SLDS Administrative Record 9810051024



Mel Carnahan, Governor • Stephen M. Mahfood, Director

## ENT OF NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL QUALITY P.O. Box 176 Jefferson City, MO 65102-0176

July 17, 1998

Mr. Mike Feldmann, Resident Engineer Formerly Utilized Sites Remedial Action Project Department of the Army St. Louis District, Corps of Engineers 9170 Latty Avenue Hazelwood, Missouri 63134

# RE: Stormwater/contaminated water requirements for the St. Louis Airport Site (SLAPS) and the St. Louis Downtown Site (SLDS)

Dear Mr. Feldmann:

During the SLAPS/North Ditch preconstruction meeting on July 8, 1998, Jim Harris indicated the U.S. Army Corps of Engineers (USACE) must meet the substantive requirements of the applicable or relevant and appropriate requirements (ARARs) related to water pollution control at both SLAPS and SLDS. Enforcement actions have been taken at the SLAPS and the matter was referred to the Attorney General's Office approximately two years ago by the department's Water Pollution Control Program (WPCP) for discharging without a permit. This issue must be resolved.

The Federal Facilities Section encourages the USACE to obtain permits for any water discharges that leave either the SLAPS or SLDS similar to the Hazelwood Interim Storage Site (HISS). Regardless of the USACE decision, the information requested on the enclosed forms and documents must be submitted to Phil Schroeder, Permits Section Chief in the WPCP before either the substantive requirements or a permit can be generated.

Due to the short time frame before work will begin at both the SLAPS and the SLDS, the information requested should be submitted within the next 7 to 10 days so the requirements can be established before work begins. The Federal Facilities Section is willing to coordinate a meeting between the USACE and the WPCP in Jefferson City on either July 20 or 21, 1998, to respond to any questions the USACE may have and provide any technical assistance necessary to expedite the process.

If you would like to schedule a meeting or have any questions regarding this letter, you may contact Jim Harris of my staff at (573) 526-2736.

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Sincerely,

HAZARDOUS WASTE PROGRAM

Larry V. Érickson, P.E. Chief - Department of Energy Unit

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Enclosure

- **C**:
- Phil Schroeder, Chief, Permits Section, Water Pollution Control Program

List of Information and Items Needed for Completion for ARARs Submittal:

1. Need State Form A and EPA Form 2F completed and signed. Summary of existing storm water data is sufficient to fulfill water monitoring requirements due to time constraints of the SLAPS and SLDS remediation schedules.

2. USGS topographical map with site perimeter outlined and off-site discharge points (the outfalls) marked.

3. Site map delineating areas associated types of contamination in relation to each discrete drainage basin draining to a receiving stream.

4. Narrative\* detailed summary describing history and all existing contamination at site.

5. Narrative detailed summary describing how site will be remediated.

6. Narrative detailed summary describing measures presently implemented and/or planned to minimize soil erosion and to keep contaminated material from leaving the site in storm water, and proposed methods for retention and subsequent treatment and/or disposal of contaminated storm water.

7. Copies of relevant supporting documentation should be included. E.g., the 100% design package for engineering plans of the remediation.

\*Suggested length of narratives is two to three pages.

