# STATE OF MISSOURI DEPARTMENT OF NATURAL RESOURCES

MISSOURI CLEAN WATER COMMISSION



## GENERAL PERMIT for SEWER EXTENSION CONSTRUCTION

Th	e N	Missouri	Depart	ment of	Natural	Resources	hereby	issues a	permit to	<b>)</b> :

Construction Permit ID: MOGSE0400
Title of Project: Odessa

Owner: City of Odessa
Address: 125th S 2nd St
Odessa, MO 64076

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: Lafayette Receiving Permit ID: MO0026379

for the construction of (described construction project):

Odessa Collection System Improvements - Construction of approximately 300 lf of 4-inch SDR-21 forcemain, 52 lf of steel pipe encasement, 1,522 lf of 8-inch PVC SDR-26 gravity sewer lines with approximately 6 manholes to better serve the city, no new flow is being added. Projects will eliminate 2 existing lift stations, reroute flow, and include replacement of pumps at 2 lift stations to better serve the community and increasing flow to the Odessa NW plant.

Projects are within Odessa, Lafayette County and discharges to an existing system to be treated at Odessa NW WWTF, MO-0026379. The City of Odessa is the owner and continuing authority of the project.

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.

September 23, 2022	Chie Wieberg	
Issue Date	Chris Wieberg, Director	
	Water Protection Program	

September 22, 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 <a href="https://www.dnr.mo.gov/env/wpp/epermit/help.htm">www.dnr.mo.gov/env/wpp/epermit/help.htm</a>.

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 DEPAR	RTMENT USE ONLY
APP NO.	CP NO.
FEE RECEIVED	304936
DATE RECEIVED	7 26 22 1 441

E W				DATE RECEIVED	16 22	C JAAL
					28.32	TVW
NOTE ► PLEASE READ THE ACCOMPAN	YING INS	TRUCTIONS BEFORE	COMPLETIN	G THIS FORM		
1.0 APPLICATION INFORMATION (Note – considered incomplete and returned.)	If any of t	he questions in this sect	ion are answe	ered NO, this applic	ation may be	
1.1 Is this a Federal/State funded project? ☐ YES ☑ N/A Funding Agency: Project #:						
1.2 Has the Department of Natural Resources approved the proposed project's engineering report*?  ☐ YES Date of Approval:  ☐ NO ☐ N/A						
1.3 Is a copy of the appropriate plans* and specifications* included with this application?  ☑ YES ☐ NO						
1.4 Is a summary of design* included with th	is applica	tion? 🗹 YES 🗌 NO	)			
1.5 Is the appropriate fee or JetPay confirma See Section 7.0	ation inclu	ded with this application?	? ☑ YES │	□NO		
* Must be affixed with a Missouri registered p	rofession	al engineer's seal, signat	ture and date	-		
2.0 PROJECT INFORMATION						
2.1 NAME OF PROJECT						
Odessa Wastewater Collection System Impro				,		
ADDRESS	CITY		STATE	ZIP CODE 64076	COUNTY	
125th S. 2nd St	Odessa		MO	64076	Lafayette	
2.2 Legal Description: 1/4,	4,	1/4, Sec. , T	, R			
2.3 Project Components (check all that apply Gravity sewers Pumping station		orce mains	tive sewer sys	stem 🔲 Other (D	escribe below	·.)
2.4 PROJECT DESCRIPTION			DI 10			
The project consists of the following system in two existing lift stations and reroute sewerage and reroute forcemains at four existing lift stat stations to provide a more suitable fit to the pro- flow issues by rerouting a portion of existing of	flows (via tions (two roposed p	a new gravity sewers), ap lift stations will share a s roject system curve. This	oproximately s single forcemants sproject will u	300-feet of 4in. PVC ain), replace pumps ultimately help the N	ว forcemain, co at two existino W WWTP with	ombine g lift h low
2.5 DESIGN INFORMATION  A. Population or number of lots to be served						
B. Estimated flow to be contributed by this ex			33920 gpd	Design Peak Hourly	Flow: 22600	gph
C. Industrial Wastes: Type: N/A	C. Industrial Wastes: Type: N/A Flow: N/A gpd					
D. Receiving Sewer: Size: 8 inches	Cap	acity:>380 gpm				
3.0 PROJECT OWNER						
NAME City of Odessa		TELEPHONE NUMBER WITH AR 816-230-5577	REA CODE	EMAIL ADDRESS nici.wilson@cityofc	odessamo.com	n
ADDRESS 125 S. 2nd Street	CITY Odessa		STATE MO	ZIP CODE 64076		
		to a company binataon			norating the f	agility
4.0 CONTINUING AUTHORITY: A continuing or ensuring compliance with the permit require contractually hired by the permittee to sample operator or analytical laboratory. To access the visit https://s1.sos.mo.gov/cmsimages/adrule it appears on the Missouri Secretary of State https://bsd.sos.mo.gov/BusinessEntity/BESeagovernment, or otherwise not required to regi	rements. As or operare regulates (SoS's) arch.aspx	A continuing authority is a continuing authority is a condinated and maintain the system or requirement regarding ent/10csr/10c20-6.pdf. A webpage: PSearchType=0, unless the SoS.	not, however, em for a defin ng continuing a continuing a the continuing	an entity or individued time period, such authority, 10 CSR 2 uthority's name mus	ual that is n as a certified 0-6.010(2), plo st be listed exa	d ease
NAME City of Odessa		TELEPHONE NUMBER WITH AR 816-230-5577	KEM CODE	EMAIL ADDRESS nici.wilson@cityofo	dessamo com	n
ADDRESS ADDRESS	CITY	0,0 200-0077	STATE	ZIP CODE		
125 S. 2nd Street	Odessa		МО	64076		
4.1 A letter from the continuing authority or the if different than the owner, is included with this			ving Wastewa ☑ N/A	id .	ity Acceptance	e form,

