



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM  
**FACILITIES PLAN SUBMITTAL CHECKLIST**  
**Clean Water State Revolving Fund**  
 Submit to: P.O. Box 176, Jefferson City, MO 65102-0176  
 Attn: Financial Assistance Center

<b>FOR OFFICE USE ONLY</b>
DATE RECEIVED

**This form should be submitted with the Facility Plan**

**1.0 APPLICANT INFORMATION**

1. NAME OF APPLICANT			
APPLICANT MAILING ADDRESS			
CITY	STATE	ZIP CODE + FOUR -	COUNTY
APPLICANT TELEPHONE NUMBER WITH AREA CODE - - Ext.		APPLICANT FAX NUMBER WITH AREA CODE - -	
NAME OF PERSON TO CONTACT ABOUT THIS APPLICATION			
CONTACT PERSON'S TITLE		CONTACT PERSON'S TELEPHONE NUMBER WITH AREA CODE - - Ext.	
CONSULTING ENGINEER			
CONSULTANT MAILING ADDRESS			
CITY	STATE	ZIP CODE + FOUR -	
CONSULTANT TELEPHONE NUMBER WITH AREA CODE - - Ext.		CONSULTANT FAX NUMBER WITH AREA CODE - -	

**2.0 CONTINUING AUTHORITY**

AUTHORIZED REPRESENTATIVE NAME	
AUTHORIZED REPRESENTATIVE TITLE	AUTHORIZED REPRESENTATIVE TELEPHONE NUMBER WITH AREA CODE - - Ext.

**3.0 PROJECT INFORMATION**

PROJECT NAME	
<input type="checkbox"/> SRF Project No.	<input type="checkbox"/> DED/CDBG No.
<input type="checkbox"/> SG Project No.	<input type="checkbox"/> Other Funding Sources:
<input type="checkbox"/> EPA Grant No.	<input type="checkbox"/> Applicant funded:
<input type="checkbox"/> USDA/RD	

**4.0 FACILITIES PLAN INFORMATION (CHECK THE BOXES OF THE ENCLOSED ITEMS)**

<input type="checkbox"/> Copy of antidegradation review report and preliminary determination, if applicable
<input type="checkbox"/> Copy of draft effluent limits review letter provided by the Missouri Department of Natural Resources Water Protection Program, Permits Section
<input type="checkbox"/> Evaluation of existing wastewater treatment facility
<input type="checkbox"/> Appropriate design period used
<input type="checkbox"/> Hydraulic and organic projected loadings
<input type="checkbox"/> Inflow/Infiltration analysis and evaluation
<input type="checkbox"/> Alternative evaluation with economic analysis
<input type="checkbox"/> General project design criteria
<input type="checkbox"/> Location of treatment facility on a map with legal description
<input type="checkbox"/> Current and estimated future user charge
<input type="checkbox"/> Signed, sealed and dated by a registered Professional Engineer of Missouri

<b>CLEARANCE LETTERS</b>	
<input type="checkbox"/> Army Corps of Engineers <input type="checkbox"/> Department of Natural Resources, Historic Preservation <input type="checkbox"/> Department of Conservation <input type="checkbox"/> United States Fish and Wildlife <input type="checkbox"/> Department of Natural Resources, Geological Survey (lagoon collapse potential and receiving stream determination) <input type="checkbox"/> Federal Assistance Clearinghouse <input type="checkbox"/> Division of State Parks (If infringes on federally funded parks)	
<b>PUBLIC PARTICIPATION in accordance with 10 CSR 20-4.040 (14) and 10 CSR 20-4.050 (2)(B)2</b>	
<input type="checkbox"/> Facility Plan <input type="checkbox"/> User Charge <input type="checkbox"/> Environmental Effects	
<b>Note:</b> Review will not be initiated until items 1.0 through 4.0 are submitted. Issuance of an environmental review and final approval of the Facility Plan can not be given until all items have been submitted. Attach a schedule for submittal of any remaining information or documents.	
<b>SIGNATURE</b>	
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE / /
NAME AND OFFICIAL TITLE (TYPE OR PRINT)	TELEPHONE NUMBER WITH AREA CODE - - Ext.
<b>PREPARER'S NAME AND SIGNATURE (IF APPLICABLE)</b>	
SIGNATURE OF PREPARER	DATE / /
NAME AND TITLE (TYPE OR PRINT)	TELEPHONE NUMBER WITH AREA CODE - - Ext.