



MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
WATER POLLUTION CONTROL PROGRAM
P.O. BOX 176, JEFFERSON CITY, MO 65102
**FORM B — APPLICATION FOR CONSTRUCTION OR
OPERATING PERMIT FOR FACILITIES WHICH
RECEIVE BASICALLY DOMESTIC WASTE
UNDER A FOUR-CLEAN WATER LAW**

FILED

APR 02 2007

Missouri Public
Commission

Plan 3842

FOR AGENCY USE ONLY	
APPLICATION NUMBER	
CK# 10111	
DATE RECEIVED	FEE SUBMITTED
RECEIVED 8/7/98	500.00

NOTE PLEASE READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM

1.00 This application is for:

☒ a construction permit

☐ an operating permit renewal; permit #

☐ an operating permit for a new or unpermitted facility

(See instructions for appropriate fee to be submitted with application)

AUG - 7 1998

MDNR - JCRO

26-3081

2174
JC 5549

2.00 FACILITY

NAME	TELEPHONE NUMBER
BIG ISLAND HOMEOWNERS ASSOCIATION, INC.	303 776 1003
ADDRESS 90 REGGIE GOLDEN	CITY LONGMONT
P.O. BOX 328	STATE CO ZIP 80501

2.10 LEGAL DESCRIPTION: NW 1/4, NW 1/4, SW 1/4, Sec. 6, T38N, R 17 W CAMDEN County

2.20 Is this a new facility constructed under a Missouri Construction Permit? ☐ YES ☒ NO

If yes, please provide Missouri Construction Permit Number:

2.30 Name of receiving stream(s) LITTLE NIANGUA RIVER - LAKE OF THE OZARKS

3.00 OWNER

NAME	TELEPHONE NUMBER
BIG ISLAND HOMEOWNERS ASSOCIATION, INC.	303 776 1003
ADDRESS 90 REGGIE GOLDEN	CITY LONGMONT
P.O. BOX 328	STATE CO ZIP 80501

4.00 OPERATING AUTHORITY: the legal name and address of the operating authority (person or company retained to oversee day-to-day business activities) if different from the owner. (If same, write same.)

NAME	TELEPHONE NUMBER
BIG ISLAND HOMEOWNERS ASSOCIATION, INC.	303 776 1003
ADDRESS 90 REGGIE GOLDEN	CITY LONGMONT
P.O. BOX 328	STATE CO ZIP 80501

5.00 FACILITY CONTACT

NAME	TITLE	TELEPHONE NUMBER
DAVID LEES	MANAGER	573 280-2510

5.00 ADDITIONAL FACILITY INFORMATION

6.10 Description of facilities (attach additional sheet if required). Attach a USGS 7 1/2" topographic map showing location of all outfalls.

CONSTRUCT 120' X 46' COARSE SAND FILTER, CONSTRUCT APPROXIMATELY 2000' OF 2" S/L, 7,200' OF 3" S/L & 3400' OF 4" S/L. INSTALL STUBOUT WITH VALVE FOR EVERY TWO HOUSES. INSTALL OR USE EXISTING SEPTIC TANKS. INSTALL PUMPS AND HOLDING TANKS AS REQUIRED. PROVIDE CHLORINATION AFTER TREATMENT & PRIOR TO DISCHARGE.

20 Number of separate discharge points ONE

30 Number of persons presently connected or population equivalent 296 Design P.E. 296

Number of units presently connected: Homes 80 Trailers

Apartments Other

Design flow: 22,525 Actual flow: 22,525

0 Does any bypassing occur anywhere in the collection system or at the treatment facility?

☐ Yes ☒ No (If yes, attach explanation)

1 Is industrial waste discharged to the facility identified in item 2? ☒ Yes ☐ No (If yes, see instructions.)

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

a. Discharge will occur during the following months: ALL

b. How many days of the week will the discharge occur? ALL

Will chlorine be added to the effluent? ☒ Yes ☐ No

a. If chlorine is added, what is the resulting residual? 1.0 mg/l

Does this facility discharge to a losing stream or sinkhole? ☐ Yes ☐ No

Attach a flow chart showing all influents, treatment facilities and outfalls.

Has a waste load allocation study been completed for this facility? ☐ Yes ☒ No

List all permit violations, including effluent limit exceedances in the last 5 years. Attach a separate sheet if necessary.

