

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
MISSOURI CLEAN WATER COMMISSION



CONSTRUCTION PERMIT

The Missouri Department of Natural Resources hereby issues a permit to:

MISSOURI-AMERICAN WATER COMPANY
MAWC, Maple Leaf Wastewater Treatment Facility
11044 Maple Leaf Lane
Holts Summit, MO 65043

for the construction of (described facilities):

See attached.

Permit Conditions:

See attached.

Construction of such proposed facilities shall be in accordance with the provisions of the Missouri Clean Water Law, Chapter 644, RSMo, and regulation promulgated thereunder, or this permit may be revoked by the Department of Natural Resources (department).

As the department does not examine structural features of design or the efficiency of mechanical equipment, the issuance of this permit does not include approval of these features.

A representative of the department may inspect the work covered by this permit during construction. Issuance of a permit to operate by the department will be contingent on the work substantially adhering to the approved plans and specifications.

This permit applies only to the construction of water pollution control components; it does not apply to other environmentally regulated areas.

July 24, 2024
Effective Date

July 23, 2026
Expiration Date

John Hoke, Director, Water Protection Program

CONSTRUCTION PERMIT

I. CONSTRUCTION DESCRIPTION

The proposed construction is the installation of a chlorine tablet feeder, chlorine contact chamber, dechlorination tablet feeder, and modification of outfall lines. The existing three lagoon cells will remain unchanged. The facility design flow will remain 6,660 gallons per day (gpd).

This project will also include general site work appropriate to the scope and purpose of the project and all necessary appurtenances to make a complete and usable wastewater treatment facility.

II. COST ANALYSIS FOR COMPLIANCE

Pursuant to Section 644.145, RSMo, when issuing permits under this chapter that incorporate a new requirement for discharges from publicly owned combined or separate sanitary or storm sewer systems or publicly owned treatment works, or when enforcing provisions of this chapter or the Federal Water Pollution Control Act, 33 U.S.C. 1251 et seq., pertaining to any portion of a publicly owned combined or separate sanitary or storm sewer system or [publicly owned] treatment works, the Department of Natural Resources shall make a “finding of affordability” on the costs to be incurred and the impact of any rate changes on ratepayers upon which to base such permits and decisions, to the extent allowable under this chapter and the Federal Water Pollution Control Act. This process is completed through a cost analysis for compliance. Permits that do not include new requirements may be deemed affordable.

The department is not required to complete a cost analysis for compliance because the facility is not a combined or separate sanitary sewer system for a publicly-owned treatment works.

III. CONSTRUCTION PERMIT CONDITIONS

The permittee is authorized to construct subject to the following conditions:

1. This construction permit does not authorize discharge.
2. All construction shall be consistent with plans and specifications signed and sealed by William R. Johanning, P.E., with Cochran Engineering and as described in this permit.
3. The department must be contacted in writing prior to making any changes to the plans and specifications that would directly or indirectly have an impact on the capacity, flow, system layout, or reliability of the proposed wastewater treatment facilities or any design parameter that is addressed by 10 CSR 20-8, in accordance with 10 CSR 20-8.110(11).

