST SERIES.


K. PARAMETERS MEASURED DURING THE TEST. (STATE WHETHER PARAMETER MEETS TEST METHOD SPECIFICATIONS)

pH			
SALINITY			
TEMPERATURE			
AMMONIA			
DISSOLVED OXYGEN			

L. TEST RESULTS

ACUTE:

PERCENT IN SURVIVAL IN 100% EFFLUENT			
LC <sub>50</sub>			
95% C.I.			
CONTROL PERCENT SURVIVAL			
OTHER (DESCRIBE)			

CHRONIC:

NOEC			
IC <sub>25</sub>			
CONTROL PERCENT SURVIVAL			
OTHER (DESCRIBE)			

M. QUALITY CONTROL ASSURANCE

IS REFERENCE TOXICANT DATA AVAILABLE?			
WAS REFERENCE TOXICANT TEST WITHIN ACCEPTABLE BOUNDS?			
WHAT DATE WAS REFERENCED TOXICANT TEST RUN (MM/DD/YYYY)?			
OTHER (DESCRIBE)			

**50.2 TOXICITY REDUCTION EVALUATION**

Is the treatment works involved in a toxicity reduction evaluation?  Yes  No

If yes, describe:

**50.3 SUMMARY OF SUBMITTED BIOMONITORING TEST INFORMATION**

If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date Submitted (MM/DD/YYYY)

Summary of Results (See Instructions)

**END OF PART E  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.**



**MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.**

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
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**PART F – INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES (CONTINUED)**

**60.9 RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE**

RCRA WASTE. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail or dedicated pipe?  
 Yes       No

WASTE TRANSPORT. Method by which RCRA waste is received. (Check all that apply)  
 Truck       Rail       Dedicated Pipe

WASTE DESCRIPTION. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA HAZARDOUS WASTE NUMBER	AMOUNT	UNITS

**60.10 CERCLA, OR SUPERFUND, WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER AND OTHER REMEDIAL ACTIVITY WASTEWATER**

REMEDIAL WASTE. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?  
 Yes       No      Provide a list of sites and the requested information for each current and future site.

**60.11 WASTE ORIGIN**

Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

**60.12 POLLUTANTS**

List the hazardous constituents that are received (or are expected to be received). Included data on volume and concentration, if known. (Attach additional sheets if necessary)

**60.13 WASTE TREATMENT**

A. Is this waste treated (or will it be treated) prior to entering the treatment works?  
 Yes       No  
 If Yes, describe the treatment (provide information about the removal efficiency):

B. Is the discharge (or will the discharge be) continuous or intermittent?  
 Continuous       Intermittent  
 If intermittent, describe the discharge schedule:

**END OF PART F**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.**

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<b>MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.</b>		
FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
<b>PART G – COMBINED SEWER SYSTEMS</b>		
<b>70. COMBINED SEWER SYSTEMS (COMPLETE THIS PART IF THE TREATMENT WORKS HAS A COMBINED SEWER SYSTEM.)</b>		
Refer to the Supplemental Application Information to determine whether Part G applies to the treatment works.		
<b>70.1 SYSTEM MAP</b>		
Provide a map indicating the following: (May be included with basic application information.)		
A. All CSO Discharges. B. Sensitive Use Areas Potentially Affected by CSOs. (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems and Outstanding Natural Resource Waters.) C. Waters that Support Threatened and Endangered Species Potentially Affected by CSOs.		
<b>70.2 SYSTEM DIAGRAM</b>		
Provide a diagram, either in the map provided above or on a separate drawing, of the Combined Sewer Collection System that includes the following information:		
A. Locations of Major Sewer Trunk Lines, Both Combined and Separate Sanitary. B. Locations of Points where Separate Sanitary Sewers Feed into the Combined Sewer System. C. Locations of In-Line or Off-Line Storage Structures. D. Locations of Flow-Regulating Devices. E. Locations of Pump Stations.		
<b>70.3 PERCENT OF COLLECTION SYSTEM THAT IS COMBINED SEWER</b>		
<b>70.4 POPULATION SERVED BY COMBINED SEWER COLLECTION SYSTEM</b>		
<b>70.5 NAME OF ANY SATELLITE COMMUNITY WITH COMBINED SEWER COLLECTION SYSTEM</b>		
<b>70.6 CSO OUTFALLS. COMPLETE THE FOLLOWING ONCE FOR EACH CSO DISCHARGE POINT</b>		
<b>70.7 DESCRIPTION OF OUTFALL</b>		
A. Outfall Number		
B. Location		
C. Distance from Shore (if applicable) _____ ft		D. Depth Below Surface (if applicable) _____ ft
E. Which of the following were monitored during the last year for this CSO? <input type="checkbox"/> Rainfall <input type="checkbox"/> CSO Pollutant Concentrations <input type="checkbox"/> CSO <input type="checkbox"/> CSO Flow Volume <input type="checkbox"/> Receiving Water Quality		
F. How many storm events were monitored last year?		
<b>70.8 CSO EVENTS</b>		
A. Give the Number of CSO Events in the Last Year _____ Events <input type="checkbox"/> Actual <input type="checkbox"/> Approximate		B. Give the Average Duration Per CSO Event _____ Hours <input type="checkbox"/> Actual <input type="checkbox"/> Approximate
C. Give the Average Volume Per CSO Event _____ Million Gallons <input type="checkbox"/> Actual <input type="checkbox"/> Approximate		D. GIVE THE MINIMUM RAINFALL THAT CAUSED A CSO EVENT IN THE LAST YEAR _____ INCHES OF RAINFALL
<b>70.9 DESCRIPTION OF RECEIVING WATERS</b>		
A. Name of Receiving Water		
B. Name of Watershed/River/Stream System		U.S. Soil Conservation Service 14-Digit Watershed Code (If Known)
Name of State Management/River Basin		U.S. Geological Survey 8- Digit Hydrologic Cataloging Unit Code (If Known)
<b>70.10 CSO OPERATIONS</b>		
Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shellfish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable state water quality standard.)		
<b>END OF PART G.</b>		
<b>REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.</b>		