If none, write none. N/A

Fulson, J. Exhibit No. 83
Case No(s) WL 2006-0037/WO
Date 3-2-07 Rptr PE

7.00 SLUDGE HANDLING, USE AND DISPOSAL			
7.10 Is the sludge a hazardous waste as defined by 10 CSR 25? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - NO SLUDGE PRODUCED			
7.20 Sludge Production, including sludge received from others: N/A		Design Dry Tons/Year _____ Actual Dry Tons/Year _____	
7.30 Capacity of sludge holding structures: N/A			
7.31 Sludge storage provided: _____ cubic feet; _____ days of storage		average percent solids of sludge. <input type="checkbox"/> No sludge storage is provided.	
7.32 Type of storage: <input type="checkbox"/> Holding tank <input type="checkbox"/> Building			
<input type="checkbox"/> Basin <input type="checkbox"/> Other (describe) _____			
<input type="checkbox"/> Concrete Pad			
7.40 Sludge Treatment: N/A			
<input type="checkbox"/> Anaerobic Digester		<input type="checkbox"/> Lagoon	
<input type="checkbox"/> Storage Tank		<input type="checkbox"/> Aerobic Digester	
<input type="checkbox"/> Lime Stabilization		<input type="checkbox"/> Air or Heat Drying	
		<input type="checkbox"/> Composting	
		<input type="checkbox"/> Other (attach description) _____	
7.50 Sludge Use or Disposal: N/A			
<input type="checkbox"/> Land Application		<input type="checkbox"/> Surface Disposal (Sludge Disposal Lagoon, Sludge held for more than 2 years)	
<input type="checkbox"/> Contract Hauler		<input type="checkbox"/> Incineration	
<input type="checkbox"/> Hauled to Another Treatment Facility		<input type="checkbox"/> Sludge Retained in Wastewater treatment lagoon	
<input type="checkbox"/> Solid Waste Landfill		<input type="checkbox"/> Other _____	
7.60 PERSON RESPONSIBLE FOR HAULING SLUDGE TO DISPOSAL FACILITY N/A			
<input type="checkbox"/> By Applicant <input type="checkbox"/> By Others (complete below)			
NAME _____			
ADDRESS _____		CITY _____	STATE _____ ZIP _____
CONTACT PERSON _____		PHONE _____	PERMIT NO. _____ MO. _____
7.70 SLUDGE USE OR DISPOSAL FACILITY: N/A			
<input type="checkbox"/> By Applicant <input type="checkbox"/> By Others (complete below)			
NAME _____			
ADDRESS _____		CITY _____	STATE _____ ZIP _____
CONTACT PERSON _____		PHONE _____	PERMIT NO. _____ MO. _____
7.80 Does the sludge or biosolids disposal comply with federal sludge regulations under 40 CFR 503? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (attach explanation) N/A			
8.00 DOWNSTREAM LANDOWNER			
NAME U.S. SENATOR JOHN ASHCROFT			
ADDRESS 316 HART BLDG		CITY WASHINGTON	STATE D.C. ZIP 20510
9.00 DRINKING WATER SUPPLY INFORMATION			
9.10 WHAT IS THE SOURCE OF YOUR DRINKING WATER SUPPLY:			
A. Public supply (municipal or water district water) WILL INSTALL A STATE APPROVED WELL			
If public, please give name of the public supply _____			
B. Private well _____			
C. Surface water (lake, pond, or stream) _____			
9.20 Does your drinking water source serve at least 25 people at least 60 days per year (not necessarily consecutive days)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9.30 Does your supply serve housing which is occupied year round by the same people? This does not include housing which is occupied seasonally. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
10.00 I certify that I am familiar with the information contained in the application, that to the best of my knowledge and belief such information is true, complete and accurate, and if granted this permit, I agree to abide by the Missouri Clean Water Law and all rules, regulations, orders and decisions, subject to any legitimate appeal available to applicant under the Missouri Clean Water Law.			
A. NAME AND OFFICIAL TITLE (TYPE OR PRINT) David U. Lees MANAGER		B. PHONE NO. (AREA CODE & NO.) 573-280-2510	
C. SIGNATURE David U. Lees		D. DATE SIGNED 6/11/98	



9344

STATE OF MISSOURI



Rebecca McDowell Cook
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF INCORPORATION
MISSOURI NONPROFIT

WHEREAS, DUPLICATE ORIGINALS OF ARTICLES OF INCORPORATION OF
BIG ISLAND HOMEOWNERS ASSOCIATION, INC.

