

FACILITY NAME Hallsville Wastewater Treatment Facility	PERMIT NO. MO- 0104990	OUTFALL NO. 002
---	---------------------------	--------------------

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. See 40 CFR 136.3 for sufficiently sensitive methods: <https://www.ecfr.gov/cgi-bin/text-idx?SID=2d29852e2dcdf91badc043bd5fc3d4df&mc=true&node=se40.25.136.13&rgn=div8>

Outfall Number 002

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.40	S.U.	7.83	S.U.	10
pH (Maximum)	8.76	S.U.	8.25	S.U.	10
Flow Rate	100,946	MGD	77,514	MGD	66 days

*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	18	mg/L	13	mg/L	10	Standard 5210B	less than 2
	CBOD ₅		mg/L		mg/L			
E. COLI	6490	#/100 mL	2544	#/100 mL	10	Standard 9223B	less 2 per 100	
TOTAL SUSPENDED SOLIDS (TSS)	23	mg/L	10	mg/L	12	Standard 2540D	less 10 mg/L	
TOTAL PHOSPHORUS		mg/L		mg/L				
TOTAL KJELDAHL NITROGEN	23.5	mg/L	20.5	mg/L	3	Standard 4500-P E	less 10 mg/L	
NITRITES + NITRATES		mg/L		mg/L				
AMMONIA AS N	4.5	mg/L	3.8	mg/L	10	St. 4500-NH ₃ ,B,C	less .3 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

FACILITY NAME Hallsville Wastewater Treatment Facility	PERMIT NO. MO- 0104990	OUTFALL NO. 002
---	---------------------------	--------------------

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 <https://dnr.mo.gov/forms/780-2204-f.pdf> to access the eDMR application.

- 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. JETPAY

Permit fees may be paid online by credit card or eCheck through a system called JetPay. Use the URL provided to access JetPay and make an online payment.

New Site Specific Permit: <https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/591/>
 Construction Permits: <https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/592/>
 Modification Fee: <https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/596/>


17. 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 submitted 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 Logan Carter	OFFICIAL TITLE (MUST BE AN OFFICER OF THE COMPANY OR CITY OFFICIAL) Mayor
------------------------------	--

SIGNATURE 

TELEPHONE NUMBER WITH AREA CODE
573-696-3885

DATE SIGNED
04.26.19

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. An incomplete application being processed by the department that are withdrawn by the applicant shall be forfeited.



Kenyetta Ridgway-Sample <kridgway@hallsvillemo.org>

Operating Permit

Bull, Tim <tim.bull@dnr.mo.gov>

Mon, Apr 22, 2019 at 11:33 AM

To: "kridgway@hallsvillemo.org" <kridgway@hallsvillemo.org>

Cc: "Abbott, Michael" <michael.abbott@dnr.mo.gov>, "Wieberg, Chris" <chris.wieberg@dnr.mo.gov>

Good morning, Kenyetta:

The renewal application for Hallsville requires the submission of a Form B2 (<https://dnr.mo.gov/forms/780-1805-f.pdf>) and a Form I (<https://dnr.mo.gov/forms/780-1686-f.pdf>).

There is no fee associated with the permit renewal. The City pays an annual fee which covers the permit renewal process. If you have more specific questions regarding the forms or the annual fee, please give me a call.

Thanks,

Timothy W. Bull

Chief, Domestic Wastewater Unit

Water Protection Program - Operating Permits Section

PO Box 176

Jefferson City, MO 65102

P: (573) 526-1155

F: (573) 522-9920

RECEIVED
APR 30 2019
Water Protection Program

We'd like your feedback on the service you received from the Missouri Department of Natural Resources. Please consider taking a few minutes to complete the department's Customer Satisfaction Survey at <https://www.surveymonkey.com/r/MoDNRsurvey>. Thank you.

[Quoted text hidden]



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
**FORM I – PERMIT APPLICATION FOR
 OPERATION OF WASTEWATER IRRIGATION SYSTEMS**

RECEIVED
 APR 30 2019
 Water Protection Program

FOR AGENCY USE ONLY	
PERMIT NUMBER	MO -
DATE RECEIVED	

INSTRUCTIONS: The following forms must be submitted with Form I: FORM B or B2 for domestic wastewater.
 FORM A for industrial wastewater.