**INSTRUCTIONS FOR COMPLETING FORM B2**  
**APPLICATION FOR CONSTRUCTION OR OPERATING PERMITS FOR FACILITIES WHICH RECEIVE**  
**BASICALLY DOMESTIC WASTE AND HAVE A DESIGN FLOW MORE THAN 100,000 GALLONS PER DAY**  
(Facilities less than or equal to 100,000 gallons per day of domestic waste must use FORM B.)  
(Facilities that receive wastes other than domestic must fill out FORM A and other forms as appropriate.)

**PART A – BASIC APPLICATION INFORMATION**

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 at [www.dnr.mo.gov/env/wpp/docs/aip-cwc-appr-050708.pdf](http://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 that documents 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** (Include fee with application.)

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

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

**DOMESTIC OPERATING PERMIT FEES** (Annual operating permit fees are based on flow.)

Annual fee/Design flow

Annual fee/Design flow

\$3,000.....30,000 gpd to 1 mgd

\$3,500.....>1 million gallons per day

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 two 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](http://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.

2. Name of Facility – Include the name by which this facility is locally known. Example: Southwest Sewage Treatment Plant, Country Club Mobile Home Park, etc. Provide the street address or location of the facility. If the facility lacks a street name or route number, provide the names of the closest intersection, highway, country road, etc.
  - 2.1 Self – explanatory.
  - 2.2 Global Positioning System, or GPS, is a satellite-based navigation system. The department prefers that a GPS receiver is used 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/](http://www.dnr.mo.gov/internetmapviewer/).
3. Owner – Provide 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 – Provide the permanent organization, which 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](http://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.
  - 7.1 Provide a brief description of the wastewater treatment facilities.
  - 7.2 A topographic map is available on the Web at [www.dnr.mo.gov/internetmapviewer/](http://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.
  - 7.3 Self – explanatory.
  - 7.4 For Standard Industrial Codes, visit [www.osha.gov/pls/imis/sicsearch.html](http://www.osha.gov/pls/imis/sicsearch.html) and for the North American Industry Classification System, visit [www.census.gov/naics](http://www.census.gov/naics) or contact the appropriate Department of Natural Resources Regional Office.
  - 7.5 – 8.1 Self – explanatory.
  - 9.1 A copy of 10 CSR 25 is available at [www.sos.mo.gov/adrules/csr/current/10csr/10csr.asp#10-25](http://www.sos.mo.gov/adrules/csr/current/10csr/10csr.asp#10-25).
  - 9.2 – 9.9 Self – explanatory.

**INSTRUCTIONS FOR COMPLETING FORM B2**  
**APPLICATION FOR CONSTRUCTION OR OPERATING PERMITS FOR FACILITIES WHICH RECEIVE**  
**BASICALLY DOMESTIC WASTE AND HAVE A DESIGN FLOW MORE THAN 100,000 GALLONS PER DAY**  
(Continued)

- 9.10 Refer to University of Missouri Extension Environmental Quality publications about biosolids - numbers WQ420-426. Available on the Web at <http://extension.missouri.edu/explore/envqual/>. Additionally, the federal sludge regulations are available through the U.S. Government Printing Office at [www.gpoaccess.gov/cfr/index.html](http://www.gpoaccess.gov/cfr/index.html).
10. 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.
11. – 11.3 Self – explanatory.

**PART B – ADDITIONAL APPLICATION INFORMATION**

20. – 20.3 Self – explanatory.
- 20.4 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/](http://www.dnr.mo.gov/internetmapviewer/).
- 20.5 – 20.7 Self – explanatory.

**PART C – CERTIFICATION**

30. 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.

**PART D – EXPANDED EFFLUENT TESTING DATA**

- 40.1 Self – explanatory. ML/MDL means minimum limit or minimum detection limit.

**PART E – TOXICITY TESTING DATA**

- 50.1 – 50.3 Self – explanatory.

**PART F – INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

60. Federal regulations are available through the U.S. Government Printing Office at [www.gpoaccess.gov/cfr/index.html](http://www.gpoaccess.gov/cfr/index.html).
- 60.1 Self – explanatory
- 60.2 A non-categorical significant industrial user is an industrial user that is not a CIU and meets one or more of the following:
- i. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions).
  - ii. Contributes a process waste stream that makes up five percent or more of the average dry weather hydraulic or organic capacity of the treatment plant.
  - iii. Is designated as an SIU by the control authority.
- 60.3 – 60.13 Self – explanatory.

**PART G – COMBINED SEWER SYSTEMS**

70. – 70.10 Self – explanatory.

This completed form, along with the applicable permit fees, should be submitted to the appropriate Department of Natural Resources Office (See end of Part C). Submittal of an incomplete application may result in the application being returned. Map of regional offices with addresses and phone numbers are available on the Web at [www.dnr.mo.gov/regions/ro-map.pdf](http://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.