FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.

PART A – BASIC APPLICATION INFORMATION

7. FACILITY INFORMATION (continued)

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.

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 (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 Facility SIC Code: 4952 | Discharge SIC Code: ____

7.4 Number of people presently connected or population equivalent (P.E.): ____ Design P.E. 27,500

7.5 Connections to the facility:

Number of units presently connected:

Homes ____ Trailers ____ Apartments ____ Other (including industrial) ____

Number of Commercial Establishments: ____

7.6 Design Flow 2.8 MGD | Actual Flow 1.6 MGD

7.7 Will discharge be continuous through the year? Yes ☒ No ☐

Discharge will occur during the following months: ALL | How many days of the week will discharge occur? 24/7

7.8 Is industrial wastewater discharged to the facility? Yes ☐ No ☐

If yes, describe the number and types of industries that discharge to your facility. Attach sheets as necessary

Refer to the APPLICATION OVERVIEW to determine whether additional information is needed for Part F.

7.9	Does the facility accept or process leachate from landfills?:	Yes ☐	No ☒
7.10	Is wastewater land applied? If yes, is Form I attached?	Yes ☐ Yes ☐	No ☒ No ☐
7.11	Does the facility discharge to a losing stream or sinkhole?	Yes ☐	No ☒
7.12	Has a wasteload allocation study been completed for this facility?	Yes ☐	No ☒

8. LABORATORY CONTROL INFORMATION

LABORATORY WORK CONDUCTED BY PLANT PERSONNEL

Lab work conducted outside of plant.	Yes ☒	No ☐
Push–button or visual methods for simple test such as pH, settleable solids.	Yes ☒	No ☐
Additional procedures such as Dissolved Oxygen, Chemical Oxygen Demand, Biological Oxygen Demand, titrations, solids, volatile content.	Yes ☒	No ☐
More advanced determinations such as BOD seeding procedures, fecal coliform, nutrients, total oils, phenols, etc.	Yes ☐	No ☒
Highly sophisticated instrumentation, such as atomic absorption and gas chromatograph.	Yes ☐	No ☒

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.

PART A – BASIC APPLICATION INFORMATION

9. SLUDGE HANDLING, USE AND DISPOSAL

9.1 Is the sludge a hazardous waste as defined by 10 CSR 25? Yes ☐ No ☒

9.2 Sludge production (Including sludge received from others): Design Dry Tons/Year 400 Actual Dry Tons/Year

9.3 Sludge storage provided: _____ Cubic feet; _____ Days of storage; _____ Average percent solids of sludge;

☐ No sludge storage is provided. ☒ Sludge is stored in lagoon.

9.4 Type of storage:
☐ Holding Tank ☐ Building
☐ Basin ☒ Lagoon
☐ Concrete Pad ☐ Other (Describe) _____

9.5 Sludge Treatment:

☐ Anaerobic Digester ☐ Storage Tank ☐ Lime Stabilization ☒ Lagoon
☐ Aerobic Digester ☐ Air or Heat Drying ☐ Composting ☐ Other (Attach Description)

9.6 Sludge use or disposal:

☐ Land Application ☐ Contract Hauler ☐ Hauled to Another Treatment Facility ☐ Solid Waste Landfill
☐ Surface Disposal (Sludge Disposal Lagoon, Sludge Held For More Than Two Years) ☐ Incineration
☐ Other (Attach Explanation Sheet) _____

9.7 Person responsible for hauling sludge to disposal facility:
☐ By Applicant ☐ By Others (complete below)

NAME	EMAIL ADDRESS		
ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE NUMBER WITH AREA CODE	PERMIT NO. MO-	

9.8 Sludge use or disposal facility:
☐ By Applicant ☐ By Others (Complete below)

NAME	EMAIL ADDRESS		
ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE NUMBER WITH AREA CODE	PERMIT NO. MO-	

9.9 Does the sludge or biosolids disposal comply with Federal Sludge Regulation 40 CFR 503?
☐ Yes ☐ No (Explain)

END OF PART A

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.

PART B – ADDITIONAL APPLICATION INFORMATION

10. COLLECTION SYSTEM

10.1 Length of sanitary sewer collection system in miles
57

10.2 Does significant infiltration occur in the collection system? ☐ Yes ☒ No
If yes, briefly explain any steps underway or planned to minimize inflow and infiltration:

11. BYPASSING

Does any bypassing occur anywhere in the collection system or at the treatment facility? Yes ☐ No, ☒
If yes, explain:

12. OPERATION AND MAINTENANCE PERFORMED BY CONTRACTOR(S)

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of the contractor?
Yes ☐ No ☐
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	EMAIL ADDRESS
RESPONSIBILITIES OF CONTRACTOR	

13. 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.

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.

PART B – ADDITIONAL APPLICATION INFORMATION

14. EFFLUENT TESTING DATA

Applicants 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. At a minimum, effluent testing data must be based on at least **three samples** and must be no more than four and one-half years apart.

Outfall Number

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)		S.U.		S.U.	
pH (Maximum)		S.U.		S.U.	
Flow Rate		MGD		MGD	

*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	Number of Samples		
Conventional and Nonconventional Compounds								
BIOCHEMICAL OXYGEN DEMAND (Report One)	BOD_5		mg/L		mg/L			
	$CBOD_5$		mg/L		mg/L			
E. COLI			#/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			
OIL and GREASE			mg/L		mg/L			
OTHER			mg/L		mg/L			

*Report only if facility chlorinates

END OF PART B

See attached

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.