4. State and federal law does not permit bypassing of raw wastewater, therefore steps must be taken to ensure that raw wastewater does not discharge during construction. If a sanitary sewer overflow or bypass occurs, report the appropriate information to the department's Northeast Regional Office per 10 CSR 20-7.015(9)(G).
5. All construction must adhere to applicable 10 CSR 20-8 (Chapter 8) requirements listed below.
 - No treatment unit with a capacity of 22,500 gpd or less shall be located closer than the minimum distance of 200 feet to a neighboring residence and 50 feet to property line for lagoons; See 10 CSR 20-2.010(68) for the definition of a residence. 10 CSR 20-8.140(2)(C)2.
 - Flood protection shall apply to new construction and to existing facilities undergoing major modification. The wastewater facility structures, electrical equipment, and mechanical equipment shall be protected from physical damage by not less than the 100-year flood elevation. 10 CSR 20-8.140(2)(B).
 - The outfall shall be so constructed and protected against the effects of flood water, ice, or other hazards as to reasonably ensure its structural stability and freedom from stoppage. 10 CSR 20-8.140(6)(A)
 - All sampling points shall be designed so that a representative and discrete 24 hour automatic composite sample or grab sample of the effluent discharge can be obtained at a point after the final treatment process and before discharge to or mixing with the receiving waters. 10 CSR 20-8.140 (6) (B)
 - All outfalls shall be posted with a permanent sign indicating the outfall number (i.e., Outfall #001). 10 CSR 20-8.140 (6) (C)
 - Disinfection and dechlorination, when used, shall be provided during all power outages. 10 CSR 20-8.140 (7) (A) 2.
 - A means of flow measurement shall be provided at all wastewater treatment facilities. 10 CSR 20-8.140 (7) (E)
 - Emergency Power. Disinfection and dechlorination processes, when used, shall be provided during all power outages. 10 CSR 20-8.190 (2) (A)
 - Contact period for Chlorine Disinfection. A minimum contact period of 15 minutes at design peak hourly flow or maximum rate of pumpage shall be provided after thorough mixing. 10 CSR 20-8.190 (3) (A)
 - Alarm System for chlorination and dechlorination systems. The applicant shall conform to 10 CSR 20-8.140(7)(C) and be responsible for specifying what the alarm requirements are necessary to assure consistent disinfection in compliance with the applicable bacteria limits and the disinfection residual limit in the effluent. 10 CSR 20-8.190 (3) (C)

- Dilution tanks and mixing tanks are required when using dry compounds and may be necessary when using liquid compounds to deliver the proper dosage. 10 CSR 20-8.190 (4) (A)
 - Solid dechlorination systems shall not be located in the chlorine contact tank. 10 CSR 20-8.190 (4) (B) 1.
 - Contact time. A minimum of 30 seconds for mixing and contact time of dechlorination systems shall be provided at the design peak hourly flow or maximum rate of pumpage. 10 CSR 20-8.190 (4) (B) 2.
 - Safety. Adequate provisions shall be made to effectively protect facility personnel and visitors from hazards. The following shall be provided to fulfill the particular needs of each wastewater treatment facility: Gratings over appropriate areas of treatment units where access for maintenance is necessary; Appropriate personal protective equipment (PPE). 10 CSR 20-8.140 (8) (B) and (E)
 - Containment materials. The materials utilized for storage, piping, valves, pumping, metering, and splash guards, etc., shall be specially selected considering the physical and chemical characteristics of each hazardous or corrosive chemical. 10 CSR 20-8.140 (9) (A) 1.
 - Chemical Housing. The following shall be provided to fulfill the particular needs of each chemical housing facility: Provide storage for a minimum of 30 days' supply unless local suppliers and conditions indicate that such storage can be reduced without limiting the supply.
 - Provide a minimum of two chemical feeders for continuous operability. Provide a standby unit or combination of units of sufficient capacity to replace the largest unit out-of-service. 10 CSR 20-8.140 (9) (C) 5.
 - Chemical feeders shall— Be designed with chemical feed equipment to meet the maximum dosage requirements for the design average flow conditions; Provide proportioning of chemical feed to the rate of flow where the flow rate is not constant; Be designed to be readily accessible for servicing, repair, and observation. 10 CSR 20-8.140 (9) (C) 6. A., C. and D.
 - Chemical Container Identification. The identification and hazard warning data included on shipping containers, when received shall appear on all containers (regardless of size or type) used to store, carry, or use a hazardous substance. 10 CSR 20-8.140 (9) (E)
6. Upon completion of construction:
- A. The MISSOURI-AMERICAN WATER COMPANY will become the continuing authority for operation and maintenance of these facilities;
 - B. Submit an electronic copy of the as built if the project was not constructed in accordance with previously submitted plans and specifications; and

- C. Submit the Statement of Work Completed form to the department in accordance with 10 CSR 20-6.010(5)(N) (<https://dnr.mo.gov/document-search/wastewater-construction-statement-work-completed-mo-780-2155>) and request the operating permit modification be issued. The operating permit modification fee has been paid.

