



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 PUBLIC DRINKING WATER BRANCH
**PERMIT TO DISPENSE APPLICATION FOR
 PUBLIC WATER SYSTEMS**

FOR OFFICE USE ONLY

DATE RECEIVED

Per 10 CSR 60-3.020 (3) Owners of all public water systems commencing operation after Oct. 1, 1999 applying for written construction authorizations, permits to dispense, or both, shall show in accordance with 10 CSR 60-3.020 (6) that a permanent organization exists which will serve as the continuing operating authority for the management, operation, replacement, maintenance and modernization of the facility for which the application is made. Construction authorizations and permits to dispense will not be issued unless the applicant provides proof satisfactory to the department that a continuing operating authority exists that shall have jurisdiction over the facility. Written construction authorization and permits to dispense water will be issued to the continuing operating authority and shall be valid only for the continuing operating authority to which the permit is issued.

1. SYSTEM CLASSIFICATION

Community Nontransient Noncommunity Transient Noncommunity

2. NAME OF WATER SYSTEM

COUNTY

PWS ID NUMBER

MO

3. ADDRESS

CITY

STATE

ZIPCODE

4. NAME OF PROPERTY OWNER

EMAIL ADDRESS

TELEPHONE NUMBER WITH AREA CODE

5. ADDRESS

CITY

STATE

ZIPCODE

6. CONTINUING OPERATING AUTHORITY (IF SAME AS OWNER INDICATE "SAME")

TELEPHONE NUMBER WITH AREA CODE

7. TYPE OF SUPPLY

City PWSD Subdivision Mobile Home Park
 Other (Describe)
 Noncommunity: (Describe)

8. TECHNICAL, MANAGERIAL, AND FINANCIAL (TMF) CAPACITY DEVELOPMENT REVIEW ONLY APPLIES TO COMMUNITY AND NONTRANSIENT NONCOMMUNITY WATER SYSTEMS COMMENCING OPERATION AFTER OCT. 1, 1999.

TMF Required? Yes No

9. TYPE AND LOCATION OF SOURCE

Well Intake Purchase water from another public water supply

Geographic Coordinates: Latitude Longitude

10. Emergency connection to another PWS: Supplier PWS ID number: MO

Geographic coordinates of master meter: Latitude Longitude

11. If purchase wholesale water: Supplier's PWS ID number: MO

Max allowable purchased per day: Average amount purchased per day:

Geographic coordinates of master meter: Latitude Longitude

12. If sell wholesale water: Purchaser's PWS ID number: MO

Max allowable sold per day: Average amount sold per day:

geographic coordinates of master meter: Latitude Longitude

IF YOU HAVE MORE THAN ONE SOURCE, PURCHASE FROM OR SELL TO MORE THAN ONE ENTITY OR HAVE MULTIPLE EMERGENCY CONNECTIONS LIST EACH ON A SEPARATE PAGE

13. Well information (if unknown leave blank)

14. Intake information

Total depth

Local Intake Name

Casing depth

Lake/River/Creek Name

Pump capacity

Capacity

Well certification number

Date Constructed

Date constructed

If more than one well or intake is being used, provide the information on a separate page

15. Well grandfathered

Constructed prior to July 27, 1987

Yes, well is grandfathered
 No, well is not grandfathered

16. Noncompliant well

A noncompliant well agreement was issued between the department and the public water supply. This is for wells that are not state approved that were drilled between July 27, 1987 and June 15, 2007.

yes-agreement has been completed
 no- agreement has not been completed
 n/a – well is either grandfathered or state certified as a public water supply

17. State-approved

Well has certification from the Missouri Department of Natural Resources' Geological Survey

Certification or reference number:

18. BOOSTER OR HIGH SERVICE PUMPS							
Number of pumps	Capacity of each:	Pump #1	gpm	Pump #2	gpm	Pump #3	gpm
Type of pumps							
Geographic coordinates of pump station: latitude longitude							
If more than one pump station is being used, provide the information on a separate page							
19. Volume/Storage	Indicate volume of each storage structure separately using additional pages as necessary						
Water Tower						Gallons	
Stand Pipes						Gallons	
Ground Storage						Gallons	
Pressure Tanks	Number of tanks	Capacity of each tank				Total volume of all pressure tanks	
Bladder Tanks	Number of tanks	Capacity of each tank				Total volume of all bladder tanks	
Total Storage Volume						Gallons	
20. WATER TREATMENT DESCRIPTION							
21. OPERATOR							
CHIEF OPERATOR'S NAME		CHIEF OPERATOR'S PHONE NUMBER			CHIEF OPERATOR'S CERTIFICATION NUMBER		
If the system has hired additional operators, please provide information for each operator on an additional page.							
22. Required documents to be provided include							
<input type="checkbox"/> Copy of property deeds for wells, well houses, storage tanks and treatment plants							
<input type="checkbox"/> Proof of ownership if, i.e. bylaws for HOA, POA or COA or business registration with the Secretary of State							
<input type="checkbox"/> Well information: Well drillers certification log or well certification if available							
<input type="checkbox"/> Emergency Operations Plan, required for community water systems only							
<input type="checkbox"/> As-Built Drawings, Required for Community Water Systems commencing operation before October 1, 1999 if no construction permit for the system was issued							
<input type="checkbox"/> Technical, Managerial and Financial Checklist for community water systems and nontransient noncommunity water systems commencing operations after Oct. 1, 1999							
<input type="checkbox"/> Operational Management Plan for community water systems and nontransient noncommunity water systems commencing operations after Oct. 1, 1999							
<input type="checkbox"/> Financial Capacity Demonstrations as listed on the Technical, Managerial and Financial Capacity Development Checklist for community water systems and nontransient noncommunity water systems commencing operations after Oct. 1, 1999							
NOTE: For owner/official custodian: For a sole proprietorship, use the name of the proprietor; For a corporation, use the name of an officer of at least the level of a plant manager; For a partnership, use the name of a principal partner; for a city, state, federal or other public facility, use the name of either a principal executive officer or a ranking public official.							
23. ADDRESS			CITY			STATE	ZIPCODE
SIGNATURE OF OWNER OR OFFICIAL CUSTODIAN						DATE	
PRINT NAME OF OWNER OR OFFICIAL CUSTODIAN			TITLE		TELEPHONE NUMBER WITH AREA CODE		
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 573-751-1300 Fax: 573-751-3110							