HAVE BEEN RECEIVED AND FILED IN THE OFFICE OF THE SECRETARY OF
STATE, WHICH ARTICLES, IN ALL RESPECTS, COMPLY WITH THE
REQUIREMENTS OF MISSOURI NONPROFIT CORPORATION LAW;

NOW, THEREFORE, I, REBECCA MCDOWELL COOK, SECRETARY OF STATE
OF THE STATE OF MISSOURI, BY VIRTUE OF THE AUTHORITY VESTED IN
ME BY LAW, DO HEREBY CERTIFY AND DECLARE THIS ENTITY A BODY
CORPORATE, DULY ORGANIZED THIS DATE AND THAT IT IS ENTITLED TO
ALL RIGHTS AND PRIVILEGES GRANTED CORPORATIONS ORGANIZED UNDER
THE MISSOURI NONPROFIT CORPORATION LAW.

IN TESTIMONY WHEREOF, I HAVE SET MY
HAND AND IMPRINTED THE GREAT SEAL OF
THE STATE OF MISSOURI, ON THIS, THE
16TH DAY OF JULY, 1998.

Rebecca McDowell Cook
Secretary of State



\$25.00

FILE COPY

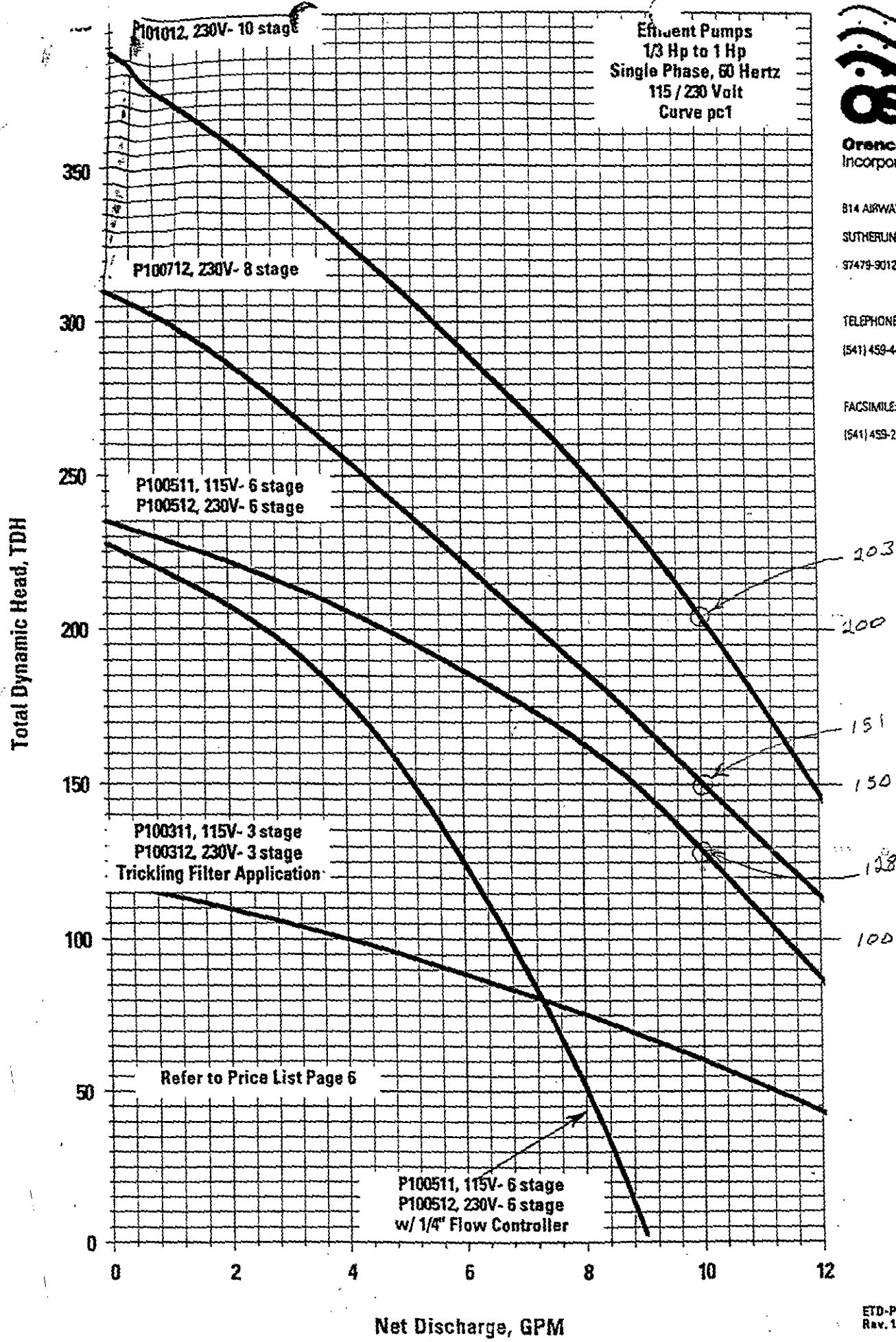


Oreco Systems
Incorporated

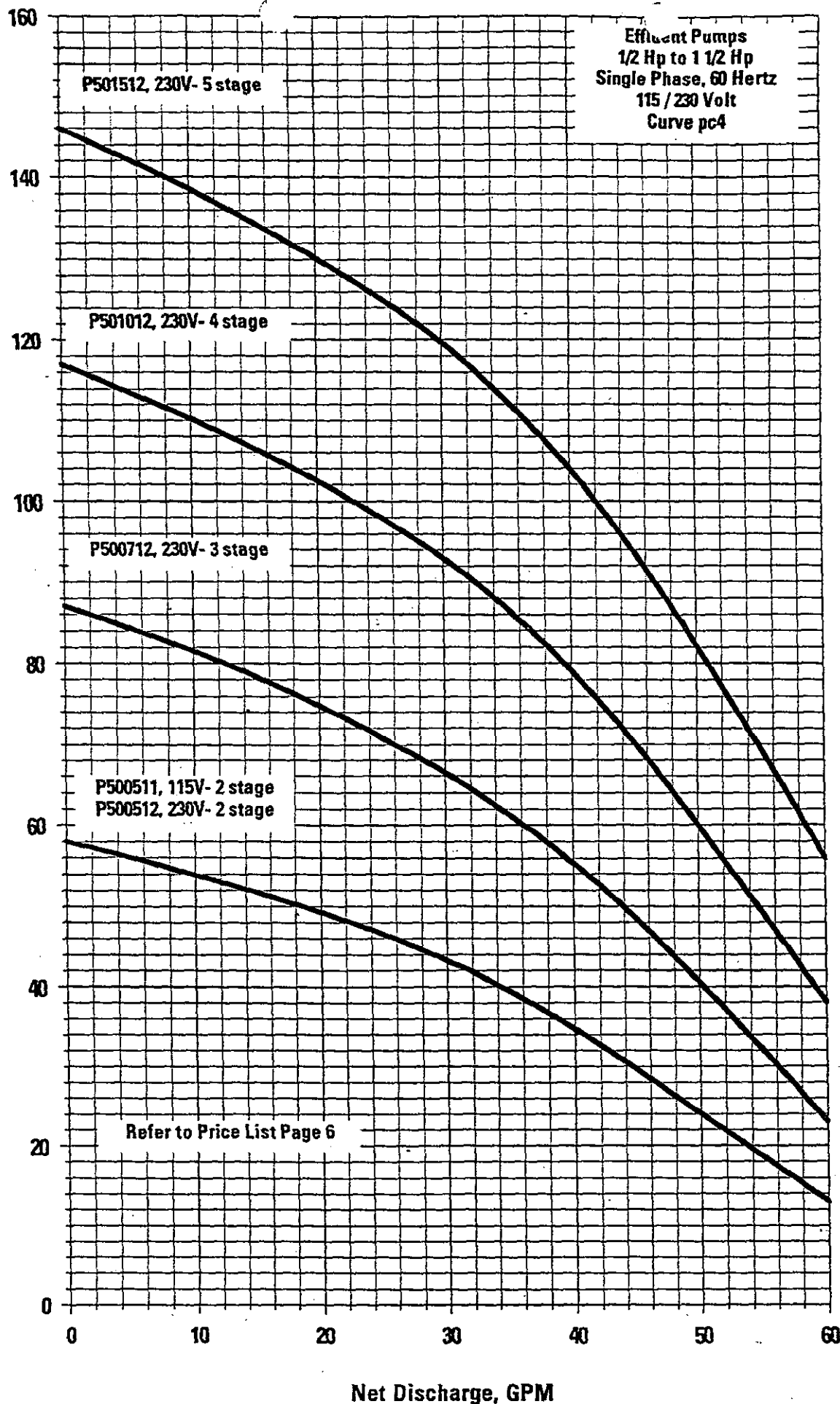
814 AIRWAY AVENUE
SUTHERLIN, OREGON
97479-9012

TELEPHONE:
(541) 459-4449

FACSIMILE:
(541) 459-2884



Total Dynamic Head, TDH



Orenco Systems[®]
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