IV. REVIEW SUMMARY

1. CONSTRUCTION PURPOSE

The proposed construction will add disinfection to meet final effluent limits for *E. coli* that became effective July 1, 2023, at the end of a schedule of compliance. The final effluent limits added *E. coli* and Ammonia as N limits. The facility is continuing to work on achieving compliance with the effective ammonia effluent limits.

2. FACILITY DESCRIPTION

The existing facility consists of a three-cell lagoon.

The MAWC, Maple Leaf WWTF is located at 11044 Maple Leaf Lane, Holts Summit, in Callaway County, Missouri. The facility has a design average flow of 6,660 gpd and serves a hydraulic population equivalent of approximately 67 people.

3. COMPLIANCE PARAMETERS

The existing facility is not expected to meet *E. coli* monthly average limit of 206 #/100mL without disinfection. The proposed project is required to meet final effluent limits of monthly average limit of 206 #/100mL as established in Operating Permit MO-0120022.

The limits following the completion of construction will be applicable to the facility:

Parameter	Units	Monthly average limit
Total Residual Chlorine	µg/L	9 (130 ML**)
Dissolved Oxygen	mg/L	*

*- monitoring requirement only

** - The calculated limit is below the minimum quantification level (ML) of the most common and practical EPA approved CLTRC methods. The department has determined the current acceptable ML for total residual chlorine to be 130 µg/L when using the DPD Colorimetric Method #4500 – CL G. from Standard Methods for the Examination of Waters and Wastewater. The permittee will conduct analyses in accordance with this method, or equivalent, and report actual analytical values.

4. REVIEW of MAJOR TREATMENT DESIGN CRITERIA

Existing major components that will remain in use include the following:

- Lagoon Cell No. 1 is non-aerated and has a surface area of approximately 0.5 acres.
- Lagoon Cell Nos. 2 and 3 – Lagoon Cell Nos. 2 and 3 are non-aerated. Cell No. 2 has a surface area of approximately 0.1 acres. Cell No. 3 has a surface area of approximately 0.1 acres.

Construction will cover the following items:

- Components are designed for a Population Equivalent of 67 based on hydraulic loading to the system.
- Disinfection – Disinfection is the process of removal, deactivation, or killing of pathogenic microorganisms.
 - Tablet Chlorinator – Installation of a tablet [Norweco Model XT-2000-S Tablet feeder or approved equal] chlorination chamber receiving effluent from Lagoon Cell No. 3 and prior to the chlorine contact tank. The tablet chlorinator shall have a design flow of 6,660 gpd and a maximum flow of 19.8 gpm (28,571 gpd). The system will dispense hypochlorite as the wastewater comes into contact with the tablets.
 - Chlorine Contact Tank – Installation of a pre-cast concrete tank approximately 4 ft x 8 ft x 5.5 ft with 3 high and low cut-out baffles allowing for a 10.66:1 length to width ratio. This tank will allow for a 25-minute contact time during a peak flow of 19.8 gpm.
 - Tablet Dechlorinator – Installation of a tablet [Norweco Model XT-2000-S Tablet feeder or approved equal] dechlorination chamber receiving the chlorinated effluent and prior to Outfall No. 001. The tablet dechlorinator shall have a design flow of 6,660 gpd and a maximum flow of 19.8 gpm. The system will dispense sodium sulfite as the wastewater comes into contact with the tablets. The system shall provide 30 seconds of contact time before discharge during a peak flow of 19.8 gpm.
- Relocated Outfall – The new outfall location is approximately 10 feet South and downstream from the current outfall location. The outfall consists of a discharge pipe. A drop of a minimum of 12 inches allows for discrete effluent samples and flow measurement.

5. OPERATING PERMIT

Operating permit MO-0120022 will require a modification to reflect the construction activities. The modified MAWC, Maple Leaf WWTF, MO-0120022, will be public noticed to add TRC limits or other monitoring limits dissolved oxygen monitoring.

Submit the Statement of Work Completed to the department in accordance with 10 CSR 20-6.010(5)(N) and request the operating permit modification be issued. The operating permit modification fee has been paid.

