



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM, FINANCIAL ASSISTANCE CENTER  
**FACILITIES PLAN SUBMITTAL CHECKLIST**  
**Drinking 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. PROJECT NAME**

**2. PROJECT DESCRIPTION**

**3. APPLICANT INFORMATION**

NAME OF APPLICANT

APPLICANT MAILING ADDRESS

CITY	STATE	ZIP CODE + FOUR	COUNTY
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**4. FACILITIES PLAN INFORMATION IN ACCORDANCE WITH 10 CSR 60-13.020 (2)(F)  
 (CHECK THE BOXES OF THE ENCLOSED ITEMS)**

- Be consistent with accepted engineering practice.
- Appropriate design period.
- Current and projected hydraulic loading.
- General project design criteria.
- Describe the purpose and need of the project.
- Study and evaluate the most feasible, economic, and environmentally sound alternatives.
- Current and estimated future user charge (cost per 5,000 gallons.)
- Current and future water demand.
- An assessment of the environmental conditions and impact of the proposed project on the environment (see also Section 7.)
- Detailed project budget.
- Include a project schedule (Including the following dates: Construction start, construction completion, initiation of operation, and project completion.)
- Signed, sealed, and dated by a registered professional engineer licensed in Missouri.
- Selected site location.

**NOTE: ITEMS 5 TO 7 SHOULD NOT BE COMPLETED UNTIL THE DEPARTMENT HAS REVIEWED ITEMS 1-4 AND APPROVED THE SCOPE OF THE PROPOSED PROJECT.**

**5. CLEARANCE LETTERS IN ACCORDANCE WITH 10 CSR 60-13.030**

- Army Corps of Engineers.
- Department of Natural Resources, Historic Preservation.
- Department of Conservation.
- United States Fish and Wildlife.
- Department of Natural Resources, Division of Geological Survey (lagoon collapse potential and receiving stream determination.)
- Federal Assistance Clearinghouse.
- Department of Natural Resources' Division of State Parks (If infringes on federally funded parks.)

**6. PUBLIC PARTICIPATION IN ACCORDANCE WITH 10 CSR 60-13.020(2)(E) and 10 CSR 13.030(5)(B)2.**

- Hold two public meetings to discuss the following: 1) the scope, need, and alternatives considered for the project; and 2) the proposed impact of the project on user rates.
- Provide a transcript, recording, or other complete record of the meetings and a list of attendees to the Department of Natural Resources.
- Hold one public hearing on the proposed project and the Environmental Information Document, unless the project can be categorically excluded. (See below for Environmental Information Document requirements.)
- Provide a verbatim transcript of the hearing and a list of attendees to the Department of Natural Resources.
- Provide to the Department of Natural Resources proof that advertisement and notification of the meetings and hearing preceded the meetings and hearing by 30 days.

**7. ENVIRONMENTAL INFORMATION DOCUMENT IN ACCORDANCE WITH 10 CSR 60-13.030(5)(B)1. (FOR SYSTEMS THAT DO NOT MEET THE CATERGORICAL EXCLUSION CRITERIA AND ARE NOT REQUIRED TO PREPARE AN ENVIRONMENTAL IMPACT STATEMENT)**

- The purpose and need for the project.
- Information describing the environmental setting and the future of the environment without the project.
- The alternatives to the project as proposed.
- A description of the proposed project.
- The potential environmental impacts of the project as proposed including those which cannot be avoided.
- The relationship between the short-term uses of the environment and the maintenance and enhancement of long-term productivity.
- Information describing any irreversible and irretrievable commitments of resources to the proposed project.
- A description of public participation activities conducted, issues raised and changes to the project as a result of public participation.
- Documentation of coordination with appropriate governmental agencies (Include all correspondence with the agencies outlined in Section 5.)

**PREPARER'S NAME AND SIGNATURE**

SIGNATURE OF PREPARER

DATE

NAME AND TITLE (PLEASE PRINT OR TYPE)

TELEPHONE NUMBER WITH AREA CODE