

# Application for Nondomestic Permit (Form A)



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM  
**FORM A – APPLICATION FOR NONDOMESTIC PERMIT UNDER MISSOURI  
CLEAN WATER LAW**

**FOR AGENCY USE ONLY**

CHECK NUMBER

DATE RECEIVED

FEE SUBMITTED

JET PAY CONFIRMATION NUMBER

**PLEASE READ ALL THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM.  
SUBMITTAL OF AN INCOMPLETE APPLICATION MAY RESULT IN THE APPLICATION BEING RETURNED.**

**IF YOUR FACILITY IS ELIGIBLE FOR A NO EXPOSURE EXEMPTION:**

Fill out the No Exposure Certification Form (Mo 780-2828): <https://dnr.mo.gov/forms/780-2828-f.pdf>

**1. REASON FOR APPLICATION:**

- ☐ a. This facility is now in operation under Missouri State Operating Permit (permit) MO – \_\_\_\_\_, is submitting an application for renewal, and there is no proposed increase in design wastewater flow. Annual fees will be paid when invoiced and there is no additional permit fee required for renewal.
- ☐ b. This facility is now in operation under permit MO – \_\_\_\_\_, is submitting an application for renewal, and there is a proposed increase in design wastewater flow. Antidegradation Review may be required. Annual fees will be paid when invoiced and there is no additional permit fee required for renewal.
- ☐ c. This is a facility submitting an application for a new permit (for a new facility). Antidegradation Review may be required. New permit fee is required.
- ☒ d. This facility is now in operation under Missouri State Operating Permit (permit) MO – 0098001 and is requesting a modification to the permit. Antidegradation Review may be required. Modification fee is required.

**2. FACILITY**

NAME Ameren Missouri Callaway Energy Center		TELEPHONE NUMBER WITH AREA CODE 314-315-3035	
ADDRESS (PHYSICAL) 8315 County Rd 459	CITY Steedman	STATE MO	ZIP CODE 65251

**3. OWNER**

NAME Union Electric Company d/b/a Ameren Missouri		TELEPHONE NUMBER WITH AREA CODE 314-315-3035	
EMAIL ADDRESS cgiesmann@ameren.com			
ADDRESS (MAILING) 1901 Chouteau Ave MC 602	CITY St. Louis	STATE MO	ZIP CODE 63166-6149

**4. CONTINUING AUTHORITY**

NAME SAME AS OWNER		TELEPHONE NUMBER WITH AREA CODE	
EMAIL ADDRESS			
ADDRESS (MAILING)	CITY	STATE	ZIP CODE

**5. OPERATOR CERTIFICATION**

NAME SAME AS OWNER	CERTIFICATE NUMBER	TELEPHONE NUMBER WITH AREA CODE	
ADDRESS (MAILING)	CITY	STATE	ZIP CODE

**6. FACILITY CONTACT**

NAME Timothy D. Neterer	TITLE Chemistry Manager	TELEPHONE NUMBER WITH AREA CODE 314-210-3835
E-MAIL ADDRESS tneterer@ameren.com		

**7. DOWNSTREAM LANDOWNER(S)** Attach additional sheets as necessary.

NAME Michael J & Joby L Brower			
ADDRESS 10200 State Route 94	CITY Portland	STATE Mo	ZIP CODE 65067

**8.1 Legal Description of Outfalls. (Attach additional sheets if necessary.) (SEE ATTACHED SHEET)**

For Universal Transverse Mercator (UTM), use Zone 15 North referenced to North American Datum 1983 (NAD83)

001 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ County \_\_\_\_\_  
UTM Coordinates Easting (X): \_\_\_\_\_ Northing (Y): \_\_\_\_\_  
002 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ County \_\_\_\_\_  
UTM Coordinates Easting (X): \_\_\_\_\_ Northing (Y): \_\_\_\_\_  
003 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ County \_\_\_\_\_  
UTM Coordinates Easting (X): \_\_\_\_\_ Northing (Y): \_\_\_\_\_  
004 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ County \_\_\_\_\_  
UTM Coordinates Easting (X): \_\_\_\_\_ Northing (Y): \_\_\_\_\_

**8.2 Primary Standard Industrial Classification (SIC) and Facility North American Industrial Classification System (NAICS) Codes.**

Primary SIC 4911 \_\_\_\_\_ and NAICS 221113 \_\_\_\_\_ SIC \_\_\_\_\_ and NAICS \_\_\_\_\_  
SIC \_\_\_\_\_ and NAICS \_\_\_\_\_ SIC \_\_\_\_\_ and NAICS \_\_\_\_\_

**9. ADDITIONAL FORMS AND MAPS NECESSARY TO COMPLETE THIS APPLICATION**

- A. Is this permit for a manufacturing, commercial, mining, solid/hazardous waste, or silviculture facility? YES ☒ NO ☐  
If yes, complete Form C.
- B. Is the facility considered a "Primary Industry" under EPA guidelines (40 CFR Part 122, Appendix A) : YES ☒ NO ☐  
If yes, complete Forms C and D.
- C. Is wastewater land applied? YES ☐ NO ☒  
If yes, complete Form I.
- D. Are sludge, biosolids, ash, or residuals generated, treated, stored, or land applied? YES ☐ NO ☒  
If yes, complete Form R.
- E. Have you received or applied for any permit or construction approval under the CWA or any other environmental regulatory authority? YES ☒ NO ☐  
If yes, please include a list of all permits or approvals for this facility. **MO-RA19240**
- F. Do you use cooling water in your operations at this facility? YES ☒ NO ☐  
If yes, please indicate the source of the water: Missouri River
- G. Attach a map showing all outfalls and the receiving stream at 1" = 2,000' scale.

**10. ELECTRONIC DISCHARGE MONITORING REPORT (eDMR) SUBMISSION SYSTEM**

Per 40 CFR Part 127 National Pollutant Discharge Elimination System (NPDES) Electronic Reporting Rule, reporting of effluent limits and monitoring shall be submitted by the permittee via an electronic system to ensure timely, complete, accurate, and nationally consistent set of data. **One of the following must be checked in order for this application to be considered complete.** Please visit <http://dnr.mo.gov/env/wpp/edmr.htm> to access the Facility Participation Package.


- ☐ - You have completed and submitted with this permit application the required documentation to participate in the eDMR system.
- ☒ - You have previously submitted the required documentation to participate in the eDMR system and/or you are currently using the eDMR system.
- ☐ - You have submitted a written request for a waiver from electronic reporting. See instructions for further information regarding waivers.

**11. FEES**

Permit fees may be paid by attaching a check, or online by credit card or eCheck through the JetPay system. Use the URL provided to access JetPay and make an online payment: <https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/>

**12. CERTIFICATION**

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.

NAME AND OFFICIAL TITLE (TYPE OR PRINT) Fadi Diya, Senior Vice Pres. & Chief Nuclear Operator	TELEPHONE NUMBER WITH AREA CODE 573-823-6531
SIGNATURE 	DATE SIGNED December 17, 2021