



MISSOURI DEPARTMENT OF NATURAL RESOURCES
PUBLIC DRINKING WATER BRANCH

**PERMIT TO DISPENSE APPLICATION FOR
TRANSIENT NONCOMMUNITY 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. NAME OF WATER SYSTEM		COUNTY	PWS ID NUMBER MO
2. ADDRESS	CITY	STATE	ZIPCODE
3. NAME OF PROPERTY OWNER		EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE
4. ADDRESS	CITY	STATE	ZIPCODE
5. CONTINUING OPERATING AUTHORITY (IF SAME AS OWNER INDICATE "SAME")			TELEPHONE NUMBER WITH AREA CODE

6. LOCATION OF WELL			
Geographic coordinates	Latitude	Longitude	
7. Well information (if unknown leave blank)		8. Total volume/storage (required)	
Total depth		Water tower	Gallons
Casing depth		Stand pipes	Gallons
Pump capacity		Ground storage	Gallons
		<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel
Well certification number		Pressure tank(s)	Total Gallons
		NUMBER OF TANKS	CAPACITY OF EACH TANK
Date constructed		Bladder tank(s)	Total Gallons
		NUMBER OF TANKS	CAPACITY OF EACH TANK
		Total volume	Gallons

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

9. Well grandfathered	Constructed prior to July 27, 1987	<input type="checkbox"/> Yes, well is grandfathered <input type="checkbox"/> No, well is not grandfathered
10. 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.	<input type="checkbox"/> yes-agreement has been completed <input type="checkbox"/> no- agreement has not been completed <input type="checkbox"/> n/a – well is either grandfathered or state certified as a public water supply
11. State approved	Well has certification from the Missouri Department of Natural Resources' Geological Survey	Certification or reference number: _____

12. WATER TREATMENT (DESCRIBE)

13. Required documents to be provided include

Copy of property deeds for wells, well houses, storage tanks and treatment plants

Well information: Well drillers certification log or well certification if available

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.

14. 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 application to: MISSOURI DEPARTMENT OF NATURAL RESOURCES
PUBLIC DRINKING WATER BRANCH
P.O. BOX 176, JEFFERSON CITY, MO 65102-0176
TELEPHONE: 800-361-4827 or 573-751-1300 FAX: 573-751-3110