



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 PUBLIC DRINKING WATER BRANCH
OWNER SUPERVISED PROGRAM REQUEST

FOR OFFICE USE ONLY
REVIEW NO. _____
DATE RECEIVED _____

No fee is required for an Owner Supervised Program. If you have any questions, call 1-800-361-4827 or 573-751-5924
Submit two copies of the request form and documentation (one paper copy and one electronic copy) by mail to:
 Infrastructure Permits and Engineering Section, P.O. Box 176, Jefferson City, Missouri 65102-0176 and email to:
pdwb.engineeringwaterpermits@dnr.mo.gov

Per 10 CSR 60-10.010(2)(B) - A supplier of water to a community water supply that desires to conduct a supervised program for construction of water distribution systems, in lieu of submitting plans for approval, must submit to the Department a written request for approval. Approval of supervised programs may be granted for a period of up to five (5) years. Supervised programs will be periodically reviewed by the Department and may be revoked should the supplier of water fail to conduct the program in accordance with the approved plan.

1. PUBLIC WATER SYSTEM INFORMATION

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

2. CONSULTANT ENGINEER INFORMATION

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

3. TYPE OF OWNER SUPERVISED PROGRAM (OSP)

New OSP
 OSP Renewal
 OSP Modification
 Previous OSP Review No. _____
 Original OSP Review No. _____

4. NEW OWNER SUPERVISED PROGRAM

New OSP must meet the requirements outlined in Section 1.8 of the Minimum Design Standards for Missouri Community Water Systems. The following information must be provided for a New OSP:

***Must be affixed with Missouri registered professional engineer's seal and signature**

<input type="checkbox"/> Engineering Report/Master Plan with Hydraulic Analysis *	<input type="checkbox"/> Typical Detail Drawings*
<input type="checkbox"/> Distribution Map	<input type="checkbox"/> Statement of Qualifications for Construction Inspector
<input type="checkbox"/> Minimum Pipe Size _____	<input type="checkbox"/> Description of how Permanent Records will be maintained
<input type="checkbox"/> Examples of Permanent Records	<input type="checkbox"/> Example Inspection Form
<input type="checkbox"/> Technical Specifications*	

5. OWNER SUPERVISED PROGRAM RENEWAL

Please note: Additional waterlines that were not approved with the original Owner Supervised Program cannot be added to an Owner Supervised Program renewal. If you would like to include additional waterlines, you will have to request approval of a new Owner Supervised Program. The following information must be provided for an OSP Renewal:

<input type="checkbox"/> List of Waterlines Completed in previous 5 Years	<input type="checkbox"/> Updated layout map showing all waterlines (including any
<input type="checkbox"/> List of Remaining Waterlines to be Completed in next 5 Years	OSP modifications) constructed within the last 5 years

6. OWNER SUPERVISED PROGRAM MODIFICATION

The following information must be provided for an OSP Modification:

***Must be affixed with Missouri registered professional engineer's seal and signature**

<input type="checkbox"/> Map Showing Proposed Waterline*	Residual Pressure at Point of Connection _____ psi
Line Size at Point of Connection _____ inch	Fire Demand (if applicable) _____ gpm
Available Flow at Point of Connection _____ gpm	Residual Pressure at End of Waterline _____ psi

7. 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 OFFICIAL	TITLE

INSTRUCTIONS FOR COMPLETING OWNER SUPERVISED PROGRAM REQUEST

Submit two copies of the request form and documentation (one paper copy and one electronic copy) to:

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

Email: pdwb.engineeringwaterpermits@dnr.mo.gov

Fax: 573-751-3110

1. **Public Water System Information** – Enter the name, 7-digit public water system identification number and contact information of the public water system.
2. **Consultant Engineer Information** – Enter the name and contact information of the Consultant Engineer.
3. **Type of Owner Supervised Program** – Indicate the type of OSP you are requesting
4. **New Owner Supervised Program** – This section must be filled out if you are requesting a new OSP. The required information is listed in more detail in Section 1.8 of the [Minimum Design Standards for Missouri Community Water Systems](#)
5. **Owner Supervised Program Renewal** – This section must be filled out if you are requesting an OSP Renewal to extend the timeframe to construct waterlines included in an approved OSP. Please note: Additional waterlines that were not approved with the original Owner Supervised Program cannot be added to an Owner Supervised Program renewal. If you would like to include additional waterlines, you will have to request approval of a new Owner Supervised Program.
6. **Owner Supervised Program Modification** – This section must be filled out if you are requesting an OSP Modification to add additional waterline to an approved OSP.
7. **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.