| DIVISION OF ENVIRONM<br>WATER POLLUTION COM<br>P.O. BOX 176, JEFFERSC  | NTROL PROGRAM                               | FOR AGE<br>APPLICATION NUMBER                                  |                          |  |  |  |
|--|---|--|--------------------------|--|--|--|
|  | T UNDER MISSOURI CLEAN WATER LAW            | DATE RECEIVED  | FEE SUBMITTED            |  |  |  |
| NOTE PLEASE READ THE A   | CCOMPANYING INSTRUCTIONS BEFORE             | COMPLETING THIS FORM.  |                          |  |  |  |
| 1.00 This application is for:<br>a construction permit<br>an operating permit for a ne<br>(See instructions for appropriate fee to | w or unpermitted facility                   | an operating permit renewal:<br>a site specific storm water pe |                          |  |  |  |
| 2.00 FACILITY  |   |  |                          |  |  |  |
| NAME   |   | TELEPHONE  | NUMBER .                 |  |  |  |
| ADDRESS  | CITY  | STATE  | ZIP                      |  |  |  |
| ·  | under a Missouri Construction Permit?       |  | I                        |  |  |  |
|  |   |  |                          |  |  |  |
| 3.00 OWNER   | ;   | TELEPHONE  | TELEPHONE NUMBER         |  |  |  |
| ESS  | CITY  | STATE  | ZIP                      |  |  |  |
|  | egal name and address of the operating auth | nority (person or company retain                               | ned to oversee day-to-da |  |  |  |
| business activities) if different from the<br>NAME   | owner. (If same, write same.)               | TELEPHONE  | TELEPHONE NUMBER         |  |  |  |
| ADDRESS  | СПУ   | STATE  | ZIP                      |  |  |  |
| 5.00 CONTINUING AUTHORITY  | l   |  |                          |  |  |  |
| NAME   |   | TELEPHONE  | NUMBER                   |  |  |  |
| ADDRESS  | CITY  | STATE  | ZIP                      |  |  |  |
| 6.00 FACILITY CONTACT  |   |  |                          |  |  |  |
| NAME   | TELEPHONE                                   | TELEPHONE NUMBER   |                          |  |  |  |
| πιε  |   | I  |                          |  |  |  |
| 7-00 ADDITIONAL FACILITY INFOR   | MATION                                      |  |                          |  |  |  |
| Legal Description of Outfalls. (At<br>0011/41/4<br>0021/41/4<br>0031/41/4  | Sec T R                                     | c  | ounty                    |  |  |  |
| 003 1/4 1/4 1/4 004 1/4 1/4  |   | C  |                          |  |  |  |

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|  |                              | ··                   |                                |             |                 |                        |
|--|------------------------------|----------------------|--------------------------------|-------------|-----------------|------------------------|
| 20 Primary Standard Industrial Cl  | assification (SIC) Code:     |                      |                                |             |                 | •                      |
| ADDITIONAL FORMS AND M<br>(Complete all forms that are   |                              | OMPLETE THIS         | APPLICATI                      | ON          |                 |                        |
|  |                              |                      |                                |             |                 |                        |
| A. Is your facility a manufactur<br>If yes, complete Form C.   | ing, commercial, mining or   | silviculture wast    | e treatment                    | facility?   |                 | no 🗆                   |
| · · ·  |                              |                      |                                |             | <b></b>         |                        |
| B. Is your facility considered a<br>If yes, complete Forms C an  |                              | J.S. EPA guidelin    | es?                            | C YES       |                 |                        |
| 1  |                              |                      |                                |             |                 |                        |
| C. Is application for storm wate<br>If yes, complete U.S. EPA F  |                              | ☐ YES                | D NO                           |             |                 |                        |
| D. Attach a map showing all or   | utfalls and the receiving st | ream at 1" = 200     | 0' scale.                      |             |                 |                        |
|  |                              |                      |                                |             |                 |                        |
| :  |                              |                      |                                |             |                 |                        |
|  | :                            |                      |                                |             |                 |                        |
|  |                              |                      |                                |             |                 |                        |
|  |                              |                      |                                |             |                 |                        |
| 0 DOWNSTREAM LANDOWNE  | R (PLEASE SHOW LOCA          | TION ON MAP. S       | EE 8.00 D                      | ABOVE.)     |                 |                        |
|  |                              |                      |                                |             |                 |                        |
|  |                              |                      |                                |             | Tarte           |                        |
| DRESS  | CITY                         |                      |                                |             | STATE           | ZIP                    |
|  |                              |                      |                                |             |                 |                        |
|  |                              |                      |                                |             |                 |                        |
| .00 I certify that I am familiar with<br>is true, complete and accurat<br>orders and decisions, subject<br>Water Commission. | e, and if granted this perm  | iit, I agree to abic | e by the Mi                    | ssouri Clea | an Water Law an | d all rules, regulatio |
| NAME AND OFFICIAL TITLE (TYPE OR PRINT)  |                              | <u> </u>             | B. PHONE NO. (AREA CODE & NO.) |             |                 |                        |
|  |                              |                      |                                |             |                 |                        |
|  |                              |                      | D. DATE SIGNED                 |             |                 |                        |
| SIGNATURE  | <u></u>                      |                      |                                | D. DATE     | SIGNED          |                        |
| GNATURE  | <u></u>                      |                      |                                | D. DATE S   | SIGNED          |                        |