PART C – CERTIFICATION

15. ELECTRONIC DISCHARGE MONITORING REPORT (eDMR) SUBMISSION SYSTEM

Per 40 CFR Part 127 National Pollutant Discharge Elimination System (NPDES) Electronic Reporting Rule, reporting of effluent limits and monitoring shall be submitted by the permittee via an electronic system to ensure timely, complete, accurate, and nationally-consistent set of data. **One of the following must be checked in order for this application to be considered complete.** Please visit http://dnr.mo.gov/env/wpp/edmr.htm to access the Facility Participation Package.

☒ - You have completed and submitted with this permit application the required documentation to participate in the eDMR system.

☐ - You have previously submitted the required documentation to participate in the eDMR system and/or you are currently using the eDMR system.

☐ - You have submitted a written request for a waiver from electronic reporting. See instructions for further information regarding waivers.

16. 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	OFFICIAL TITLE (MUST BE AN OFFICER OF THE COMPANY OR CITY OFFICIAL)
CRAIG E. SABO	CITY ADMINISTRATOR

SIGNATURE

TELEPHONE NUMBER WITH AREA CODE
636-938-5233

DATE SIGNED
11-17-17

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.

Send Completed Form to:

Department of Natural Resources
Water Protection Program
ATTN: NPDES Permits and Engineering Section
P.O. Box 176
Jefferson City, MO 65102-0176

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

Do not complete the remainder of this application, unless at least one of the following statements applies to your facility:

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.

PART D – EXPANDED EFFLUENT TESTING DATA

17. EXPANDED EFFLUENT TESTING DATA

Refer to the APPLICATION OVERVIEW to determine whether Part D applies to the treatment works.

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 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. The facility shall use sufficiently sensitive analytical methods for detecting, identifying, and measuring the concentrations of pollutants. 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. At a minimum, effluent testing data must be based on at least **three pollutant scans** and must be no more than four and one-half years apart.

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											
ALUMINUM											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM III											
CHROMIUM VI											
COPPER											
IRON											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (as $CaCO_3$)											
VOLATILE ORGANIC COMPOUNDS											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											

See ATTACHED

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO

PART D – EXPANDED EFFLUENT TESTING DATA

17. EXPANDED EFFLUENT TESTING DATA

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		
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											
1,1,1-TRICHLORO-ETHANE											
1,1,2-TRICHLORO-ETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											

See Attached

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.

PART D – EXPANDED EFFLUENT TESTING DATA

17. EXPANDED EFFLUENT TESTING DATA

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		
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
BASE-NEUTRAL COMPOUNDS											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											
3,4-BENZO-FLUORANTHENE											
BENZO(GH) PHERYLENE											
BENZO(K) FLUORANTHENE											
BIS (2-CHLOROTHOXY) METHANE											
BIS (2-CHLOROETHYL) – ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPH-THALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO (A,H) ANTHRACENE											
1,2-DICHLORO-BENZENE											
1,3-DICHLORO-BENZENE											
1,4-DICHLORO-BENZENE											
3,3-DICHLORO-BENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											

ATTACHED

See

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.

PART D – EXPANDED EFFLUENT TESTING DATA

17. EXPANDED EFFLUENT TESTING DATA

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		
2,4-DINITRO-TOLUENE											
2,6-DINITRO-TOLUENE											
1,2-DIPHENYL-HYDRAZINE											
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
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 a separate sheet) to provide information on other pollutants not specifically listed in this form.

Sent AFT Refused

END OF PART D

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

SEE ATTACHED

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL		
FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.

PART E – TOXICITY TESTING DATA

18. TOXICITY TESTING DATA

Refer to the APPLICATION OVERVIEW 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.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years: _____chronic _____ acute

Complete the following chart **for the last three whole effluent toxicity tests.** Allow one column per test. Copy this page if more than three tests are being reported.

	Most Recent	2ND Most Recent	3RD Most Recent
A. Test Information			
Test Method Number			
Final Report Number			
Outfall Number			
Dates Sample Collected			
Date Test Started			
Duration			
B. Toxicity Test Methods Followed			
Manual Title			
Edition Number and Year of Publication			
Page Number(s)			
C. Sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used			
24-Hour Composite			
Grab			
D. Indicate where the sample was taken in relation to disinfection (Check all that apply for each)			
Before Disinfection	☐	☐	☐
After Disinfection	☐	☐	☐
After Dechlorination	☐	☐	☐
E. Describe the point in the treatment process at which the sample was collected			
Sample Was Collected			
F. Indicate whether the test was intended to assess chronic toxicity, acute toxicity, or both			
Chronic Toxicity	☐	☐	☐
Acute Toxicity	☐	☐	☐
G. Provide the type of test performed			
Static	☐	☐	☐
Static-renewal	☐	☐	☐
Flow-through	☐	☐	☐
H. Source of dilution water. If laboratory water, specify type; if receiving water, specify source			
Laboratory Water	☐	☐	☐
Receiving Water	☐	☐	☐

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.

PART E – TOXICITY TESTING DATA

18. TOXICITY TESTING DATA (continued)

	Most Recent	Second Most Recent	Third Most Recent
I. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh Water			
Salt Water			
J. Percentage of 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 Survival in 100% Effluent			
LC_{50}			
95% C.I.			
Control Percent Survival			
Other (Describe)			
Chronic:			
NOEC			
IC_{25}			
Control Percent Survival			
Other (Describe)			
M. Quality Control/ Quality Assurance			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (Describe)			

Is the treatment works involved in a toxicity reduction evaluation? ☐ Yes ☐ No
If yes, describe:

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.

