



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH  
**FEE CALCULATION INFORMATION**  
(THIS FORM MUST BE SUBMITTED WITH ALL TRANSMITTALS)

**FOR AGENCY USE ONLY**

CHECK NUMBER

DATE RECEIVED

FEE SUBMITTED

FACILITY NAME

MO-

COUNTY

1. Is this a Publicly Owned Treatment Works?  YES  NO
2. Is this a state agency owned facility?  YES  NO  
If yes, provide a SAM II vendor code \_\_\_\_\_  
(Note: Vendor code is not required for Missouri Department of Natural Resources' facilities)
3. Is this a domestic only discharge? (D)  YES  NO
4. Is this an industrial only discharge?  YES  NO  
(This does not include borrowing guidelines across industrial classifications by using Best Professional Judgement).  
 U.S. Environmental Protection Agency Categorical Guidelines (P)  
(Is the industry included in 40 CFR 400-471, also called "Categorical Guidelines"?)  
 Storm Water ONLY (S)  
 All other industrial discharges (I)
5. Is this non-contact cooling water only?  YES  NO
6. Is this a construction permit?  YES  NO
7. Is this a new operating permit?  YES  NO
8. Does this permit action involve a modification?  YES  NO
9. Do you believe the fee received is correct?  YES  NO

BECAUSE:

PREPARED BY

DATE