STATE OF MISSOURI DEPARTMENT OF NATURAL RESOURCES

MISSOURI CLEAN WATER COMMISSION



GENERAL PERMIT for SEWER EXTENSION CONSTRUCTION

The Missouri Depar	rtment of Natural F	Resources hereb	y issues a	permit to:
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Construction Permit ID: MOGSE0325
Title of Project: Cornerstone Village

Owner: B and T Developments LLC

Address: 910 E Dade 166 Everton, MO 65646

The project will also include general site work appropriate to the scope and purpose of the project and will include all the necessary appurtenances to make a complete and usable collection system. The construction of this project will be in the vicinity of the county below and discharge to Receiving Permit ID below:

County: Greene Receiving Permit ID: MO0103039

for the construction of (described construction project):

Cornerstone Village Subdivision - Construction of approximately 2,646 lf of 8-inch PVC SDR-26 gravity sewer lines with approximately 4 manholes to serve a 230 PE and a design average flow of 22,940 gpd.

Project is in the vicinity of Madison Avenue and Rosalie Street in the City of Strafford, Greene County and discharges to an existing system to be treated at Springfield NW WWTF, MO-0103039. Errin Kemper, Director of Department of Environmental Services, with the City of Springfield provided an acceptance letter dated January 18, 2022.

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.

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

hir Weeberg				
Wieberg, Director				
Water Protection Program				

February 21, 2024

Expiration Date

APPLICABILITY

- 1. This permit authorizes the construction of gravity sewer extensions, force mains, and lift stations. Non-earthen flow equalization storage basins at lift stations and inline storage, which flows back into the lift station or collection system, are also included.
- 2. A site specific sewer extension construction permit may be required by the Department due to compliance and enforcement actions.
- 3. Projects located within an Approved Sewer Program as noted in the operating permit of the receiving wastewater treatment facility are not required to obtain a construction permit from the Department of Natural Resources (Department).
- 4. This permit does not apply to:
 - A. Earthen storage basins;
 - B. Exempt projects unless requested by the applicant or required by enforcement.

PREREQUISITES:

- 1. The General Sewer Extension Construction Permit application, appropriate fee, and documentation in accordance with 10 CSR 20-6.010(5)(G).
- 2. The plans and specifications each signed and sealed by a professional engineer registered in the State of Missouri in accordance with 10 CSR 20-8 and 10 CSR 20-6.010.
- 3. The Design Certification form or Engineering Report or Summary of Design signed and sealed by a professional engineer registered in the State of Missouri certifying the design of the system was prepared in accordance with 10 CSR 20-6 and 10 CSR 20-8.
- 4. A statement from the continuing authority, as defined in 10 CSR 20-6.010, accepting the wastewater for treatment and indicating the permitted treatment facility has the available capacity.
- 5. A statement from the continuing authority, as defined in 10 CSR 20-6.010, accepting the responsibility for operation and maintenance of these facilities.

PERMIT CONDITIONS:

- 1. This permit authorizes the activities and scope of work detailed in the plans and specifications submitted with the request.
- 2. The construction must be in accordance with the final plans and specifications approved by the Department.
- 3. 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 regional office per 10 CSR 20-7.015(9)(E)2., or through the Online Bypass/SSO Reporting system found at https://dnr.mo.gov/eservices.htm under Water Protection.

PERMIT CONDITIONS: (continued)

- 4. Protection of drinking water supplies must meet the requirements of 10 CSR 23-3.010.
 - A. There shall be no physical connections between a public or private potable water supply system and a sewer, or appurtenance thereto, which would permit the passage of any wastewater or polluted water into the potable supply.
 - B. Sewers shall be laid at least fifty feet (50') in a horizontal direction from any existing or proposed public water supply well or other water supply sources or structures.
- 5. Manholes shall be located with the top access at or above grade level.
- 6. In addition to the requirements for a construction permit, see 10 CSR 20-6.200 for land disturbance requirements to obtain a Missouri State Operating Permit to discharge stormwater. The permit requires Best Management Practices sufficient to control runoff and sedimentation to protect waters of the state. Land disturbance permits will only be obtained by means of the Department's ePermitting system available online at www.dnr.mo.gov/env/wpp/epermit/help.htm.