PART F – INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

Refer to the APPLICATION OVERVIEW to determine whether Part F applies to the treatment works.

19. GENERAL INFORMATION

19.1 Does the treatment works have, or is it subject to, an approved pretreatment program?
☐ Yes ☐ No

19.2 Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works:
Number of non-categorical SIUs ____
Number of CIUs ____

20. INDUSTRIES CONTRIBUTING MORE THAN 5 PERCENT OF THE ACTUAL FLOW TO THE FACILITY OR OTHER SIGNIFICANT INDUSTRIAL USERS INFORMATION

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, provide the information requested for each. Submit additional pages as necessary.

NAME			
MAILING ADDRESS	CITY	STATE	ZIP CODE

20.1 Describe all of the industrial processes that affect or contribute to the SIU's discharge

20.2 Describe all of the principle processes and raw materials that affect or contribute to the SIU's discharge.

Principal Product(s):

Raw Material(s):

20.3 Flow Rate

a. PROCESS WASTEWATER FLOW RATE. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day, or gpd, and whether the discharge is continuous or intermittent.
gpd ☐ Continuous ☐ Intermittent

b. NON-PROCESS WASTEWATER FLOW RATE. Indicate the average daily volume of non-process wastewater discharged into the collection system in gallons per day, or gpd, and whether the discharge is continuous or intermittent.
gpd ☐ Continuous ☐ Intermittent

20.4 Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local Limits ☐ Yes ☐ No

b. Categorical Pretreatment Standards ☐ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

20.5 Problems at the treatment works attributed to waste discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?
☐ Yes ☐ No

If Yes, describe each episode

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.

PART F – INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

21. RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE

21.1 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

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

21.3 Waste Description

EPA Hazardous Waste Number	Amount (volume or mass)	Units

22. CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER

22.1 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.

22.2 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).

22.3 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)

22.4 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.

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL

FACILITY NAME	PERMIT NO.	OUTFALL NO.
	MO-	

PART G – COMBINED SEWER SYSTEMS

Refer to the APPLICATION OVERVIEW to determine whether Part G applies to the treatment works.

23. GENERAL INFORMATION

23.1 System Map. 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.

23.2 System Diagram. 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.

23.3 Percent of collection system that is combined sewer

23.4 Population served by combined sewer collection system

23.5 Name of any satellite community with combined sewer collection system

24. CSO OUTFALLS. COMPLETE THE FOLLOWING ONCE FOR EACH CSO DISCHARGE POINT

24.1 Description of Outfall

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?

☐ Rainfall ☐ CSO Pollutant Concentrations ☐ CSO
☐ CSO Flow Volume ☐ Receiving Water Quality

f. How many storm events were monitored last year?

24.2 CSO Events

a. Give the Number of CSO Events in the Last Year Events ☐ Actual ☐ Approximate
b. Give the Average Duration Per CSO Event
Hours ☐ Actual ☐ Approximate
c. Give the Average Volume Per CSO Event
Million Gallons ☐ Actual ☐ Approximate
d. Give the minimum rainfall that caused a CSO event in the last year _____ inches of rainfall

24.3 Description of Receiving Waters

a. Name of Receiving Water
b. Name of Watershed/River/Stream System
c. U.S. Soil Conservation Service 14-Digit Watershed Code (If Known)
d. Name of State Management/River Basin
e. U.S. Geological Survey 8- Digit Hydrologic Cataloging Unit Code (If Known)

24.4 CSO Operations

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.)

END OF PART G

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

INSTRUCTIONS FOR COMPLETING FORM B2
APPLICATION FOR OPERATING PERMIT FOR FACILITIES THAT RECEIVE PRIMARILY DOMESTIC WASTE AND HAVE A DESIGN FLOW MORE THAN 100,000 GALLONS PER DAY, Form 780-1805

(Facilities less than or equal to 100,000 gallons per day of domestic waste must use Form B, 780-1512.)

PART A – BASIC APPLICATION INFORMATION

1. Check the appropriate box. **Do not check more than one item.** Operating permits refer to permits issued by the Department of Natural Resources, Water Protection Program. If an Antidegradation Review has not been conducted, submit the application located at the following link, to the Missouri Department of Natural Resources, Water Protection Program, P.O. Box 176, Jefferson City, MO 65102: dnr.mo.gov/forms/780-1893-f.pdf.

1.1 **Fees Information:**

DOMESTIC OPERATING PERMIT FEES – PRIVATE

Annual operating permit fees are based on flow.

Annual fee/Design flow	Annual fee/Design flow	Annual fee/Design flow
$150.....<5,000 gpd	$1,000.....15,000-24,999 gpd	$4,000.....100,000-249,999 gpd
$300.....5,000-9,999 gpd	$1,500.....25,000-29,999 gpd	$5,000.....≥250,000 gpd
$600.....10,000-14,999 gpd	$3,000.....30,000-99,999 gpd	

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. Fees listings are found in 10 CSR 20-6.011 which is available at http://s1.sos.mo.gov/cmsimages/adrules/csr/current/10csr/10c20-6.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. Publicly Owned Treatment Works (POTWs) - $200 each.
b. Non-POTWs – $100 each for a minor modification (name changes, address changes, other non-substantive changes) or a fee equal to 25 percent of the facility's annual operating fee for a major modification.

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/.

2.3-2.4 Self-explanatory.

