



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
FORM K – APPLICATION FOR INDIVIDUAL SMALL MS4 GENERAL PERMIT
 (FORM M MUST ALSO BE SUBMITTED)

FOR AGENCY USE ONLY	
CHECK NUMBER OR JETPAY CONFIRMATION #	
DATE RECEIVED	FEE SUBMITTED

PLEASE READ ALL THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM.
SUBMITTAL OF AN INCOMPLETE APPLICATION MAY RESULT IN THE APPLICATION BEING RETURNED.
 (FOR CO-PERMITTEE SMALL MS4S PLEASE FILL OUT FORM L)

1. REASON FOR APPLICATION

- 1.1 a. This municipality/area is currently operating a separate storm sewer system under MO R040010.
 b. This is a new permit.
- 1.2 a. This application is for coverage under the MOR04 Two-step MS4 General Permit.
 b. This application is for coverage under the MOR04C Comprehensive MS4 General Permit.

2. NAME OF MUNICIPALITY/AREA

NAME OF MUNICIPALITY/AREA: CHRISTIAN COUNTY

ADDRESS (HEADQUARTERS PHYSICAL LOCATION): 1106 W. JACKS CITY OZARK STATE MO ZIP CODE 65721

3. OWNER

NAME: CHRISTIAN COUNTY TELEPHONE NUMBER WITH AREA CODE: 417-581-7242

EMAIL ADDRESS: JBIRD@CHRISTIANCOUNTYMO.GOV

ADDRESS (MAILING): 1106 W. JACKSON STREET CITY OZARK STATE MO ZIP CODE 65721

4. CONTINUING AUTHORITY

NAME: TELEPHONE NUMBER WITH AREA CODE:

EMAIL ADDRESS:

ADDRESS (MAILING): CITY: STATE: ZIP CODE:

5. MUNICIPALITY/AREA CONTACT

NAME: JOSH BIRD TELEPHONE WITH AREA CODE: 417-581-7242

TITLE: ENVIRONMENTAL INSPECTOR

E-MAIL ADDRESS: JBIRD@CHRISTIANCOUNTYMO.GOV

6. REPRESENTATIVE STORMWATER OUTFALLS (ATTACH ADDITIONAL SHEETS AS NECESSARY)

Outfall Number	Legal Description	GPS Coordinates (specify units)	Receiving Water Body
	Qtr 1 ___ ¼ Qtr 2 ___ ¼ Sec. ___ T ___ R ___	SEE	ATTACHED
	Qtr 1 ___ ¼ Qtr 2 ___ ¼ Sec. ___ T ___ R ___		
	Qtr 1 ___ ¼ Qtr 2 ___ ¼ Sec. ___ T ___ R ___		
	Qtr 1 ___ ¼ Qtr 2 ___ ¼ Sec. ___ T ___ R ___		

7. ADDITIONAL MUNICIPALITY/AREA INFORMATION

Attach a topographic map (or other map if a topographic map is unavailable) extending one mile beyond the property boundaries of the Regulated MS4 showing the location of the municipality/area in relation to the local road system. Indicate on the map the municipality/area boundaries, the receiving stream(s), and representative stormwater outfalls.

8. FEES

Permit fees may be paid by attaching a check, or online by credit card or eCheck through the JetPay system. For permit renewals of active permits, fees are invoiced annually via a separate request. Use the URL provided to access JetPay and make an online payment:

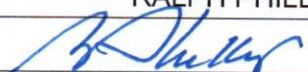
- For new general permits (MOR): <https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/604>
- For modifications: <https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/596>

9. ELECTRONIC DISCHARGE MONITORING REPORT (eDMR) SUBMISSION SYSTEM

1. Electronic Discharge Monitoring Report (eDMR) Submission System. Per 40 CFR Part 127 National Pollutant Discharge Elimination System (NPDES) Electronic Reporting Rule, reporting of effluent limits and monitoring shall be submitted by the permittee via an electronic system to ensure timely, complete, accurate, and nationally consistent set of data about the NPDES program. All general permit covered facilities under this master general permit shall comply with the Department's requirements for electronic reporting.
 - (a) Discharge Monitoring Reporting Requirements.
 - (1) Registration to participate in the Department's eDMR system shall be completed before the first report is due. Registration is done online through the Missouri Gateway for Environmental Management (MoGEM) online portal. Information about the eDMR system can be found at <https://dnr.mo.gov/env/wpp/edmr.htm> and information about MoGEM can be found at <https://dnr.mo.gov/mogem/>. The first user shall register as an Organization Official and the association to the facility must be approved by the Department.
 - (2) The permittee must electronically submit compliance monitoring data via the eDMR system. In regards to Standard Conditions Part I, Section B, #7, the eDMR system is currently the only Department approved reporting method for this permit.
 - (b) Electronic Submissions. After successful account registration, to access the eDMR system use the following link in your web browser: <https://apps5.mo.gov/mogems/welcome.action>. If you experience difficulties with using the eDMR system you may contact edmr@dnr.mo.gov or call 855-789-3889 or 573-526-2082 for assistance.
 - (c) Waivers from Electronic Reporting.
 - (1) The permittee must electronically submit compliance monitoring data and reports unless a waiver is granted by the Department in compliance with 40 CFR Part 127.
 - (2) The permittee may obtain a temporary or permanent electronic reporting waiver by first submitting an eDMR Waiver Request Form (Form 780-2692): <http://dnr.mo.gov/forms/780-2692-f.pdf>, by contacting the appropriate permitting office or emailing edmr@dnr.mo.gov. The Department will either approve or deny this electronic reporting waiver request within 120 calendar days of receipt.
 - (3) Only permittees with an approved waiver request may submit monitoring data and reports on paper to the Department for the period the approved electronic reporting waiver is effective.
 - (d) Other actions. The following shall be submitted electronically after such a system has been made available by the Department:
 - (1) General Permit Applications/Notices of Intent to discharge (NOIs);
 - (2) Notices of Termination (NOTs);
 - (3) No Exposure Certifications (NOEs); and
 - (4) Low Erosivity Waivers and Other Waivers from Stormwater Controls (LEWs).

9. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (TYPE OR PRINT) RALPH PHILLIPS - PRESIDING COMMISONER	TELEPHONE NUMBER WITH AREA CODE 417-581-7242
SIGNATURE 	DATE SIGNED 3/12/2021

Before mailing, please ensure all sections are complete and additional forms, if applicable, are included. Submitting an incomplete form may result in the Department returning the application.

HAVE YOU INCLUDED THE FOLLOWING?

- Appropriate fees
- Map at 1" = 2000'
- Form M

INSTRUCTIONS FOR COMPLETING FORM K – APPLICATION FOR SMALL MS4 GENERAL PERMIT

1. Check which options are applicable.
2. Name of municipality/area to be permitted – by what name is this area known locally. Examples: O'Fallon MS4, Joplin MS4, Federal Medical Prison MS4, etc. Give the street address of the municipality/area's headquarters.
3. Owner – An entity who owns and controls the use, operation, and maintenance of a separate storm sewer. Provide the legal name, mailing address, phone number, and email address of the owner. Correspondence will be mailed to the owner address listed on this application.
4. Continuing Authority – A continuing authority is a company, business, entity or person(s) that will be operating the facility and/or ensuring compliance with the permit requirements. A continuing authority is not, however, an entity or individual that is contractually hired by the permittee to sample or operate and maintain the system for a defined time period, such as a certified operator or analytical laboratory. To access the regulatory requirement regarding continuing authority, 10 CSR 20-6.010(2), please visit <https://s1.sos.mo.gov/cmsimages/adrules/csr/current/10csr/10c20-6.pdf>. A continuing authority's name must be listed exactly as it appears on the Missouri Secretary of State's (SoS's) webpage: <https://bsd.sos.mo.gov/BusinessEntity/BESearch.aspx?SearchType=0>, unless the continuing authority is an individual(s), government, or otherwise not required to register with the SoS.
5. Municipality/area contact – Provide the name, title, work phone number, and email address of a person who is thoroughly familiar with the operation of the MS4 program and with the facts reported in this application and who can be contacted by the Department.
6. A stormwater outfall is the point(s) at which stormwater is discharged to a receiving stream. Outfall location(s) should be given in terms of the legal description. Sufficient information should be submitted so Department staff may locate the stormwater outlet. Receiving water(s) – the name of the first named receiving water body to which each stormwater discharge is directed.
7. A U.S. Geological Survey 1" = 2,000' scale map showing the municipality/area in relation to the local road systems and receiving water(s). U.S. Geological Survey topographic maps are available from the Department's Missouri Geologic Survey in Rolla, MO at 573-368-2100 or an aerial photograph with appropriate detail available from various online mapping applications. To the best of your ability mark boundaries, outfall locations, and receiving water body(ies).
8. Applicants can pay fees online by credit card or eCheck through a system called JetPay.
 - Per Section 37.001, RSMo, a transaction fee will be included. The transaction fee is paid to the third party vendor JetPay, not the Department of Natural Resources.
 - Be sure to select the correct fee type and corresponding URL to ensure your payment is applied appropriately. If you are unsure what type of fee to pay, please contact the Water Protection Program's Budget, Fees, and Grants Management Unit by phone at (573) 522-1485 for assistance.
 - Upon successful completion of your payment, JetPay provides a payment confirmation. Submit this form with a copy of the payment confirmation if requesting a new permit or a permit modification. For permit renewals of active permits, the Department will invoice fees annually in a separate request.
 - If you are unable to make your payment online, but want to pay with credit card, you may email your name, phone number, and invoice number, if applicable, to wppfees@dnr.mo.gov. The Budget, Fees, and Grants Management Unit will contact you to assist with the credit card payment. **Please do not include your credit card information in the email.**
 - Applicants can find fee rates in 10 CSR 20-6.011 at <https://s1.sos.mo.gov/cmsimages/adrules/csr/current/10csr/10c20-6.pdf> (<https://dnr.mo.gov/pubs/pub2564.htm>).
 - This form must be submitted with the application fee if requesting a new permit or permit modification.
9. Electronic Discharge Monitoring Report (eDMR) Submission System – Visit <http://dnr.mo.gov/env/wpp/edmr.htm> to find the eDMR Permit Holder and Certifier Registration Form and information about the eDMR system.

