

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
MISSOURI CLEAN WATER COMMISSION



GENERAL PERMIT for SEWER EXTENSION CONSTRUCTION

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

Construction Permit ID: MOGSE0417
Title of Project: Brookside Lift Station
Owner: City of OFallon
Address: 401 S Cool Springs Road
Ofallon, MO 63366

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: St. Charles Receiving Permit ID: MO0028720

for the construction of (described construction project):

Brookside Lift Station Upgrades - Replacement of two (2) submersible sewage pumps with variable speed drives with each pump capable of operating at 875 gpm at 67.3 feet of TDH, and one (1) portable pump connection to serve 3,193 PE and a design average flow of 319,310.00 gpd.

Project is in the vicinity of Brushy Brook Drive in OFallon, St. Charles County and discharges to an existing system to be treated at OFallon WWTF, MO-002872.

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.

October 07, 2022

Issue Date

A handwritten signature in black ink that reads "Chris Wieberg".

Chris Wieberg, Director
Water Protection Program

October 06, 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)

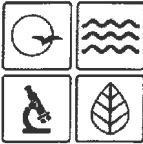
4. Protection of drinking water supplies must meet the requirements of 10 CSR 23-3.010 .
 - A. There shall be no physical connections between a public or private potable water supply system and a sewer, or appurtenance thereto, which would permit the passage of any wastewater or polluted water into the 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 www.dnr.mo.gov/env/wpp/stormwater/sw-land-disturb-permits.htm 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 DEPARTMENT USE ONLY	
APP NO.	CP NO.
FEE RECEIVED 300.00	CHECK NO. 6266 WPH
DATE RECEIVED 9.12.22	

NOTE ► PLEASE READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM

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 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 this application? YES NO
- 1.5 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

O'Fallon - Brookside Lift Station Upgrades

ADDRESS	CITY	STATE	ZIP CODE	COUNTY
Brushy Brook Drive	O'Fallon	MO	63366	St. Charles

2.2 Legal Description: SE ¼, SW ¼, SW ¼, Sec. 23, T 47N, R 2E

2.3 Project Components (check all that apply):
 Gravity sewers Pumping stations Force mains Alternative sewer system Other (Describe below.)

2.4 PROJECT DESCRIPTION

Project includes the replacement of the submersible sewage pumps and VFDs of the existing Brookside LS to increase the capacity of the lift station. New submersible pumps will have a capacity of at least 850 gallons per minute (gpm) to increase the lots served from the current number of 538 to 863.

2.5 DESIGN INFORMATION

- A. Population or number of lots to be served by this extension: 863 lots (total)
- B. Estimated flow to be contributed by this extension: Design Average Flow: 0.34M gpd Design Peak Hourly Flow: 47940 gph
- C. Industrial Wastes: Type: N/A Flow: N/A gpd
- D. Receiving Sewer: Size: 10 inches Capacity: 1500 gpm

3.0 PROJECT OWNER

NAME	TELEPHONE NUMBER WITH AREA CODE	EMAIL ADDRESS
City of O'Fallon	636-379-7503	jdennis@ofallon.mo.us

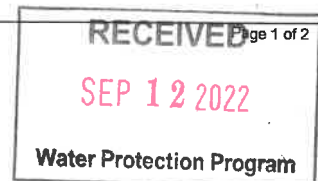
ADDRESS	CITY	STATE	ZIP CODE
Public Works Dept., 401 S. Cool Springs Rd.	O'Fallon	MO	63366

4.0 CONTINUING AUTHORITY: A continuing authority is a company, business, entity or person(s) that will be operating the facility or ensuring compliance with the permit requirements. A continuing authority is not, however, an entity or individual that is contractually hired by the permittee to sample or operate and maintain the system for a defined time period, such as a certified operator or analytical laboratory. To access the regulatory requirement regarding continuing authority, 10 CSR 20-6.010(2), please visit <https://s1.sos.mo.gov/cmsimages/adrules/csr/current/10csr/10c20-6.pdf>. A continuing authority's name must be listed exactly as it appears on the Missouri Secretary of State's (SoS's) webpage: <https://bsd.sos.mo.gov/BusinessEntity/BEsearch.aspx?SearchType=0>, unless the continuing authority is an individual(s), government, or otherwise not required to register with the SoS.

NAME	TELEPHONE NUMBER WITH AREA CODE	EMAIL ADDRESS
City of O'Fallon	636-379-7503	jdennis@ofallon.mo.us

ADDRESS	CITY	STATE	ZIP CODE
Public Works Dept., 401 S. Cool Springs Rd.	O'Fallon	MO	63366

4.1 A letter from the continuing authority or the Continuing Authority and Receiving Wastewater Treatment Facility Acceptance form, if different than the owner, is included with this application. YES NO N/A



5.0 ENGINEER			
ENGINEER NAME / COMPANY NAME Joseph Peek / Gonzalez Companies		TELEPHONE NUMBER WITH AREA CODE 314-961-1888 ext. 108	EMAIL ADDRESS tpeek@gocos.net
ADDRESS 1750 S. Brentwood Blvd., Suite 700	CITY St. Louis	STATE MO	ZIP CODE 63144
6.0 RECEIVING WASTEWATER TREATMENT FACILITY			
NAME		TELEPHONE NUMBER WITH AREA CODE	EMAIL ADDRESS
MISSOURI STATE OPERATING PERMIT #		REMAINING CAPACITY (GPD)	
6.1 Has the receiving treatment facility agreed to accept the additional wastewater flow? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
6.2 A letter from the receiving wastewater treatment facility, if different than the continuing authority, is included with this application. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
7.0 Application Fee			
<input type="checkbox"/> Check Number		<input type="checkbox"/> JetPay Confirmation Number	
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 JASON DENNIS		DATE 9-1-2022	
TITLE OR CORPORATE POSITION SENIOR PROJECT MANAGER		TELEPHONE NUMBER WITH AREA CODE 636-379-7503	EMAIL ADDRESS JDennis@fallon.mo.us
Mail completed copy to: MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM P.O. BOX 176 JEFFERSON CITY, MO 65102-0176			