3. Owner – Provide the legal name, mailing address, phone number, and email address of the owner.

3.1 Prior to submitting a permit to public notice, the Department of Natural Resources shall provide the permit applicant 15 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.

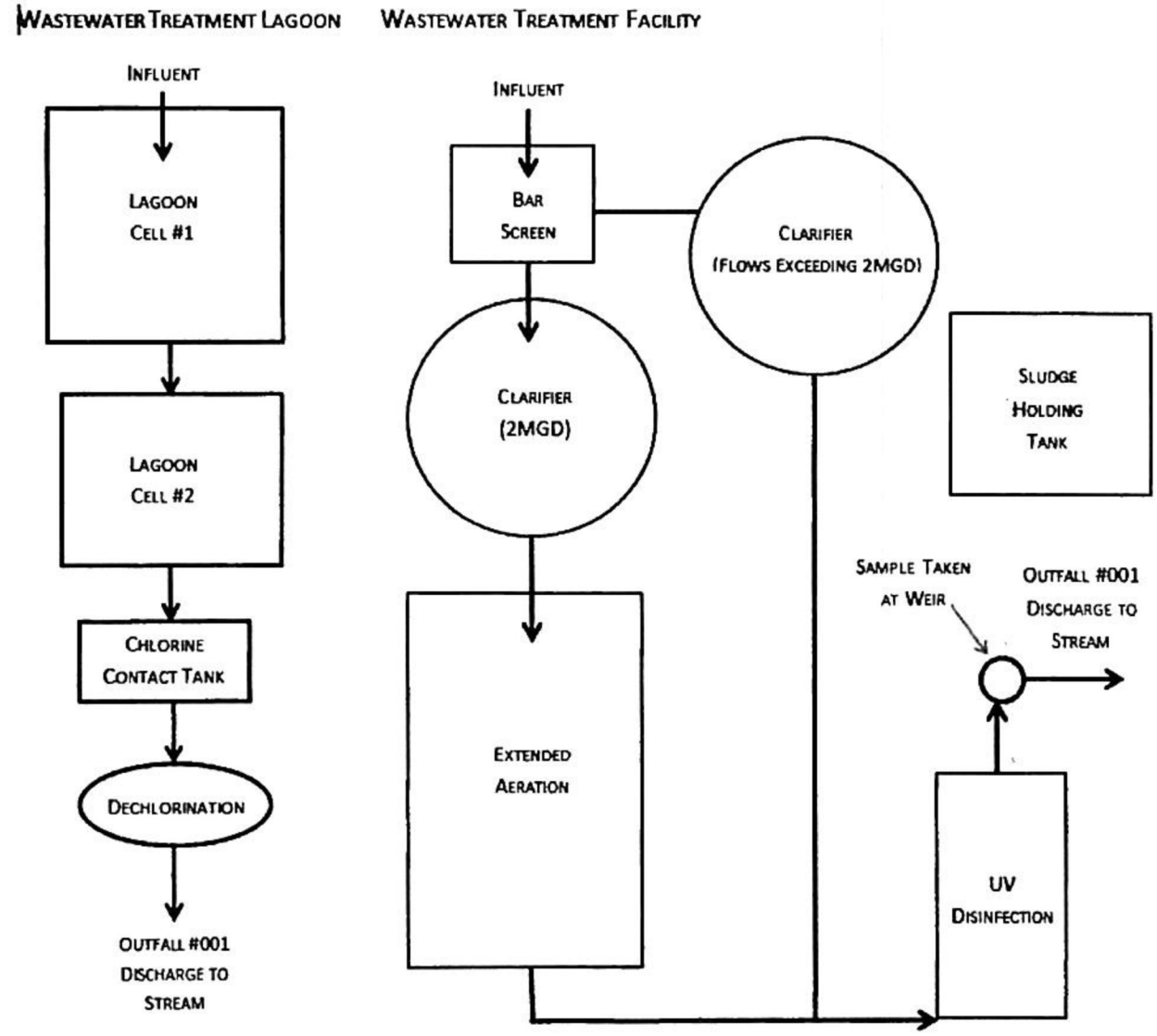
3.2-3.4 Self-explanatory.

4. Continuing Authority – Provide information for 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 http://s1.sos.mo.gov/cmsimages/adrules/csr/current/10csr/10c20-6.pdf or contact the Department of Natural Resources Water Protection Program (see contact information below).

5. Operator – Provide the name, certificate number, title, mailing address, phone number, and email address of the operator of the facility.

6. Provide the name, title, mailing address, work phone number, and email address 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.

7.1 Process Flow Diagram Examples



7.2 A topographic map is available on the web at www.dnr.mo.gov/internetmapviewer/ or from the Department of Natural Resources' Geological Survey in Rolla at 573-368-2125.
7.3 For Standard Industrial Codes visit www.osha.gov/pls/imis/sicsearch.html and for the North American Industry Classification System, visit www.census.gov/naics or contact the Department of Natural Resources' Water Protection Program.
7.4-7.8 Self – explanatory.
7.9 If wastewater is land-applied submit form I: www.dnr.mo.gov/forms/780-1686-f.pdf.
7.10-8. 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.
9.2-9.9 Self – explanatory.