With your CP application, an operating permit modification was submitted for public notice to reflect the change in your operating permit. Your operating permit application for a renewal will be due before your CP is expired. The modification action does not fulfill the renewal application obligation. A renewal application must be filed before January 1, 2025.

Operating permit MO-0120022 will be expiring on June 30, 2025. A renewal application must be filed before January 1, 2025 regardless of the status of these construction activities. If you have questions on completing the renewal application, please contact the NPDES permitting section at 573-522-4502.

This facility is not being converted to a general operating permit at this time, and as such it will be evaluated at operating permit renewal to determine if it qualifies for a general permit.

V. NOTICE OF RIGHT TO APPEAL

If you were adversely affected by this decision, you may be entitled to an appeal before the Administrative Hearing Commission (AHC) pursuant to Section 621.250 RSMo. To appeal, you must file a petition with the AHC within 30 days after the date this decision was mailed or the date it was delivered, whichever date was earlier. If any such petition is sent by registered mail or certified mail, it will be deemed filed on the date it is mailed; if it is sent by any method other than registered mail or certified mail, it will be deemed filed on the date it is received by the AHC. Any appeal should be directed to:

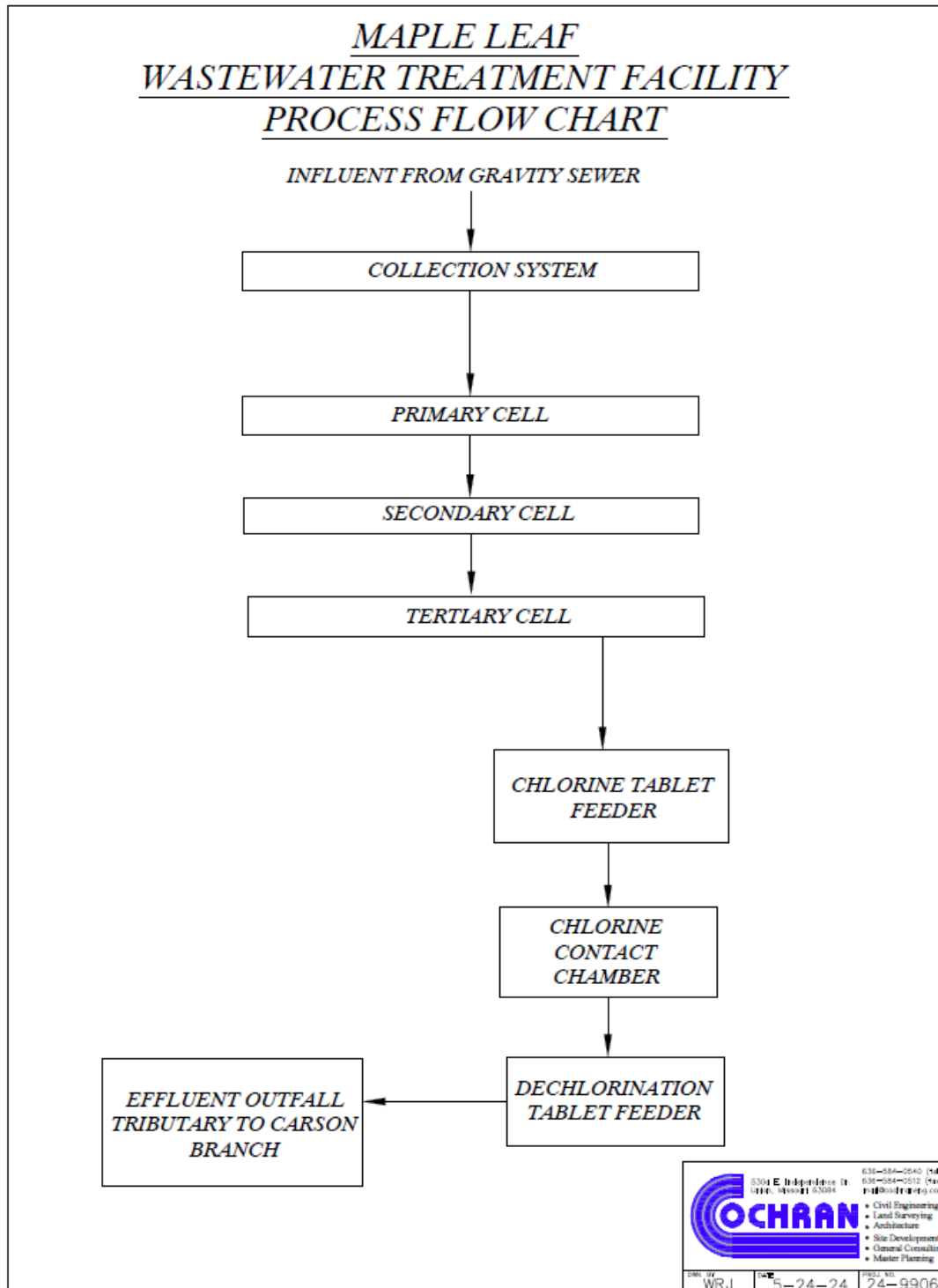
Administrative Hearing Commission
U.S. Post Office Building, Third Floor
131 West High Street, P.O. Box 1557
Jefferson City, MO 65102-1557
Phone: 573-751-2422
Fax: 573-751-5018
Website: <https://ahc.mo.gov>