1. FACILITY INFORMATION

1.1 Facility Name Hallsville Land Application System	1.2 Permit Number MO- 0104990
1.3 Type of wastewater to be irrigated: <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State/National Park <input type="checkbox"/> Seasonal business <input type="checkbox"/> Municipal with Pretreatment Program or Significant Industrial Users <input type="checkbox"/> Other (explain) _____ SIC Codes (list all that apply, in order of importance) 4952	
1.4 Months when the business or enterprise will operate or generate wastewater: <input checked="" type="checkbox"/> 12 months per year <input type="checkbox"/> Part of year (list Months): ____	
1.5 This system is designed for: <input checked="" type="checkbox"/> No-discharge <input type="checkbox"/> Partial irrigation when feasible and discharge rest of time. <input type="checkbox"/> Irrigation during recreation season (April – October) and discharge during November – March. <input type="checkbox"/> Other (explain) ____	
1.6 List the Facility outfalls which will be applicable to the irrigation system. Outfall Numbers: 002	

2. STORAGE BASINS

2.1 Number of storage basins: 3
Type of basin: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Earthen <input type="checkbox"/> Earthen with membrane liner

3. LAND APPLICATION SYSTEM

3.1 Number of irrigation sites 5	Total Acres 395
Location: NW ¼, ___ ¼, ___ ¼, Sec 22	T 50N R 12 Boone County 60 Acres
Location: SW ¼, ___ ¼, SW ¼, Sec 22	T 50N R 12 Boone County 115 Acres
Attach pages as needed.	
3.2 Attach a site map showing topography, storage basins, irrigation sites, property boundary, streams, wells, roads, dwellings, and other pertinent features.	
3.3 Type of vegetation: <input checked="" type="checkbox"/> Grass hay <input type="checkbox"/> Pasture <input type="checkbox"/> Timber <input type="checkbox"/> Row crops <input type="checkbox"/> Other (describe) _____	
3.4 Wastewater flow (dry weather) gallons/day: Average annual: 149,568 Seasonal 98,756 Off-season 190,551 Months of seasonal flow: 12	

780-1686 (08-14)

