



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM, FINANCIAL ASSISTANCE CENTER
FACILITIES PLAN SUBMITTAL CHECKLIST
Clean Water State Revolving Fund
 Submit to: P.O. Box 176, Jefferson City, MO 65102-0176
 Attn: Financial Assistance Center

FOR OFFICE USE ONLY
DATE RECEIVED

This form should be submitted with the Facility Plan.

1. PROJECT NAME

2. PROJECT DESCRIPTION

3. APPLICANT INFORMATION

APPLICANT NAME

APPLICANT MAILING ADDRESS

CITY	STATE	ZIP CODE + FOUR -
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NAME OF PERSON TO CONTACT ABOUT THIS APPLICATION	CONTACT PERSON'S TITLE
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CONTACT PERSON'S EMAIL	CONTACT PERSON'S TELEPHONE NUMBER Ext.
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CONSULTING ENGINEER COMPANY	CONSULTANT NAME
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CONSULTANT MAILING ADDRESS

CITY	STATE	ZIP CODE + FOUR -
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CONSULTANT EMAIL	CONSULTING ENGINEER'S TELEPHONE NUMBER Ext.
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4. FACILITY PLAN INFORMATION (CHECK THE BOXES OF THE ENCLOSED ITEMS)

Copy of antidegradation review report and preliminary determination, if applicable.

Copy of draft effluent limits review letter provided by the Missouri Department of Natural Resources' Water Protection Program, Permits Section.

Evaluation of existing wastewater treatment facility.

Appropriate design period used.

Hydraulic and organic projected loadings.

Inflow/Infiltration analysis and evaluation.

Alternative evaluation must include no discharge and regionalization and/or consolidation alternative, and must recommend the most feasible, economic, and protective alternative(s).

General project design criteria and process flow diagram.

Location of treatment facility on a map with legal description.

Current and estimated future user charge.

Signed, sealed, and dated by a registered Professional Engineer licensed in Missouri.

NOTE: ITEMS 5 TO 8 SHOULD NOT BE COMPLETED UNTIL THE DEPARTMENT HAS REVIEWED ITEMS 1-4 AND APPROVED THE SCOPE OF THE PROPOSED PROJECT.

5. ENVIRONMENTAL, HISTORICAL, AND CULTURAL RESOURCE NOTICES IN ACCORDANCE WITH 10 CSR 20-4.050

Department of Natural Resources' State Historic Preservation Office (National Historic Preservation Act, Section 106)

Indian Tribes (National Historic Preservation Act, Section 106)

Army Corps of Engineers

Department of Natural Resources, Historic Preservation Office

Department of Conservation

United States Fish and Wildlife

Department of Natural Resources' Missouri Geological Survey (lagoon collapse potential and receiving stream determination)

Federal Assistance Clearinghouse

Department of Natural Resources' Division of State Parks (If project infringes on federally funded parks).

Contact information for each of the above is available upon request. Call 573-751-1192 or email: FAC@dnr.mo.gov.

6. PUBLIC PARTICIPATION

Hold a public meeting or hearing on the Environmental Information Document with 30 days prior public notice in accordance with 10 CSR 20-4.050 (4)(B)2.

7. ENVIRONMENTAL INFORMATION DOCUMENT IN ACCORDANCE WITH 10 CSR 20-4.050(4). (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 current environmental setting of the project and the future of the environmental setting 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.

The proposed mitigation measures to minimize the environmental impacts of the project.

A description of public participation activities conducted, issues raised, and changes to the project which may be made as a result of the public participation.

Documentation of coordination with appropriate governmental agencies (Include all correspondence with the agencies outlined in Section 5.)

PREPARER'S NAME AND SIGNATURE (IF APPLICABLE)

SIGNATURE OF PREPARER	DATE
NAME AND TITLE (TYPE OR PRINT)	TELEPHONE NUMBER WITH AREA CODE Ext.