INSTRUCTIONS FOR COMPLETING FORM B2
APPLICATION FOR OPERATING PERMIT FOR FACILITIES THAT RECEIVE PRIMARILY DOMESTIC WASTE AND HAVE A DESIGN FLOW MORE THAN 100,000 GALLONS PER DAY
(continued)

PART B – ADDITIONAL APPLICATION INFORMATION

10.-14. Self-explanatory

PART C – CERTIFICATION

15. Electronic Discharge Monitoring Report (eDMR) Submission System – Visit the eDMR site at http://dnr.mo.gov/env/wpp/edmr.htm and click on the "Facility Participation Package" link. The eDMR Permit Holder and Certifier Registration Form and information about the eDMR system can be found in the Facility Participation Package.

    Waivers to electronic reporting may be granted by the Department per 40 CFR 127.15 under certain, special circumstances. A written request must be submitted to the Department for approval. Waivers may be granted to facilities owned or operated by:
    a. members of religious communities that choose not to use certain technologies or
    b. permittees located in areas with limited broadband access. The National Telecommunications and Information Administration (NTIA) in collaboration with the Federal Communications Commission (FCC) have created a broadband internet availability map: http://www.broadbandmap.gov/. Please contact the Department if you need assistance.

16. 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

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

PART E – TOXICITY TESTING DATA

18. Self- explanatory.

PART F – INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

19. Federal regulations are available through the U.S. Government Printing Office at https://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR.

19.1 Self – explanatory

19.2 A noncategorical 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 5 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.

20.-22.4 Self-explanatory.

PART G – COMBINED SEWER SYSTEMS

23.-24.4 Self-explanatory.

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

This completed form and any attachments along with the applicable permit fees, should be submitted to:

Department of Natural Resources
Water Protection Program
ATTN: NPDES Permits and Engineering Section
P.O. Box 176
Jefferson City, MO 65102-0176

Map of regional offices with addresses and phone numbers are available on the web at http://dnr.mo.gov/regions/. If there are any questions concerning this form, contact the appropriate regional office or the Department of Natural Resources, Water Protection Program, Operating Permits Section at 800-361-4827 or 573-751-6825.

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue. St. Louis, MO 63118. (314) 773-3035 . FAX (314) 773-3519

Date: August 4, 2015
Lab. No.: 2015MT0410
Invoice No.: 215281

CITY OF EUREKA
City Hall, P.O.Box 125
100 City Hall Drive
Eureka, Missouri 63025

ATTENTION: Mr. Bob Wade

REPORT OF TESTS

SAMPLE MATRIX : Water
SAMPLE I.D. : Effluent #004
SAMPLE TAKEN : 7-21-15
DATE RECEIVED : 7-21-15
DATE ANALYZED : 7-21-15 to 8-4-15
Metals by ICP: EPA600 4.1.4.200.7R4.4
RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	RESULTS	MDL	METHOD NUMBER
Antimony	< 0.050	0.0500	200.7
Arsenic	< 0.025	0.0250	200.7
Beryllium	< 0.0005	0.0005	200.7
Cadmium	0.007	0.0020	200.7
Chromium	0.310	0.0050	200.7
Copper	0.860	0.0100	200.7
Lead	0.430	0.0150	200.7
Mercury	< 0.0002	0.0002	245.1
Nickle	1.500	0.0050	249.1
Selenium	< 0.040	0.0400	By ICP
Thallium	< 0.050	0.0500	By ICP
Zinc	5.200	0.0100	289.1
Cyanide	< 0.020	0.0200	335.1
Total Phenolic Compounds	< 0.050	0.0500	420.1
Hardness	460	10	130.2

ND: Below Detection Limit / MDL: Method Detection Limit
Identification of tested specimens provided by the client.

MIDWEST TESTING LABORATORIES

DINESH N. SHAH
Laboratory Manager

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue. St. Louis, MO 63118. (314) 773-3035 . FAX (314) 773-3519

Date: August 4, 2015
Lab No.: 2015MT0410
Invoice: 215281

CITY OF EUREKA
City Hall, P.O.Box 125
100 City Hall Drive
Eureka, Missouri 63025

ATTENTION: Mr. Bob Wade

REPORT OF TESTS

SAMPLE MATRIX : Water
SAMPLE I.D. : Effluent # 004
SAMPLE TAKEN : 7-21-15
DATE RECEIVED : 7-21-15
DATE ANALYZED : 7-30-15
RESULTS: mg/L OR PARTS PER MILLION (PPM)
SEMI - VOLATILE ORGANICS EPA 600 METHOD 625 BY GC/MS

ANALYTE	EFFLUENT # 004	MDL
1,2,4-Trichlorobenzene	ND	0.010
1,2-Diphenylhydrazine	ND	0.010
2,4,6-Trichlorophenol	ND	0.010
2,4-Dichlorophenol	ND	0.010
2,4-Dimethylphenol	ND	0.010
2,4-Dinitrophenol	ND	0.021
2,4-Dinitrotoluene	ND	0.010
2,6-Dinitrotoluene	ND	0.010
2-Chloronaphthalene	ND	0.010
2-chlorophenol	ND	0.010
2-Nitrophenol	ND	0.021
3,3'-Dichlorobenzidine	ND	0.010
4,6-Dinitro-2-methylphenol	ND	0.021
4-Bromophenyl phenyl ether	ND	0.010
4-chloro-3-methylphenol	ND	0.021
4-chlorophenyl phenyl ether	ND	0.010
4-Nitrophenol	ND	0.021
Acenaphthene	ND	0.010
Acenaphthylene	ND	0.010
Anthracene	ND	0.010
Azobenzene	ND	0.010
Benzidine	ND	0.041
Benzo(a)anthracene	ND	0.010
Benzo(a)pyrene	ND	0.010
Benzo(b)fluoranthene	ND	0.010