See <u>www.dnr.mo.gov/env/wpp/stormwater/sw-land-disturb-permits.htm</u> for more information.

7. A United States (U.S.) Army Corps of Engineers (COE) permit (404) and a Water Quality Certification (401) issued by the Department or permit waiver may be required for the activities described in this permit. This permit is not valid until these requirements are satisfied. If construction activity will disturb any land below the ordinary high water mark of Jurisdictional Waters of the U.S. then a 404/401 will be required. Since the COE makes determinations on what is jurisdictional, you must contact the COE to determine permitting requirements. You may call the Department's Water Protection Program at 573-751-1300 for more information.

See www.dnr.mo.gov/env/wpp/401/ for more information.

- 8. If this project eliminates a wastewater treatment facility under the jurisdiction of the Department, then a full closure plan shall be submitted with a Facility Closure Request Form, Form MO 780-2512 to the Department's appropriate regional office for review and approval. In accordance with 10 CSR 20-6.010(12), the closure plan must meet the requirements outlined in Standard Conditions Part III, of the Missouri State Operating Permit. Closure shall not commence until the submitted closure plan is approved by the Department.
- 9. If this project is part of a project to resolve an enforcement action or is receiving funding from the Department, submit a statement of work complete following the completion of construction

MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM

APPLICATION FOR CONSTRUCTION PERMIT – SEWER EXTENSION

FOR DEP	ARTN	IENT USE ONLY		
APP NO.	CF	P NO.		
FEE RECEIVED		CHECK NO.		
DATE RECEIVED				

Page 1 of 2

					DATE RECEIVED	
NOTE ► PLEASE REA	D THE ACCOMPAN	YING INS	TRUCTIONS BEFOR	E COMPLET	ING THIS FORM	
1.0 APPLICATION INFO	ORMATION (Note -	If any of t	the questions in this se	ection are ans	swered NO, this applic	cation may be
1.1 Is this a Federal/Sta	ate funded project?	☐ YES	✓ N/A Funding	Agency:	Pro	 oject #:
1.2 Has the Departmen YES Date of App	t of Natural Resourc roval:	es approv	ed the proposed proje ☑ N/A	ct's engineeri		• 0 0000000
1.3 Is a copy of the app	ropriate plans* and s	specification	ons* included with this	application?	YES NO	
1.4 Is a summary of des				NO		
1.5 Is the appropriate fe See Section 7.0	e or JetPay confirm	ation inclu	ded with this application	on? 🗹 YES	□NO	
* Must be affixed with a	Missouri registered p	orofession	al engineer's seal, sig	nature and da	ite.	
2.0 PROJECT INFORM	ATION		J == =================================	idiai o dila de	NO.	
2.1 NAME OF PROJECT CORNERSTONE VILLA	GE SUBDIVISION					
ADDRESS		CITY		STATE	ZIP CODE	COUNTY
					0002	COUNTY
2.2 Legal Description:	1/4, SW	1/4, NW	1/4, Sec. 3 ,	T _{29N} , R	20W	I
2.3 Project Components ☑ Gravity sewers	(check all that appl		orce mains	native sewer	evetom D Other (D	escribe below.)
2.4 PROJECT DESCRIPTION						,
Extend the public sanitar 2,646 If of 8 inch gravity s	sewer pipe.	proposed	oz lot residentiai subt	aivision. Sewe	er construction include	s 4 mannoles and
2.5 DESIGN INFORMATION A. Population or number	r of lots to be served	by this ex	tension: 62			
B. Estimated flow to be	contributed by this e	xtension:	Design Average Flow	v: 22940 gpd	Design Peak Hourly	/ Flow: 3950 gph
C. Industrial Wastes:	Туре:	Flo	w: gpd			Y
D. Receiving Sewer:	Size: 8 inches	Сар	pacity:380 gpm			
3.0 PROJECT OWNER NAME		1000				
B&T DEVELOPMENTS,	LLC		TELEPHONE NUMBER WITH 417-224-3643	AREA CODE	email address dgateley@straffo	rdmo.net
ADDRESS 910 E DADE 166		EVERTO	N	STATE	ZIP CODE 65646	
4.0 CONTINUING AUTH	ORITY: A continuing					
or ensuring compliance vecontractually hired by the operator or analytical lab visit https://s1.sos.mo.goit appears on the Missour https://bsd.sos.mo.gov/Bgovernment, or otherwise	permittee to sample oratory. To access the oversimages/adrule it Secretary of State outpesses the oversimages and the outpesses of state outpesses outpesses of state outpesses	rements. A e or operation of the regulation es/csr/curres (SoS's) arch.aspx?	A continuing authority to and maintain the sy ory requirement regardent/10csr/10c20-6.pdf webpage:	is not, howev stem for a de ding continuing. A continuing	er, an entity or individent fined time period, such g authority, 10 CSR 2 g authority's name mus	ual that is h as a certified 0-6.010(2), please st be listed exactly as
NAME		- will t	TELEPHONE NUMBER WITH	AREA CODE	EMAIL ADDRESS	
CITY OF STRAFFORD ADDRESS		417-736-2154		ca@straffordmo.r	net	
P.O. BOX 66		STRAFE	ORD	STATE MO	ZIP CODE	
4.1 A letter from the con	tinuing authority or th	ne Continu	ing Authority and Rec	eiving Waste	65757 water Treatment Facil	ity Acceptance form,
if different than the owner 0 780-1632 (10-19)	r, is included with thi	s applicati	on. 🔲 YES 🕝 No	O N/A		

