



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 PUBLIC DRINKING WATER BRANCH/FINANCIAL ASSISTANCE CENTER
CONSTRUCTION PERMIT APPLICATION

FOR OFFICE USE ONLY
REVIEW NO. _____
DATE RECEIVED _____

No fee is required for a construction permit.
 If you have any questions, call 1-800-361-4827 or 573-751-5924 (PDWB) or 573-751-1192 (FAC)
Submit one copy of the application and two copies (one hard copy and one electronic copy) of required
 documentation to: Permits and Engineering Section or Financial Assistance Center (For DWSRF projects), P.O. Box 176,
 Jefferson City, Missouri 65102-0176 **Or email to: pdwb.engineeringwaterpermits@dnr.mo.gov**

Per 640.115 - Construction, extension or alteration of a public water system shall be in accordance with the rules and regulations of the Safe Drinking Water Commission. Requirements for submission, review and approval of engineering reports, plans and specifications for public water supply planning and construction must be in accordance with 10 CSR 60-3.010, 10 CSR 60-10.010, and 10 CSR 60-13 (For DWSRF projects).

Is this project being funded by DWSRF? Yes No

NAME OF PROJECT

PUBLIC WATER SYSTEM INFORMATION

NAME OF PUBLIC WATER SYSTEM	CONTACT PERSON	TITLE	PUBLIC WATER SYSTEM ID NO	
ADDRESS	CITY	STATE	ZIP CODE	
TELEPHONE NUMBER	E-MAIL ADDRESS			

CONSULTANT ENGINEER INFORMATION

CONSULTING FIRM	CONSULTANT ENGINEER NAME			
ADDRESS	CITY	STATE	ZIP CODE	
TELEPHONE NUMBER	E-MAIL ADDRESS			

DEVELOPER OF PROJECT INFORMATION

If the developer of project is different from the public water system, a signed acceptance letter from the public water system must be provided stating that upon completion of construction, the water system will own, operate and maintain the water system facilities.

DEVELOPER OF PROJECT NAME	TITLE			
ADDRESS	CITY	STATE	ZIP CODE	
TELEPHONE NUMBER	E-MAIL ADDRESS			

PROJECT LOCATION

COUNTY	1/4, OF	1/4, OF	SECTION	TOWNSHIP	RANGE	LATITUDE	LONGITUDE
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SCOPE OF THE PROPOSED PROJECT (DESCRIBE THE PROJECT COMPLETELY. ATTACH ADDITIONAL SHEETS OF PAPER IF NECESSARY.)

PROPOSED WATER SUPPLY SOURCE

New community and non-transient non-community water systems commencing operation after October 1, 1999 or systems applying for DWSRF financing shall show as part of their application that the public water system will meet the minimum technical, managerial, and financial (TMF) capacity requirements. A TMF checklist is available upon request from the department.

The following information must be provided for new or modifications to water supply sources:

***Must be affixed with professional engineer's seal**

<p>Well</p> <p><input type="checkbox"/> Engineering Report* or Review No. _____</p> <p><input type="checkbox"/> Detailed Plans*</p> <p><input type="checkbox"/> Technical Specifications*</p> <p><input type="checkbox"/> Well Site Survey from Regional Office</p> <p><input type="checkbox"/> Estimated Casing Depth letter from Water Resources Center</p>	<p>Surface water intake</p> <p><input type="checkbox"/> Engineering Report* or Review No. _____</p> <p><input type="checkbox"/> Detailed Plans*</p> <p><input type="checkbox"/> Technical Specifications*</p>	<p>Interconnection with PWS</p> <p><input type="checkbox"/> Engineering Report* or Review No. _____</p> <p><input type="checkbox"/> Detailed Plans*</p> <p><input type="checkbox"/> Technical Specifications*</p> <p><input type="checkbox"/> Name of Public Water Supplier _____</p> <p><input type="checkbox"/> Water Purchase Agreement (Permanent Interconnections only)</p>
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PROPOSED STORAGE

The following information must be provided for new or modifications to storage tanks:
***Must be affixed with professional engineer's seal**

<input type="checkbox"/> Engineering Report* or Review No. _____	Dimensions _____	ft
<input type="checkbox"/> Detailed Plans *	Capacity _____	gal
<input type="checkbox"/> Technical Specifications*	Ground Elevation _____	ft
	Overflow Elevation _____	ft

PROPOSED WATERLINE

The following information must be provided for new or modifications to waterlines:
***Must be affixed with professional engineer's seal**

<input type="checkbox"/> Detailed Plans*	Line Size at Point of Connection _____	inch
<input type="checkbox"/> Technical Specifications*or Standard Specifications*	Available Flow at Point of Connection _____	gpm
Review No. _____ or	Residual Pressure at Point of Connection _____	psi
Supervised Program Specifications*	Fire Demand (if applicable) _____	gpm
Review No. _____	Residual Pressure at End of Proposed Waterline _____	psi
<input type="checkbox"/> Hydraulic Analysis* (For Complete Distribution Systems or at the Department's discretion)	Any potential contamination near the proposed site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, must be shown on the Detailed Plans	

PROPOSED PUMPING

The following information must be provided for new or modifications to pumping stations:
***Must be affixed with professional engineer's seal**

<input type="checkbox"/> Engineering Report* or Review No. _____	Number of Pumps _____	
<input type="checkbox"/> Detailed Plans *	Capacity / pump _____	gpm
<input type="checkbox"/> Technical Specifications*	Total Dynamic Head _____	ft
<input type="checkbox"/> Pump Curve		

PROPOSED TREATMENT PROVIDED

The following information must be provided for new or modifications to treatment:
***Must be affixed with professional engineer's seal**

<input type="checkbox"/> Engineering Report* or Review No. _____	<input type="checkbox"/> Product or Equipment Literature (if applicable)
<input type="checkbox"/> Detailed Plans *	<input type="checkbox"/> Design Basis for size/capacity of units or chemical dosages*
<input type="checkbox"/> Technical Specifications*	<input type="checkbox"/> Description of testing equipment

PROPOSED WASTE DISPOSAL FACILITIES FOR WATER TREATMENT

The following information must be provided for new or modifications to waste disposal facilities:
***Must be affixed with professional engineer's seal**

<input type="checkbox"/> Detailed Plans*	Number of Units _____	
<input type="checkbox"/> Technical Specifications*	Capacity / Unit _____	gal
<input type="checkbox"/> Design Basis for size/capacity of units*	Final Disposal of sludge _____	

CERTIFICATION

I certify that I have personally examined and am familiar with the information in this application and believe that the information submitted is accurate and complete. I am aware that making a false statement or misrepresentation in this application is grounds for denying or revoking the construction permit. I may also be guilty of a misdemeanor and upon conviction, may be punished by fine or imprisonment.

SIGNATURE OF RESPONSIBLE OFFICIAL	DATE
TYPE OR PRINT NAME OF RESPONSIBLE OFFICAL	TITLE