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5.0 ENGINEER						
ENGINEER NAME / COMPANY NAME	TELEPHONE NUMBER WIT	H AREA CODE	EMAIL ADDRESS			
Jason Klemme/Allstate Consultants LLC	816-929-8468		jklemme@allstateconsultants.net			
ADDRESS	CITY		STATE	ZIP CODE		
410 SE 3rd St. Suite 103C	mmit	MO	64063			
6.0 RECEIVING WASTEWATER TREA	TMENT FACI	LITY				
NAME	TELEPHONE NUMBER WITH AREA CODE		EMAIL ADDRESS			
Odessa NW Wastewater Treatment Plar	nt	816-230-5577		nici.wilson@cityofodessamo.com		
MISSOURI STATE OPERATING PERMIT#		REMAINING CAPACITY (GP	REMAINING CAPACITY (GPD)			
MO-0026379		674080				
6.1 Has the receiving treatment facility a	agreed to acce	pt the additional waste	ewater flow?	☑ YES ☐ NO		
6.2 A letter from the receiving wastewat ☐ YES ☐ NO ☑ N/A	er treatment fa	acility, if different than	the continuing	g authority, is included with this application.		
7.0 Application Fee						
☑Check Number ☐JetPay Confirmation Number				nation Number		
supervision in accordance with a system submitted. Based on my inquiry of the programmer of the progra	erson or perso n submitted is	ns who manage the sy , to the best of my kno	ystem, or thos wledge and b	se persons directly responsible for elief, true, accurate, and complete. I am		
PRINTED NAME				DATE		
NICOLE B. Wilson				67-69-22		
TITLE OR COPORATE POSITION TELEPHONE NU			HAREA CODE	EMAIL ADDRESS		
City Administrator		8/1e-230-E	5577	nici. Wilson @ Cityofodes		
Mail completed copy to:  MISSC WATE P.O. B	R PROTECTION OX 176	MENT OF NATURAL ON PROGRAM MO 65102-0176	RESOURCE			
780-1632 (10-19)				Page 2 of 2		

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