



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
PUBLIC DRINKING WATER BRANCH
PERMIT TO DISPENSE APPLICATION

FOR OFFICE USE ONLY

DATE RECEIVED

Per 10 CSR 60-3.020 (3) Owners of all public water systems commencing operation after October 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. SYSTEM CLASSIFICATION

☐ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community

2. NAME OF WATER SYSTEM

COUNTY

PWS ID NUMBER
MO

3. ADDRESS

CITY

ZIP CODE

4. NAME OF PROPERTY OWNER

E-MAIL ADDRESS

TELEPHONE NUMBER WITH AREA CODE

5. ADDRESS

CITY

ZIP CODE

6. CONTINUING OPERATING AUTHORITY (IF SAME AS OWNER INDICATE "SAME")

TELEPHONE NUMBER WITH AREA CODE

7. TYPE OF SUPPLY

☐ City ☐ PWS ☐ Subdivision ☐ Mobile Home Park
☐ Other (Describe)
☐ Non-Community: (Describe)

8. TMF APPLIES TO ALL COMMUNITY AND NON-TRANSIENT-NON-COMMUNITY SYSTEMS COMMENCING OPERATIONS AFTER OCTOBER 1, 1999

TMF Required: ☐ Yes ☐ No

9. LOCATION OF SOURCE

☐ Well ☐ Intake

U. S. Geological Survey Location _____¹/₄, _____¹/₄, Section _____, T_____, R_____

Geographic Coordinates Latitude _____ Longitude _____

INFORMATION AND VOLUME

10. WELL INFORMATION (REQUIRED)

11. TOTAL VOLUME/STORAGE (REQUIRED)

Total Depth

Water Tower

Gallons

Casing Depth

Ground Storage

☐ Concrete
☐ Steel

Gallons

Pump Capacity

Stand Pipes

Gallons

Well Certification Number

Pressure Tank(S)

Number Of Tanks

Total Gallons

Date Constructed

Other

Gallons

Total

Gallons

IF MORE THAN ONE WELL IS BEING USED, PLEASE PROVIDE THE INFORMATION ON A SEPARATE PAGE

12. AVERAGE NUMBER OF PERSONS PER DAY USING SYSTEM

13. NUMBER OF CONNECTIONS

14. WATER TREATMENT (PLEASE DESCRIBE)

15. DISTRIBUTION SYSTEM (PLEASE DESCRIBE)

REQUIRED MONITORING

16. MONITORING

Meeting Required Schedule: ☐ Yes ☐ No ☐ No History

Monitoring Schedule:

17. CONTAMINANT LEVELS

Meeting Required Levels: ☐ Yes ☐ No ☐ No History

Problems:

IF MORE THAN 1 OPERATOR IS BEING USED, PLEASE PROVIDE THE INFORMATION ON A SEPARATE PAGE

18. OPERATOR

Required To Have Certified Operator: ☐ Yes ☐ No

CHIEF OPERATOR'S NAME

If Yes, What Level:

CONTACT PHONE NUMBER WITH AREA CODE

Distribution: ☐ DS-I ☐ DS-II ☐ DS-III

CHIEF OPERATOR'S CERTIFICATION NO.

Treatment: ☐ DW-A ☐ DW-B ☐ DW-C ☐ DW-DSystem Has Required Level Of Operator: ☐ Yes ☐ NoSystem Has Hired Contract Operator (If Yes, Provide Copy of Agreement)
☐ Yes ☐ No**GRANDFATHERED WELLS ARE NON-COMMUNITY WELLS CONSTRUCTED PRIOR TO JULY 27, 1987 OR COMMUNITY WELLS CONSTRUCTED PRIOR TO SEPTEMBER 14, 1979**

19. WELL GRANDFATHERED?

- ☐ Yes-Well Is Grandfathered
☐ No-Well Is Not Grandfathered

20. CONSTRUCTION PERMIT

Construction Permit Issued? ☐ Yes ☐ No

Approval Date:

If Yes, Review Number:

Final Inspection Date (With Or Without Construction Permit):

21. REQUIRED DOCUMENTS TO BE PROVIDED INCLUDE:

- ☐ Copy of Property Deeds For Well(s), Well House(s), Storage Tank(s) and Treatment Plant(s)
☐ Proof of Ownership
☐ Well Information-Well Drillers Certification Log or Well Certification
☐ Emergency Operations Plan
☐ Sampling Site Plan

TMF Documents (In Addition To Above Documents)

- ☐ Operational Management Plan
☐ Financial Capacity Demonstrations
☐ Distribution System Map

NOTE: For owner/official custodian—for a sole proprietorship-the name of the proprietor; for a corporation-the name of an officer of at least the level of a plant manager; for a partnership-the name of a principal partner; for a city, state, federal or other public facility-the name of either a principal executive officer or a ranking public official.

22. ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE OF OWNER OR OFFICIAL CUSTODIAN

DATE

PRINT NAME OF OWNER OR OFFICIAL CUSTODIAN

TITLE

TELEPHONE NUMBER WITH AREA CODE