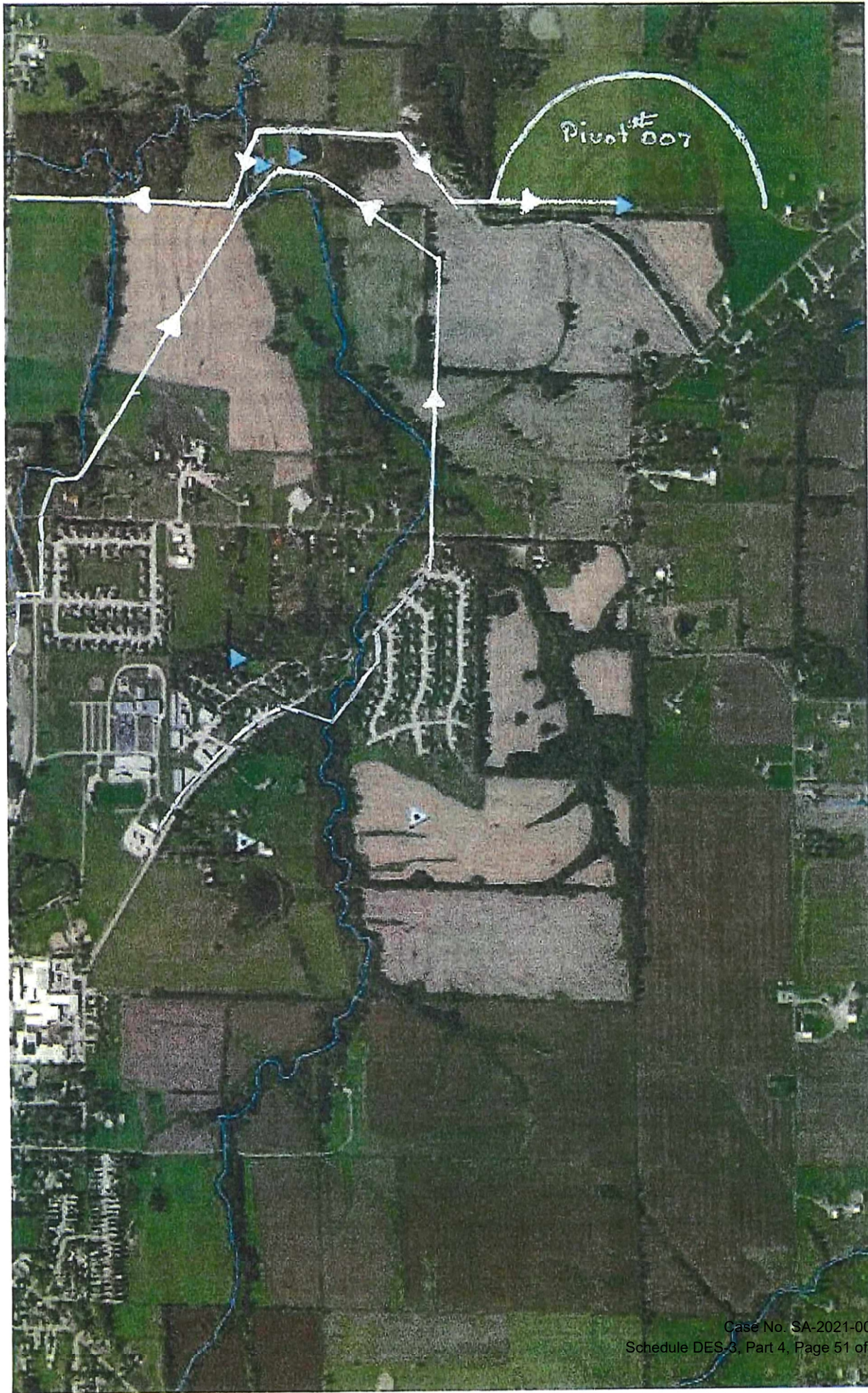
3. LAND APPLICATION SYSTEM

3.1 Number of irrigation sites continued-

Location: SE $\frac{1}{4}$, Sec 22 T 50N R 12W Boone County 80 acres

Location: NE $\frac{1}{4}$, NE $\frac{1}{4}$, SW $\frac{1}{4}$, Sec 10 T50N R12W Boone County 60 acres

Location: NE $\frac{1}{4}$, SE $\frac{1}{4}$, SW $\frac{1}{4}$, Sec 22 T50N R12W Boone County 80 acres (combines previous Permitted Feature #008 and #009)





3. LAND APPLICATION SYSTEM (continued)	
3.5 Land Application rate per acre (design flow including 1 in 10 year stormwater flows):	
Design: <u>24</u> inches/year	<u>.5</u> inches/hour
Actual: _____ inches/year	_____ inches/hour
_____ inches/day	_____ inches/day
_____ inches/week	_____ inches/week
Total Irrigation per year (gallons): _____ Design _____ Actual	
Actual months used for Irrigation (check all that apply):	
<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input checked="" type="checkbox"/> Mar <input checked="" type="checkbox"/> Apr <input checked="" type="checkbox"/> May <input checked="" type="checkbox"/> Jun <input checked="" type="checkbox"/> Jul <input checked="" type="checkbox"/> Aug <input checked="" type="checkbox"/> Sep <input checked="" type="checkbox"/> Oct <input checked="" type="checkbox"/> Nov <input type="checkbox"/> Dec	
3.6 Land Application Rate is based on:	
<input type="checkbox"/> Nutrient Management Plan (N&P) <input checked="" type="checkbox"/> Hydraulic Loading <input type="checkbox"/> Other (describe) _____	
3.7 Equipment type: <input type="checkbox"/> Sprinklers <input type="checkbox"/> Gated pipe <input checked="" type="checkbox"/> Center pivot <input type="checkbox"/> Traveling gun <input type="checkbox"/> Other (describe) _____	
Equipment Flow Capacity: <u>23,000</u> Gallons per hour <u>863</u> Total hours of operation per year	
3.8 Public Use Areas. Public access shall not be allowed to public use area irrigation sites when application is occurring. Method of Public Access Restriction:	
<input type="checkbox"/> Site is Fenced <input type="checkbox"/> Wastewater disinfection prior to irrigation <input checked="" type="checkbox"/> Site is not for public use <input type="checkbox"/> Other (describe): _____	
3.9 Separation distance (in feet) from the outside edge of the wetted irrigation area to nearby down gradient features:	
<u> </u> Permanent flowing stream <u> </u> Losing Stream <u>50</u> Intermittent (wet weather) stream <u>50</u> Lake or pond <u>125</u> Property boundary <u>150</u> Dwellings <u> </u> Water supply well <u> </u> Other (describe) _____	
3.10 The facility must develop and retain an Operation and Maintenance (O&M) Plan for the irrigation system.	
Date of O&M Plan: <u>05/17/020</u>	
4. CERTIFICATION	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.	
OWNER OR AUTHORIZED REPRESENTATIVE	OFFICIAL TITLE
Logan Carter	Mayor
EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE
<u>lcarter@hallsville.mo.org</u>	(573) 696-3885
SIGNATURE	DATE SIGNED
	<u>4-26-19</u>

780-1686 (08-14)