



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
PUBLIC DRINKING WATER BRANCH  
**Drinking Water Emergency Exception Request**

FOR OFFICE USE ONLY	
REVIEW NUMBER	
DATE RECEIVED	

1. GENERAL INFORMATION			
PUBLIC WATER SYSTEM NAME		PUBLIC WATER SYSTEM ID NO.	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
TELEPHONE NUMBER WITH AREA CODE		EMAIL ADDRESS (OPTIONAL)	

2. TYPE OF CONSTRUCTION	
<input type="checkbox"/> Well <input type="checkbox"/> Treatment <input type="checkbox"/> Storage <input type="checkbox"/> Distribution <input type="checkbox"/> Other _____	
Description of construction project	

3. EMERGENCY	
Description of emergency situation (i.e. result of a drought, storm, flood or other natural or manmade disaster, system currently without water, etc.) If insufficient information is given or if the situation is not an emergency, the request may be denied.	

4. CERTIFICATION	
The undersigned representative certifies the information submitted in this request is true and correct to the best of his or her knowledge and that the following conditions will be met:	
a. A professional engineer registered in Missouri will be hired to provide technical guidance during the construction process. b. Within 30 days after construction, two copies of as-built plans and specifications (sealed by a professional engineer registered in Missouri) will be submitted to the department along with the completed Construction Permit Application and Statement of Work Completed forms, to the address listed on the bottom of this form. c. Construction will be in accordance with the Standards for Noncommunity Public Water Supplies, effective 1982 or the Design Standards for Missouri Community Water Systems, Effective Dec. 10, 2013.	

SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE
NAME AND OFFICIAL 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 573-751-5331 FAX: 573-751-3110  
 Email: drinkingwater@dnr.mo.gov

FOR OFFICE USE ONLY		
<input type="checkbox"/> Justification is sufficient to approve an emergency drinking water exemption <input type="checkbox"/> Without conditions <input type="checkbox"/> With conditions  <input type="checkbox"/> Request is denied		
DEPARTMENT OF NATURAL RESOURCES REVIEW ENGINEER	SIGNATURE	DATE
CHIEF, DRINKING WATER PERMITS AND ENGINEERING SECTION	SIGNATURE	DATE

## INSTRUCTIONS FOR COMPLETING EMERGENCY DRINKING WATER CONSTRUCTION PERMIT REQUEST

This form must be completed and sent to the department one of the following ways:

Mail: Missouri Department of Natural Resources  
Water Protection Program  
Public Drinking Water Branch  
P.O. Box 176  
Jefferson City, MO 65102-0176

Email: [drinkingwater@dnr.mo.gov](mailto:drinkingwater@dnr.mo.gov)

Fax: 573-751-3110

1. **General Information** – Complete the name, 7-digit public water system identification number and address of the public water system.
2. **Type of Construction** – Indicate the type of construction project along with a detailed description of the proposed construction project (Attach separate sheet if necessary).
3. **Emergency** – Provide a detailed description/justification about why you feel this is an emergency situation (i.e. result of a drought, storm, flood or other natural or manmade disaster, system currently without water, etc.)
4. **Certification** – Name, title and signature of water system representative certifying that the information included is true and correct to the best of their knowledge and all conditions will be met if the request is approved.