5.0 ENGINEER							
ENGINEER NAME / COMPANY NAME		TELEPHONE NUMBER WITH AREA CODE		EMAIL ADDRESS			
LEE ENGINEERING & ASSOCIATES			417-886-9100		drichards@leeengineering.biz		
ADDRESS		CITY		STATE	ZIP CODE		
1200 E WOODHURST DR, STE D	-200	SPRING	GFIELD	MO	65804		
6.0 RECEIVING WASTEWATER T	REATME	NT FACIL	ITY				
NAME			TELEPHONE NUMBER	R WITH AREA CODE	EMAIL ADDRESS		
City of Springfield WWTP		LIMIL ADDITEO		LIVAL ADDICESS			
MISSOURI STATE OPERATING PERMIT #			REMAINING CAPACITY (GPD)				
6.1 Has the receiving treatment faci	ility agree	d to acce	pt the additional w	vastewater flow?	□YES □NO		
6.2 A letter from the receiving waste	ewater tre	atment fa	cility if different th	an the continuing	authority, is included with this application.		
☐ YES ☑ NO ☐ N/A			omey, il dillorone d	ian the continuing	authority, is included with this application.		
7.0 Application Fee							
☐Check Number ☐JetPay Confirmation Number							
8.0 PROJECT OWNER: I certify und	der nenal	ty of law t	hat this document	and all attachmen	nts were prepared under my direction or		
supervision in accordance with a sy	stem des	aned to a	seure that qualifie	d nomennel area	rly gather and evaluate the information		
submitted. Based on my inquiry of the	ne nersor	or nerent	soure that qualifie	a personner prope	iny gather and evaluate the information		
gathering the information, the inform	nation sub	mitted is	to the heet of my	knowledge and be	e persons directly responsible for elief, true, accurate, and complete. I am		
aware that there are significant pena	alties for s	submitting	false information	including the pes	sibility of fine and important to		
knowing violations.		Japinitang	raise information,	including the pos	sibility of life and imprisonment for		
DDO IFOT OWNED OLD INTEREST							
PRINTED NAME PRINTED NAME PRINTED NAME	/						
PRINTED NAME					DATE		
Bill Turner					9.9701		
TITLE OR COPORATE POSITION			TELEPHONE NUMBER	WITH AREA CODE	EMAIL ADDRESS		
Owner			417-224-3643		billturner11@yahoo.com		
Mail completed copy to:	CCOLIDI	DEDART	MENT OF MATUE				
	MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM						
P.O. BOX 176							
			MO 65102-0176				
MO 780-1632 (10-19)							
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