Andrew Sell
Engineering Section
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Chia-Wei Young, P.E.
Engineering Section
chia-wei.young@dnr.mo.gov

APPENDICES

- Process Flow Diagram







MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
**APPLICATION FOR CONSTRUCTION PERMIT –
WASTEWATER TREATMENT FACILITY**

FOR DEPARTMENT USE ONLY

APP NO.

CP NO.

FEE RECEIVED

CHECK NO.

DATE RECEIVED

APPLICATION OVERVIEW

The Application for Construction Permit – Wastewater Treatment Facility form has been developed in a modular format and consists of Part A and B. **All applicants must complete Part A.** Part B should be completed for applicants who currently land-apply wastewater or propose land application for wastewater treatment. **Please read the accompanying instructions before completing this form. Submittal of an incomplete application may result in the application being returned.**

PART A – BASIC INFORMATION

1.0 APPLICATION INFORMATION (Note – If any of the questions in this section are answered NO, this application may be considered incomplete and returned.)

- 1.1 Is this a Federal/State funded project? ☐ YES ☒ N/A Funding Agency: _____ Project #: _____
- 1.2 Has the Missouri Department of Natural Resources approved the proposed project's antidegradation review?
☐ YES Date of Approval: _____ ☒ N/A
- 1.3 Has the department approved the proposed project's facility plan*?
☐ YES Date of Approval: _____ ☒ NO (If No, complete No. 1.4.)
- 1.4 [Complete only if answered No on No. 1.3.] Is a copy of the facility plan* for wastewater treatment facilities included with this application?
☐ YES ☐ NO ☒ Exempt because Adding chlorination/dechlorination treatment
- 1.5 Is a copy of the appropriate plans* and specifications* included with this application?
☒ YES Denote which form is submitted: ☒ Hard copy ☐ Electronic copy (See instructions.) ☐ NO
- 1.6 Is a summary of design* included with this application? ☒ YES ☐ NO
- 1.7 Has the appropriate operating permit application (A, B, or B2) been submitted to the department?
☐ YES Date of submittal: _____
☒ Enclosed is the appropriate operating permit application and fee submittal. Denote which form: ☐ A ☒ B ☐ B2
☐ N/A: However, In the event the department believes that my operating permit requires revision to permit limitation such as changing equivalent to secondary limits to secondary limits or adding total residual chlorine limits, please share a draft copy prior to public notice? ☐ YES ☐ NO
- 1.8 Is the facility currently under enforcement with the department or the Environmental Protection Agency? ☐ YES ☒ NO
- 1.9 Is the appropriate fee or JetPay confirmation included with this application? ☒ YES ☐ NO
See Section 7.0

* Must be affixed with a Missouri registered professional engineer's seal, signature and date.