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### AND ADDITIONAL FORMS, IF APPLICABLE, ARE INCLUDED.

#### HAVE YOU INCLUDED:

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- Appropriate Fees? Map at 1" = 2000' scale?
- Signature? Form C, if applicable?
- Form D, if applicable?
- Form 2F, if applicable?

#### INSTRUCTIONS FOR COMPLETING FORM A APPLICATION FOR CONSTRUCTION OR OPERATING PERMIT

1.00 - Check which permit type is applicable. DO NOT CHECK MORE THAN ONE ITEM.

#### INSTRUCTION PERMIT FEES

- A. \$500 for a sewage treatment facility with a design flow of less than 500,000 gallons per day.
- B. \$1,500 for a sewage treatment facility with a design flow of 500,000 gallons per day or more.

Different application and construction fees are applicable if only sewer and/or lift stations are to be constructed.

- A. Discharges covered by section 644.052.4 RSMo. (Primary or Categorical Facilities)
- \$3500 for a design flow under 1 mgd \$5000 for a design flow of 1 mgd or more
- B. Discharges covered by section 644.052.5 RSMo. (Secondary or Non-Categorical Facilities) \$1500 for a design flow under 1 mgd \$2500 for a design flow of 1 mgd or more

IF THE APPLICATION IS FOR A PERMIT RE-ISSUANCE, SEND NO FEES. YOU WILL BE INVOICED SEPARATELY BY THE DEPARTMENT.

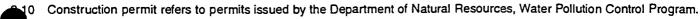
SITE-SPECIFIC STORM WATER DISCHARGE FEES

- A. \$1500 for a design flow under 1 mgdB. \$2500 for a design flow of 1 mgd or more

Incomplete permit applications and/or related engineering documents will be returned by the department if they are not completed in the time frame established by the department in a comment letter to the owner. Permit fees for returned applications shall be forfeited. Permit fees for applications being processed by the department that are withdrawn by the applicant shall be forfeited.

Name of facility - by what name is this facility known locally? Example: Southwest Sewage Treatment Plant, Country Club Mobile 2.00 Home Park, etc. Give the street address or location of the facility. If the facility lacks a street name or route number, give the most accurate alternative geographic information.

Operating permit refers to permits issued by the Department of Natural Resources, Water Pollution Control Program.



