



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
CONSTRUCTION PERMIT APPLICATION

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|----------------------------|
| FOR OFFICE USE ONLY |
| REV. NO _____ |
| DATE RECEIVED _____ |
| DATE APPROVED _____ |

INSTRUCTIONS

- A. Please type or print in ink
- B. A completed and signed application form must accompany each set of plans and specifications submitted to the department for review and approval.
- C. No fee is required for a construction permit.
- D. If you have any questions contact the Missouri Department of Natural Resources at P.O. Box 176, Jefferson City, MO 65102-0176 or call 800-361-4827 or 573-751-5331.

NAME OF PROJECT (TYPE OF CONSTRUCTION, FOLLOWED BY EITHER THE NAME OF THE DEVELOPMENT, CITY, WATER DISTRICT OR OTHER)

LIST OF DOCUMENTS SUBMITTED. TWO COPIES ARE REQUIRED FOR EACH DOCUMENT

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| <input type="checkbox"/> Engineering Report* or Review # _____ | <input type="checkbox"/> Supervised Program Specifications Review # _____ |
| <input type="checkbox"/> Detailed Plans* | <input type="checkbox"/> Hydraulic Analysis* |
| <input type="checkbox"/> Technical Specifications* | <input type="checkbox"/> Product or Equipment Literature |
| <input type="checkbox"/> Layout Map* | <input type="checkbox"/> Letter of Acceptance from Supply Source |
| <input type="checkbox"/> Standard Specifications Review # _____ | <input type="checkbox"/> Other (Specify) _____ |

*Must be affixed with the professional engineer's seal.

PROJECT IS FOR

- Development of new water supply system
 - TMF checklist TMF owner's acknowledgement form
 - Modification of existing water supply system
- Name of system: _____
- Identification number: MO _____ (New systems will not have this number)

SCOPE OF THE PROJECT (DESCRIBE THE PROJECT COMPLETELY, ATTACH ADDITIONAL SHEETS OF PAPER IF NECESSARY)

LOCATION OF THE PROJECT
 U.S. Geological Survey location _____ ¼, _____ ¼, Section _____, T _____, R _____
 County _____

LOCATION OF PROJECT
 _____ Latitude _____ Longitude _____

- PROPOSED WATER SUPPLY SOURCE
- Well or Wells
 - Stream, river, lake or reservoir (two-state treatment is required)
 - Purchase – Name of supplier _____

- WATER LINES
- Complete distribution system
 - Water line extension
 - Line size at point of connection _____
 - Available flow and pressure: Flow _____ Pressure _____
 - Water line relocation
 - Other (specify) _____

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| STORAGE | Capacity _____ |
| Dimension _____ | <input type="checkbox"/> Pressure tank |
| <input type="checkbox"/> Ground-level storage tank | <input type="checkbox"/> Others (specify) _____ |
| <input type="checkbox"/> Elevated storage tank | |
| <input type="checkbox"/> Standpipe | |

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| <p>PROPOSED TREATMENT PROVIDED</p> <p><input type="checkbox"/> Clarification</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-sedimentation <input type="checkbox"/> Chemical Rapid Mixing <input type="checkbox"/> Flocculation <input type="checkbox"/> Sedimentation <input type="checkbox"/> Filtration <input type="checkbox"/> Others (specify) _____ <p><input type="checkbox"/> Softening</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lime or lime-soda process <input type="checkbox"/> Ion exchange process <p><input type="checkbox"/> Iron and Manganese removal</p> <ul style="list-style-type: none"> <input type="checkbox"/> Oxidation-detention-filtration <input type="checkbox"/> Lime or lime-soda softening process <input type="checkbox"/> Ion exchange process <input type="checkbox"/> Manganese greensand filtration <input type="checkbox"/> Sequestration by chemicals <input type="checkbox"/> Others (specify) _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Radionuclide removal <input type="checkbox"/> THM control <input type="checkbox"/> VOC removal <input type="checkbox"/> Tastes and odor control <input type="checkbox"/> Stabilization <input type="checkbox"/> Disinfection <p>Chemicals used _____</p> <p>Contact time _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fluoridation <input type="checkbox"/> Others (specify) _____ |
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| <p>PUMPING</p> <p>Number of Pumps _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Low service pumping <input type="checkbox"/> Booster pumping | <p>Capacity / pump _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> High service pumping <input type="checkbox"/> Others (specify) _____ |
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| <p>WASTE DISPOSAL FACILITIES</p> <p>Number of units _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pumps and piping <input type="checkbox"/> Treatment unit <p>Final disposal of sludge _____</p> | <p>Capacity / unit _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Holding structures <input type="checkbox"/> Other (specify) _____ |
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OTHER WATER WORKS (SPECIFY)

Note for owner or official custodian:
 For a sole proprietorship - the name of the proprietor.
 For a corporation - the name of an officer of at least the level of a plant manager.
 For a partnership - the name of a principal partner.
 For a city, state, federal or other public facility - the name of either a principal executive officer or a ranking public official.

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|---|------|-----------------------------------|----------|
| OWNER OR OFFICIAL CUSTODIAN | | TELEPHONE NUMBER WITH AREA CODE | |
| ADDRESS | CITY | STATE | ZIP CODE |
| SIGNATURE OF OWNER OR OFFICIAL CUSTODIAN | | DATE | |
| PRINT NAME OF OWNER OR OFFICIAL CUSTODIAN | | OWNER OR OFFICIAL CUSTODIAN TITLE | |

Mail completed copy to:

Missouri Department of Natural Resources
 Water Protection Program
 Public Drinking Water Branch
 P.O. Box 176
 Jefferson City, MO 65102-0176
 Phone: 800-361-4827 or 573-751-5331
 FAX: 573-751-3110