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue. St. Louis, MO 63118. (314) 773-3035 . FAX (314) 773-3519

ANALYTE	EFFLUENT # 004	MDL
Benzo(g,h,I)perylene	ND	0.010
Benzo(k)fluoranthene	ND	0.010
Bis(2-chloroethoxy)methane	ND	0.010
Bis(2-chloroethyl)ether	ND	0.010
Bis(2-chloroisopropyl)ether	ND	0.010
Bis(2-ethylhexyl)phthalate	ND	0.010
Butyl benzyl phthalate	ND	0.010
Chrysene	ND	0.010
Dibenzo(a,h)anthracene	ND	0.010
Diethyl phthalate	ND	0.010
Dimethyl phthalate	ND	0.010
Di-n-butyl phthalate	ND	0.010
Di-n-octyl phthalate	ND	0.010
Fluoranthene	ND	0.010
Fluorene	ND	0.010
Hexachlorobenzene	ND	0.010
Hexachlorobutadiene	ND	0.010
Hexachlorocyclopentadiene	ND	0.021
Hexachloroethane	ND	0.010
Indeno(1,2,3-cd)pyrene	ND	0.010
Isophorone	ND	0.010
Naphthalene	ND	0.010
Nitrobenzene	ND	0.010
N-Nitrosodimethylamine	ND	0.021
N-Nitroso-di-n-propylamine	ND	0.010
N-Nitrosodiphenylamine	ND	0.010
Pentachlorophenol	ND	0.021
Phenanthrene	ND	0.010
Phenol	ND	0.010
Pyrene	ND	0.010

ND: Not Detected / MDL: Method Dection Limit
Identification of tested specimens provided by the client.

MIDWEST TESTING LABORATORIES

DINESH N. SHAH
Laboratory Manager

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue, St. Louis, MO 63118. (314) 773-3035 . FAX (314) 773-3519

Date: August 4, 2015
Lab. No.: 2015MD0316
Invoice No.: 215741

CITY OF EUREKA
City Hall, P.O. Box 123
100 City Hall Drive
Eureka, Missouri 63025

ATTENTION: Mr. Bob Wade

REPORT OF TESTS

SAMPLE MATRIX : Water
SAMPLE I.D. : Effluent - 001
SAMPLE TAKEN : 7-21-15
DATE RECEIVED : 7-23-15
DATE ANALYZED : 7-23-15
RESULTS : EXPRESSED IN PARTS PER BILLION (PPB)

VOLATILE ORGANICS EPA 600 METHOD 624 BY GC/MS

ANALYTE	EFFLUENT # 004	MDL
1,1,1-Trichloroethane	ND	5.0
1,1,2,2-Tetrachloroethane	ND	5.0
1,1,2-Trichloroethane	ND	5.0
1,1-Dichloroethane	ND	5.0
1,1-Dichloroethene	ND	5.0
1,2-Dichlorobenzene	ND	5.0
1,2-Dichloroethane	ND	5.0
1,2-Dichloropropane	ND	5.0
1,3-Dichlorobenzene	ND	5.0
1,4-Dichlorobenzene	ND	5.0
2-Chloroethyl Vinyl Ether	ND	20.0
Acrolein	ND	100
Acrylonitrile	ND	5.0
Benzene	ND	2.0
Bromodichloromethane	ND	5.0
Bromoform	ND	5.0
Bromomethane	ND	10
Carbon tetrachloride	ND	5.0
Chlorobenzene	ND	5.0
Chloroethane	ND	10
Chloroform	ND	5.0
Chloromethane	ND	10
Cis-1,3-Dichloropropene	ND	5.0
Dibromochloromethane	ND	5.0
Ethylbenzene	ND	5.0
M,p-Xylenes	ND	5.0

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue. St. Louis, MO 63118. (314) 773-3035 . FAX (314) 773-3519

ANALYTE	EFFLUENT # 004	MDL
Methylene chloride	ND	5.0
o-Xylene	ND	5.0
Tetrachloroethene	ND	5.0
Toluene	ND	5.0
trans-1,2-Dichloroethene	ND	5.0
trans-1,3-Dichloropropene	ND	5.0
Trichloroethene	ND	5.0
Trichlorofluoromethane	ND	5.0
Vinyl chloride	ND	2.0
Xylenes, Total	ND	5.0

ND: Not Detected / MDL: Method Detection Limit

Identification of tested specimens provided by the client.

MIDWEST TESTING LABORATORIES

DINESH N. SHAH
Laboratory Manager

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue. St. Louis, MO 63118. (314) 773-3035 . FAX (314) 773-3519

Date: August 18, 2015
Lab No.: 2015MT0422
Invoice: 215291

CITY OF EUREKA
City Hall, P.O.Box 125
100 City Hall Drive
Eureka, Missouri 63025

ATTENTION: Mr. Bob Wade

REPORT OF TESTS

SAMPLE MATRIX : Water
SAMPLE I.D. : Effluent # 004
SAMPLE TAKEN : 8-4-15
DATE RECEIVED : 8-4-15
DATE ANALYZED : 8-13-15
RESULTS: mg/L OR PARTS PER MILLION (PPM)
SEMI - VOLATILE ORGANICS EPA 600 METHOD 625 BY GC/MS