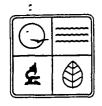


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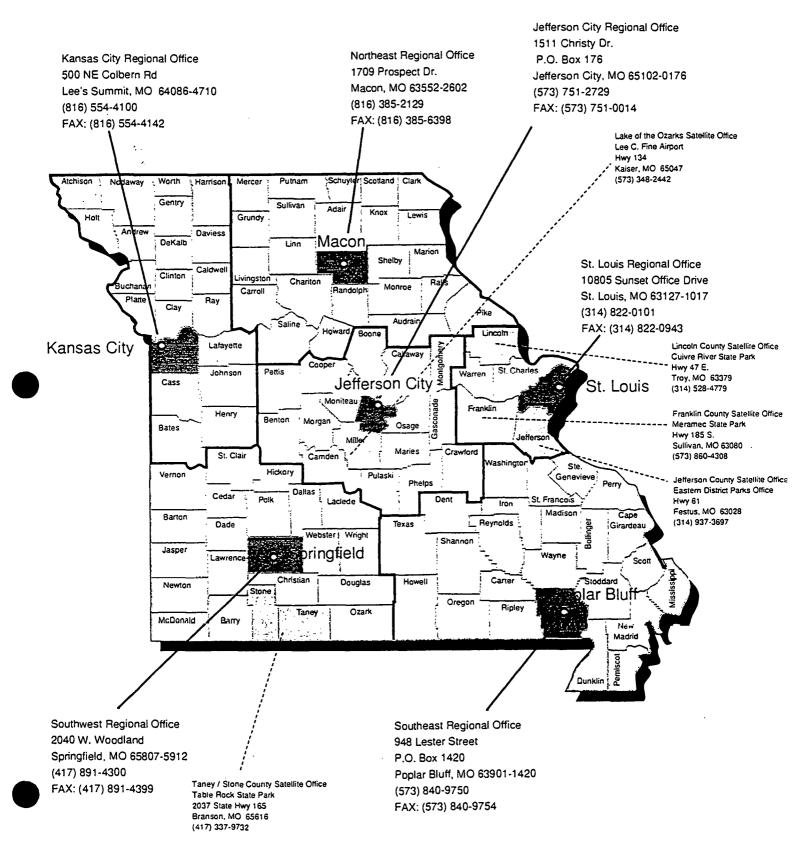
Owner - legal name and address of owner.

- 4.00 Operating Authority legal name and address of operating authority.
- Continuing Authority legal name and address of the continuing authority if different from owner (if same, write same). For more 5.00 information on continuing authorities, see Section (3) of 10 CSR 20-6.010, Construction and Operating Permits.
- 6.00 Give the name, title, and work telephone number of a person who is thoroughly familiar with the operation of the facility and with the facts reported in this application and who can be contacted by the department if necessary.
- 7.10 An outfall is the point at which wastewater is discharged. Outfalls should be given in terms of the legal description of the facility.
- 7.20 List only your primary Standard Industrial Classification (SIC) code. The SIC system was devised by the U.S. Office of Management and Budget to cover all economic activities. To find the correct SIC code, an applicant may check his or her unemployment insurance forms or contact the Missouri Division of Employment Security, (573) 751-3215. The primary SIC code is that of the operation that generates the most revenue. If this information is not available, the number of employees or, secondly, production rate may be used to determine your primary SIC code.
- 8.00 If you answer "yes" to A, B, C, or D, then you must complete and file the supplementary form(s) indicated. A map must be submitted with the permit application showing all outfalls, the receiving stream, and the location of the downstream property owner.
- 9.00 Provide the name and address of the first downstream landowner, different from that of the permitted facility, through whose property the discharge will flow, and indicate location on map. For no discharge facilities, provide this information for the location where discharge would flow if there was one.
- 10.00 Signature all applications must be signed as follows and the signature must be original:
  - a. For a corporation, by an officer having responsibility for the overall operation of the regulated facility or activity or for environmental matters;
  - b. For a partnership or sole proprietorship, by a general partner or the proprietor;
  - c. For a municipal, state, federal, or other public facility, by either a principal executive officer or by an individual having overall responsibility for environmental matters at the facility.

This completed form, along with the applicable permit fees, should be returned to the address shown at the top of page one of the application form or to the appropriate Regional Office. If there are any questions concerning this form, please contact the Department of Natural Hesources, Water Pollution Control Program, Permit Section at (573) 751-0825.