2.0 PROJECT INFORMATION

2.1 NAME OF PROJECT

MOAWC Maple Leaf WWTF Disinfection

2.2 ESTIMATED PROJECT CONSTRUCTION COST

\$ 80,000

2.3 PROJECT DESCRIPTION

Construction of chlorine tablet feeder, chlorine contact chamber, and dechlorination tablet feeder for disinfection.

2.4 SLUDGE HANDLING, USE AND DISPOSAL DESCRIPTION


Sludge remains in lagoon cells

2.5 DESIGN INFORMATION

- A. Current population: _____; Design population: 67
- B. Actual Flow: 4750 gpd; Design Average Flow: 6660 gpd;
Actual Peak Daily Flow: _____ gpd; Design Maximum Daily Flow: _____ gpd; Design Wet Weather Event: _____

2.6 ADDITIONAL INFORMATION

- A. Is a topographic map attached? ☒ YES ☐ NO
- B. Is a process flow diagram attached? ☒ YES ☐ NO

3.0 WASTEWATER TREATMENT FACILITY				
NAME MOAWC Maple WWTF		TELEPHONE NUMBER WITH AREA CODE 314-469-6050		E-MAIL ADDRESS timothy.ganz@amwater.com
ADDRESS (PHYSICAL) 11044 Maple Leaf Lane	CITY Holts Summit	STATE MO	ZIP CODE 65043	COUNTY Callaway
Wastewater Treatment Facility: Mo- (Outfall Of)				
3.1 Legal Description: _____ ¼, _____ ¼, _____ ¼, Sec. 20, T 45N, R 10W (Use additional pages if construction of more than one outfall is proposed.)				
3.2 UTM Coordinates Easting (X): 580004 Northing (Y): 4279416 For Universal Transverse Mercator (UTM), Zone 15 North referenced to North American Datum 1983 (NAD83)				
3.3 Name of receiving streams: Tributary to Carson Branch				
4.0 PROJECT OWNER				
NAME Missouri American Water Company		TELEPHONE NUMBER WITH AREA CODE 314-469-6050		E-MAIL ADDRESS timothy.ganz@amwater.com
ADDRESS 901 Hog Hollow Road	CITY Chesterfield	STATE MO	ZIP CODE 63017	
5.0 CONTINUING AUTHORITY: A continuing authority is a company, business, entity or person(s) that will be operating the facility and/or ensuring compliance with the permit requirements.				
NAME Missouri American Water Company		TELEPHONE NUMBER WITH AREA CODE 314-469-6050		E-MAIL ADDRESS timothy.ganz@amwater.com
ADDRESS 901 Hog Hollow Road	CITY Chesterfield	STATE MO	ZIP CODE 63017	
5.1 A letter from the continuing authority, if different than the owner, is included with this application. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				
5.2 COMPLETE THE FOLLOWING IF THE CONTINUING AUTHORITY IS A MISSOURI PUBLIC SERVICE COMMISSION REGULATED ENTITY.				
A. Is a copy of the certificate of convenience and necessity included with this application? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
5.3 COMPLETE THE FOLLOWING IF THE CONTINUING AUTHORITY IS A PROPERTY OWNERS ASSOCIATION.				
A. Is a copy of the as-filed restrictions and covenants included with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO				
B. Is a copy of the as-filed warranty deed, quitclaim deed or other legal instrument which transfers ownership of the land for the wastewater treatment facility to the association included with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO				
C. Is a copy of the as-filed legal instrument (typically the plat) that provides the association with valid easements for all sewers included with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO				
D. Is a copy of the Missouri Secretary of State's nonprofit corporation certificate included with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO				
6.0 ENGINEER				
ENGINEER NAME / COMPANY NAME William R. Johanning/Cochran		TELEPHONE NUMBER WITH AREA CODE 636-584-0540		E-MAIL ADDRESS rjohanning@cochraneng.com
ADDRESS 530A East Independence Drive	CITY Union	STATE MO	ZIP CODE 63084	
7.0 APPLICATION FEE				
<input type="checkbox"/> CHECK NUMBER <input checked="" type="checkbox"/> JETPAY CONFIRMATION NUMBER 20054070				
8.0 PROJECT OWNER: 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.				
PROJECT OWNER SIGNATURE 				
PRINTED NAME Byron Shaw			DATE 5/15/2024	
TITLE OR CORPORATE POSITION Senior Project Engineer		TELEPHONE NUMBER WITH AREA CODE 573-606-6384		E-MAIL ADDRESS byron.shaw@amwater.com
Mail completed copy to: MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM P.O. BOX 176 JEFFERSON CITY, MO 65102-0176				
END OF PART A.				
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHETHER PART B NEEDS TO BE COMPLETE.				