ANALYTE	EFFLUENT # 004	MDL
1,2,4-Trichlorobenzene	ND	0.010
1,2-Diphenylhydrazine	ND	0.010
2,4,6-Trichlorophenol	ND	0.010
2,4-Dichlorophenol	ND	0.010
2,4-Dimethylphenol	ND	0.010
2,4-Dinitrophenol	ND	0.021
2,4-Dinitrotoluene	ND	0.010
2,6-Dinitrotoluene	ND	0.010
2-Chloronaphthalene	ND	0.010
2-chlorophenol	ND	0.010
2-Nitrophenol	ND	0.021
3,3'-Dichlorobenzidine	ND	0.010
4,6-Dinitro-2-methylphenol	ND	0.021
4-Bromophenyl phenyl ether	ND	0.010
4-chloro-3-methylphenol	ND	0.021
4-chlorophenyl phenyl ether	ND	0.010
4-Nitrophenol	ND	0.021
Acenaphthene	ND	0.010
Acenaphthylene	ND	0.010
Anthracene	ND	0.010
Azobenzene	ND	0.010
Benzidine	ND	0.041
Benzo(a)anthracene	ND	0.010
Benzo(a)pyrene	ND	0.010
Benzo(b)fluoranthene	ND	0.010

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue. St. Louis, MO 63118. (314) 773-3035 . FAX (314) 773-3519

ANALYTE	EFFLUENT # 004	MDL
Benzo(g,h,I)perylene	ND	0.010
Benzo(k)fluoranthene	ND	0.010
Bis(2-chloroethoxy)methane	ND	0.010
Bis(2-chloroethyl)ether	ND	0.010
Bis(2-chloroisopropyl)ether	ND	0.010
Bis(2-ethylhexyl)phthalate	ND	0.010
Butyl benzyl phthalate	ND	0.010
Chrysene	ND	0.010
Dibenzo(a,h)anthracene	ND	0.010
Diethyl phthalate	ND	0.010
Dimethyl phthalate	ND	0.010
Di-n-butyl phthalate	ND	0.010
Di-n-octyl phthalate	ND	0.010
Fluoranthene	ND	0.010
Fluorene	ND	0.010
Hexachlorobenzene	ND	0.010
Hexachlorobutadiene	ND	0.010
Hexachlorocyclopentadiene	ND	0.021
Hexachloroethane	ND	0.010
Indeno(1,2,3-cd)pyrene	ND	0.010
Isophorone	ND	0.010
Naphthalene	ND	0.010
Nitrobenzene	ND	0.010
N-Nitrosodimethylamine	ND	0.021
N-Nitroso-di-n-propylamine	ND	0.010
N-Nitrosodiphenylamine	ND	0.010
Pentachlorophenol	ND	0.021
Phenanthrene	ND	0.010
Phenol	ND	0.010
Pyrene	ND	0.010

ND: Not Detected / MDL: Method Dection Limit
Identification of tested specimens provided by the client.

MIDWEST TESTING LABORATORIES

DINESH N. SHAH
Laboratory Manager

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue. St. Louis, MO 63118. (314) 773-3035 . FAX (314) 773-3519

Date: August 18, 2015
Lab. No.: 2015MT0422
Invoice No.: 215291

CITY OF EUREKA
City Hall, P.O.Box 125
100 City Hall Drive
Eureka, Missouri 63025

ATTENTION: Mr. Bob Wade

REPORT OF TESTS

SAMPLE MATRIX : Water
SAMPLE I.D. : Effluent #004
SAMPLE TAKEN : 8-4-15
DATE RECEIVED : 8-4-15
DATE ANALYZED : 8-4-15 to 8-18-15
Metals by ICP: EPA600 4.1.4.200.7R4.4
RESULTS: mg/L OR PARTS PER MILLION (PPM)

ANALYTE	RESULTS	MDL	METHOD NUMBER
Antimony	< 0.050	0.0500	200.7
Arsenic	< 0.025	0.0250	200.7
Beryllium	< 0.0005	0.0005	200.7
Cadmium	0.005	0.0020	200.7
Chromium	0.07	0.0050	200.7
Copper	0.09	0.0100	200.7
Lead	0.08	0.0150	200.7
Mercury	< 0.0002	0.0002	245.1
Nickle	0.320	0.0050	249.1
Selenium	< 0.040	0.0400	By ICP
Thallium	< 0.050	0.0500	By ICP
Zinc	2.260	0.0100	289.1
Cyanide	< 0.020	0.0200	335.1
Total Phenolic Compounds	< 0.050	0.0500	420.1
Hardness	425	10	130.2

ND: Below Detection Limit / MDL: Method Detection Limit
Identification of tested specimens provided by the client.

MIDWEST TESTING LABORATORIES

DINESH N. SHAH
Laboratory Manager

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue. St. Louis, MO 63118. (314) 773-3035 . FAX (314) 773-3519

Date: August 18, 2015
Lab. No.: 2015MT0422
Invoice No.: 215291

CITY OF EUREKA
City Hall, P.O. Box 125
100 City Hall Drive
Eureka, Missouri 63025

ATTENTION: Mr. Bob Wade

REPORT OF TESTS

SAMPLE MATRIX : Water
SAMPLE I.D. : Effluent # 004
SAMPLE TAKEN : 8-4-15
DATE RECEIVED : 8-4-15
DATE ANALYZED : 8-10-15
RESULTS: ug/L OR PARTS PER BILLION (PPB)