# MISSOURI DEPARTMENT OF NATURAL RESOURCES DIVISION OF ENVIRONMENTAL QUALITY REGIONAL OFFICES



| . 42  |   | EPA ID NU  | umber (co  | py from Ite   | am I of Form   | n 1)   | Form Approved. OMB N   | 0. 2040-008  | 6   |
|---|---|--|--|---|--|--|--|--|---|
| Please print or type in the unsh  | aded areas only   |  |  |   | - 9 <b>1</b> b   |  |  | al expires   | 5-31-92   |
| Form  |   |  |  | United S  | tates Enviro<br>Washing  | onmental<br>gton, DC   | Protection Agency<br>20460   |  |   |
| 2F 3 E  | Δ   | App  | licatio  | on for  |  | -  | ischarge Storm   | Water  |   |
|   |   |  |  |   |  |  | ith Industrial Ac  |  |   |
|   |   |  |  |   | Act Notic  | •  |  |  |   |
| searching existing data so<br>comments regarding the t  | urces, gathering an<br>ourden estimate, an<br>crease or reduce thi  | is estimat<br>d maintain<br>by other as                                  | ing the ave<br>pect of this<br>chief in                            | rage 28.6<br>ata needed<br>is collection                                | , and comp<br>n of informa<br>Policy Bran                                    | applicati<br>leting an<br>ation, or<br>ich PM-2                | on, including time for revie<br>d reviewing the collection of<br>suggestions for improving th<br>23, U.S. Environmental Prote  | Information<br>his form, inc<br>action Acten                                 | Luding  |
| M St., SW, Washington, D<br>20503.  | C 20460, or Director  | , Office of  | Informatio   | n and Reg   | ulatory Affai  | irs, Office  | of Management and Budge  | t, Washingt  | on, DC  |
| . Outfall Location  |   |  |  | ·   |  |  |  |  |   |
| For each outfall, list the lati   | tude and longitude  | of its locati  | ion to the l   | nearest 15  | <u>seconds an</u>  | d the nar  |  |  |   |
| A. Outfall Number<br>(list)   | 8. Latitud  | ۵  | C. Longitude   |   |  | D. Receiving Water<br>(name)                                   |  |  |   |
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| operation of wastewat   | er treatment equipr<br>tis includes, but is   | nent or pra  | to, perm   | any other e<br>it condition   | nvironment   | tal orogra   | n schedule for the construc<br>uns which may affect the dis<br>enforcement orders, enforc  | charges des<br>ement com   | scribed   |
| 1. Identification of Conditions,  |   | 2. Affected Outfalls   |  |   |  |  |  | Compliance Date  |   |
| Agreements, Etc.  | number  | sou  | rce of disc  | harge   | ļš   | 3. Brief D   | escription of Project  | a. req.  | b, pro  |
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| B. You may attach add<br>discharges) you now<br>actual or planned sch   | litional sheets desc<br>have under way or<br>edules for construct   | cribing any<br>which you<br>ion.   | y addition<br>y plan, Inc  | ial water p<br>licate whet  | bollution (or<br>ther each pr  | r other e<br>rogram is   | nvironmental projects whic<br>now under way or planned   | h may affe<br>, and indica   | ct your<br>ite your                                 |
| III. Site Drainage Map  |   | •  |  |   |  |  |  |  |   |
| Attach a site map showin<br>topographic map is unav-<br>water outfall; paved areas<br>storage or disposal of sign<br>and access areas, areas<br>storage or disposal units | ng topography (or<br>ailable) depicting th<br>and buildings withi<br>nificant materials, ea<br>where pesticides,<br>(including each are | ne facility i<br>in the drain<br>ach existin<br>herbicides<br>a not requ | ncluding:<br>lage area<br>g structura<br>, soil con<br>lired to ha | each of its<br>of each sto<br>al control n<br>ditioners a<br>ive a RCRA | s intake and<br>frm water ou<br>neasure to r<br>nd fertilizer<br>opermit whi | l dischar<br>utfall, ead<br>educe po<br>s are ap<br>ich is use | y the outfall(s) covered in t<br>ge structures; the drainage<br>th known past or present are<br>illutants in storm water runof<br>plied; each of its hazardou<br>ed for accumulating hazardou<br>ther surface water bodies w | area of eacl<br>as used for o<br>f, materials<br>s waste tre<br>ous waste ui | h storm<br>outdoor<br>loading<br>atment,<br>nder 40 |