



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
**FORM I – PERMIT APPLICATION FOR
 OPERATION OF WASTEWATER IRRIGATION SYSTEMS**

FOR AGENCY USE ONLY
PERMIT NUMBER MO - _____
DATE RECEIVED _____

INSTRUCTIONS: The following forms must be submitted with Form I: **FORM B or B2** for domestic wastewater.
FORM A for industrial wastewater.

1. FACILITY INFORMATION

1.1 Facility Name _____	1.2 Permit Number MO- _____
1.3 Type of wastewater to be irrigated: <input type="checkbox"/> Domestic <input type="checkbox"/> Municipal <input type="checkbox"/> State/National Park <input type="checkbox"/> Seasonal business <input type="checkbox"/> Municipal with Pretreatment Program or Significant Industrial Users <input type="checkbox"/> Other (explain) _____ SIC Codes (list all that apply, in order of importance) _____	
1.4 Months when the business or enterprise will operate or generate wastewater: <input type="checkbox"/> 12 months per year <input type="checkbox"/> Part of year (list Months): _____	
1.5 This system is designed for: <input type="checkbox"/> No-discharge <input type="checkbox"/> Partial irrigation when feasible and discharge rest of time. <input type="checkbox"/> Irrigation during recreation season (April – October) and discharge during November – March. <input type="checkbox"/> Other (explain) _____	
1.6 List the Facility outfalls which will be applicable to the irrigation system. Outfall Numbers: _____	

2. STORAGE BASINS

2.1 Number of storage basins: _____ Type of basin: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Earthen <input type="checkbox"/> Earthen with membrane liner

3. LAND APPLICATION SYSTEM

3.1 Number of irrigation sites _____ Total Acres _____ Location: ___ ¼, ___ ¼, ___ ¼, Sec ___ T ___ R ___ _____ County _____ Acres Location: ___ ¼, ___ ¼, ___ ¼, Sec ___ T ___ R ___ _____ County _____ Acres Attach pages as needed.
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3.2 Attach a site map showing topography, storage basins, irrigation sites, property boundary, streams, wells, roads, dwellings, and other pertinent features.

3.3 Type of vegetation: <input type="checkbox"/> Grass hay <input type="checkbox"/> Pasture <input type="checkbox"/> Timber <input type="checkbox"/> Row crops <input type="checkbox"/> Other (describe) _____
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3.4 Wastewater flow (dry weather) gallons/day: Average annual: _____ Seasonal _____ Off-season _____ Months of seasonal flow: _____

3. LAND APPLICATION SYSTEM (continued)

3.5 Land Application rate per acre (design flow including 1 in 10 year stormwater flows):

Design: _____ inches/year _____ inches/hour _____ inches/day _____ inches/week

Actual: _____ inches/year _____ inches/hour _____ inches/day _____ inches/week

Total Irrigation per year (gallons): _____ Design _____ Actual

Actual months used for Irrigation (check all that apply):

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

3.6 Land Application Rate is based on:

Nutrient Management Plan (N&P)

Hydraulic Loading

Other (describe) _____

3.7 Equipment type: Sprinklers Gated pipe Center pivot Traveling gun Other (describe) _____

Equipment Flow Capacity: _____ Gallons per hour _____ Total hours of operation per year

3.8 **Public Use Areas.** Public access shall not be allowed to public use area irrigation sites when application is occurring. Method of Public Access Restriction:

Site is Fenced

Wastewater disinfection prior to irrigation

Site is not for public use

Other (describe): _____

3.9 Separation distance (in feet) from the outside edge of the wetted irrigation area to nearby down gradient features:

_____ Permanent flowing stream _____ Losing Stream _____ Intermittent (wet weather) stream _____ Lake or pond

_____ Property boundary _____ Dwellings _____ Water supply well _____ Other (describe) _____

3.10 The facility must develop and retain an Operation and Maintenance (O&M) Plan for the irrigation system.

Date of O&M Plan: _____

4. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

OWNER OR AUTHORIZED REPRESENTATIVE

OFFICIAL TITLE

EMAIL ADDRESS

TELEPHONE NUMBER WITH AREA CODE

SIGNATURE

DATE SIGNED