PART B – LAND APPLICATION ONLY**(Submit only if the proposed construction project includes land application of wastewater.)****8.0 FACILITY INFORMATION**

8.1 Type of wastewater to be irrigated: ☐ Domestic ☐ State/National Park ☐ Seasonal business
☐ Municipal ☐ Municipal with a pretreatment program or significant industrial users
☐ Other (explain) _____

8.2 Months when the business or enterprise will operate or generate wastewater:

☐ 12 months per year ☐ Part of the year (list months): _____

8.3 This system is designed for:

- ☐ No-discharge.
☐ Partial irrigation when feasible and discharge rest of time.
☐ Irrigation during recreational season, April – October, and discharge during November – March.
☐ Other (explain) _____.

9.0 STORAGE BASINS

9.1 Number of storage basins: _____ (Use additional pages if greater than three basins.)

9.2 Type of basins: ☐ Steel ☐ Concrete ☐ Fiberglass ☐ Earthen ☐ Earthen with membrane liner

9.3 Storage basin dimensions at inside top of berm (feet). Report freeboard as feet from top of berm to emergency spillway or overflow pipe.

Basin #1:	Length _____	Width _____	Depth _____	Freeboard _____	Depth _____	Safety _____	% Slope _____
Basin #2:	Length _____	Width _____	Depth _____	Freeboard _____	Depth _____	Safety _____	% Slope _____
Basin #3:	Length _____	Width _____	Depth _____	Freeboard _____	Depth _____	Safety _____	% Slope _____

9.4 Storage Basin operating levels (report as feet below emergency overflow level).

Basin #1:	Maximum operating water level _____ ft	Minimum operating water level _____ ft
Basin #2:	Maximum operating water level _____ ft	Minimum operating water level _____ ft
Basin #3:	Maximum operating water level _____ ft	Minimum operating water level _____ ft

9.5 Design depth of sludge in storage basins.

Basin #1: _____ ft Basin #2: _____ ft Basin #3: _____ ft

9.6 Existing sludge depth, if the basins are currently in operation.

Basin #1: _____ ft Basin #2: _____ ft Basin #3: _____ ft

9.7 Total design sludge storage: _____ dry tons and _____ cubic feet

10.0 LAND APPLICATION SYSTEM

10.1 Number of irrigation sites _____ Total Acres _____ Maximum % field slopes _____
Location: _____ ¼, _____ ¼, _____ ¼, _____ Sec. _____ T _____ R _____ County _____ Acres
Location: _____ ¼, _____ ¼, _____ ¼, _____ Sec. _____ T _____ R _____ County _____ Acres
Location: _____ ¼, _____ ¼, _____ ¼, _____ Sec. _____ T _____ R _____ County _____ Acres
(Use additional pages if greater than three irrigation sites.)

10.2 Type of vegetation: ☐ Grass hay ☐ Pasture ☐ Timber ☐ Row crops
☐ Other (describe) _____

10.3 Wastewater flow (dry weather) gallons per day: Average annual _____ Seasonal _____ Off-season _____

10.4 Land application rate (design flow including 1-in-10 year storm water flows):

Design:	_____ inches/year	_____ inches/hour	_____ inches/day	_____ inches/week
Actual:	_____ inches/year	_____ inches/hour	_____ inches/day	_____ inches/week

10.5 Total irrigation per year (gallons): Design: _____ gal Actual: _____ gal

10.6 Actual months used for irrigation (check all that apply):

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

10.7 Land application rate is based on:

☐ Hydraulic Loading ☐ Other (describe) _____
☐ Nutrient Management Plan (N&P) If N&P is selected, is the plan included? ☐ YES ☐ NO