Waivers from electronic reporting may be granted by the Department per 40 CFR 127.15 under certain, special circumstances. A written request must be submitted to the Department for approval. Waivers may be granted to facilities owned or operated by:

 - A. members of religious communities that choose not to use certain technologies or
 - B. permittees located in areas with limited broadband access. The Federal Communications Commission (FCC) has created a broadband internet availability map: <https://broadbandmap.fcc.gov/#/>. Please contact the Department if you need assistance.
9. Signature – all applications must be signed as follows and the signature must be original. For a municipality, state, federal, or other public agency: By either a principal executive officer or ranking elected official. For purposes of this Part, a principal executive officer of a federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA). Include the name and title of the person signing the form and the date of signing.

Please send questions and mail completed forms with appropriate fees to the appropriate office:

- Water Protection Program-Operating Permits Section, 573.522.4502, P.O. BOX 176, Jefferson City, MO 65102
 - All permitting actions in Camden, Cole, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski and Pettis Counties.
- Regional Offices based on the county where the facility is physically located outside the counties listed above: <https://dnr.mo.gov/regions/index.html>.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM,

FORM M – APPLICATION FOR STORMWATER GENERAL PERMIT: PHASE 2 SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) PROGRAM (FORM K OR L MUST BE INCLUDED)

1. MUNICIPALITY/AREA INFORMATION

1.1 Name of municipality/area(s) to be covered by this permit:
CHRISTIAN COUNTY

1.2 Physical location of municipality/area(s) (address assigned):
1106 W. JACKSON STREET OZARK MO 65721

1.3 Total area of municipality/area (s) _____ acres or **560** _____ square miles.

2. STORMWATER MANAGEMENT PLAN (SWMP) INFORMATION (Attach additional sheets as necessary)

2.1 A Stormwater Management Plan (SWMP) must be developed for this municipality/area. This plan must be developed in accordance with requirements & guidelines specified within the general permit for stormwater discharges from regulated MS4 activities.

- 2.2 a. This application is for coverage under the MOR04 Two-step MS4 General Permit. The application will be considered incomplete if the SWMP has not been developed in accordance with the terms of the general permit. **A copy of the SWMP must be submitted along with this application.**
- b. This application is for coverage under the MOR04C Comprehensive MS4 General Permit.

2.3 Summarize the measures from the SWMP that will be used for **PUBLIC EDUCATION AND OUTREACH.**

ATTACHED

2.4 Summarize the measures from the SWMP that will be used for **PUBLIC INVOLVEMENT AND PARTICIPATION.**

ATTACHED

2.5 Summarize the measures from the SWMP that will be used for **ILLCIT DISCHARGE DETECTION AND ELIMINATION.**

ATTACHED

2.6 Summarize the measures from the SWMP that will be used for **CONSTRUCTION SITE STORM WATER RUNOFF CONTROL.**

ATTACHED

2.7 Summarize the measures from the SWMP that will be used for POST CONSTRUCTION STORM WATER MANAGEMENT.

ATTACHED

2.8 Summarize the measures from the SWMP that will be used FOR POLLUTION PREVENTION AND GOOD HOUSEKEEPING.

ATTACHED

3. MUNICIPALITY/ AREA WATER BODY INFORMATION

3.1 The municipality/area(s) or discharge from MS4 is within 100 feet of waters classified per 10 CSR 20-7.031 Water Quality Standards (check each that applies, and for those present, please identify their location in an attachment):

- Public drinking water supply lake (L1) Major reservoirs (L2)
 Outstanding national or state resource waters Streams designated for cold-water habitat
 Permanently flowing streams (P), except for Missouri and Mississippi Rivers
 None

3.2 Is the discharge from the MS4 within two stream miles upstream of biocriteria reference locations as defined in 10 CSR 20-7.031?

- YES (If yes, please list these receiving waters in an attachment.) NO

3.3 Is any part of the area(s) defined as wetland? YES NO

Note: A Clean Water Act, Section 404 Permit may be required for the development in wetland area(s) from the US Army Corps Of Engineers.

3.4 Does any of the stormwater discharge to a sinkhole, losing stream, or any other topographical feature that would be a direct conduit to ground water?

- YES (If yes, please identify the location(s) of these geologic features in an attachment.) NO

4. CERTIFICATION

4.1 I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(Attach additional pages if additional signatures are required for a co-permit).

OWNER OR AUTHORIZED REPRESENTATIVE

RALPH PHILLIPS

OFFICIAL TITLE

PRESIDING COMMISIONER

EMAIL ADDRESS

JBIRD@CHRISTIANCOUNTYMO.GOV

TELEPHONE NUMBER WITH AREA CODE

417-581-7242

SIGNATURE



DATE SIGNED

3/12/2021