VOLATILE ORGANICS EPA 600 METHOD 624 BY GC/MS

ANALYTE	EFFLUENT # 004	MDL
1,1,1-Trichloroethane	ND	5.0
1,1,2,2-Tetrachloroethane	ND	5.0
1,1,2-Trichloroethane	ND	5.0
1,1-Dichloroethane	ND	5.0
1,1-Dichloroethene	ND	5.0
1,2-Dichlorobenzene	ND	5.0
1,2-Dichloroethane	ND	5.0
1,2-Dichloropropane	ND	5.0
1,3-Dichlorobenzene	ND	5.0
1,4-Dichlorobenzene	ND	5.0
2-Chloroethyl vinyl ether	ND	20.0
Acrolein	ND	100
Acrylonitrile	ND	5.0
Benzene	ND	2.0
Bromodichloromethane	ND	5.0
Bromoform	ND	5.0
Bromomethane	ND	10
Carbon tetrachloride	ND	5.0
Chlorobenzene	ND	5.0
Chloroethane	ND	10
Chloroform	ND	5.0
Chloromethane	ND	10
Cis-1,3-Dichloropropene	ND	5.0
Dibromochloromethane	ND	5.0
Ethylbenzene	ND	5.0
M,p-Xylenes	ND	5.0

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue. St. Louis, MO 63118. (314) 773-3035 . FAX (314) 773-3519

ANALYTE	EFFLUENT # 004	MDL
Methylene chloride	ND	5.0
o-Xylene	ND	5.0
Tetrachloroethene	ND	5.0
Toluene	ND	5.0
trans-1,2-Dichloroethene	ND	5.0
trans-1,3-Dichloropropene	ND	5.0
Trichloroethene	ND	5.0
Trichlorofluoromethane	ND	5.0
Vinyl chloride	ND	2.0
Xylenes, Total	ND	5.0

ND: Not Detected / MDL: Method Detection Limit

Identification of tested specimens provided by the client.

MIDWEST TESTING LABORATORIES

DINESH N. SHAH
Laboratory Manager

MIDWEST TESTING LABORATORIES

2645 Gravois Avenue. St. Louis, MO 63118. (314) 773-3035 . FAX (314) 773-3519

Date: September 1, 2015
Lab No.: 2015MT0434
Invoice: 215304

CITY OF EUREKA
City Hall, P.O.Box 125
100 City Hall Drive
Eureka, Missouri 63025

ATTENTION: Mr. Bob Wade

REPORT OF TESTS

SAMPLE MATRIX : Water
SAMPLE I.D. : Effluent # 004
SAMPLE TAKEN : 8-18-15
DATE RECEIVED : 8-18-15
DATE ANALYZED : 8-27-15
RESULTS: mg/L OR PARTS PER MILLION (PPM)
SEMI - VOLATILE ORGANICS EPA 600 METHOD 625 BY GC/MS

ANALYTE	EFFLUENT # 004	MDL
1,2,4-Trichlorobenzene	ND	0.010
1,2-Diphenylhydrazine	ND	0.010
2,4,6-Trichlorophenol	ND	0.010
2,4-Dichlorophenol	ND	0.010
2,4-Dimethylphenol	ND	0.010
2,4-Dinitrophenol	ND	0.021
2,4-Dinitrotoluene	ND	0.010
2,6-Dinitrotoluene	ND	0.010
2-Chloronaphthalene	ND	0.010
2-chlorophenol	ND	0.010
2-Nitrophenol	ND	0.021
3,3'-Dichlorobenzidine	ND	0.010
4,6-Dinitro-2-methylphenol	ND	0.021
4-Bromophenyl phenyl ether	ND	0.010
4-chloro-3-methylphenol	ND	0.021
4-chlorophenyl phenyl ether	ND	0.010
4-Nitrophenol	ND	0.021
Acenaphthene	ND	0.010
Acenaphthylene	ND	0.010
Anthracene	ND	0.010
Azobenzene	ND	0.010
Benzidine	ND	0.041
Benzo(a)anthracene	ND	0.010
Benzo(a)pyrene	ND	0.010
Benzo(b)fluoranthene	ND	0.010

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ANALYTE	EFFLUENT # 004	MDL
Benzo(g,h,I)perylene	ND	0.010
Benzo(k)fluoranthene	ND	0.010
Bis(2-chloroethoxy)methane	ND	0.010
Bis(2-chloroethyl)ether	ND	0.010
Bis(2-chloroisopropyl)ether	ND	0.010
Bis(2-ethylhexyl)phthalate	ND	0.010
Butyl benzyl phthalate	ND	0.010
Chrysene	ND	0.010
Dibenzo(a,h)anthracene	ND	0.010
Diethyl phthalate	ND	0.010
Dimethyl phthalate	ND	0.010
Di-n-butyl phthalate	ND	0.010
Di-n-octyl phthalate	ND	0.010
Fluoranthene	ND	0.010
Fluorene	ND	0.010
Hexachlorobenzene	ND	0.010
Hexachlorobutadiene	ND	0.010
Hexachlorocyclopentadiene	ND	0.021
Hexachloroethane	ND	0.010
Indeno(1,2,3-cd)pyrene	ND	0.010
Isophorone	ND	0.010
Naphthalene	ND	0.010
Nitrobenzene	ND	0.010
N-Nitrosodimethylamine	ND	0.021
N-Nitroso-di-n-propylamine	ND	0.010
N-Nitrosodiphenylamine	ND	0.010
Pentachlorophenol	ND	0.021
Phenanthrene	ND	0.010
Phenol	ND	0.010
Pyrene	ND	0.010

ND: Not Detected / MDL: Method Dection Limit
Identification of tested specimens provided by the client.

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DINESH N. SHAH
Laboratory Manager

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