



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH
 (SEE MAP FOR APPROPRIATE REGIONAL OFFICE)

FORM E - APPLICATION FOR GENERAL PERMIT
 UNDER MISSOURI CLEAN WATER LAW

FOR AGENCY USE ONLY	
CHECK NUMBER	
DATE RECEIVED	FEE SUBMITTED

1.00 CATEGORY OF GENERAL PERMIT APPLIED FOR
LAND DISTURBANCE

1.10 IS THIS FOR A STORM WATER ONLY DISCHARGE PERMIT
 YES NO

1.20
 a. This facility is now in operation under Missouri Operating Permit Number (NPDES) MO - _____ OR
 b. This is a new permit.

2.00 NAME OF FACILITY

2.10 ADDRESS (PHYSICAL) STREET CITY STATE ZIP CODE

3.00 OWNER

NAME US Army IMCOM and Fort Leonard Wood	EMAIL ADDRESS emily.s.brown@us.army.mil	PHONE 573-596-0882
		FAX 573-596-0869
ADDRESS STREET 1334 First Street, Building 2101	CITY Fort Leonard Wood	STATE ZIP CODE MO 65473

4.00 CONTINUING AUTHORITY

NAME	PHONE
	FAX
ADDRESS STREET CITY STATE ZIP CODE	

5.00 OPERATOR

NAME	TELEPHONE NUMBER
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6.00 FACILITY CONTACT

NAME	PHONE
	FAX
TITLE	

7.00 FOR EACH OUTFALL GIVE THE LEGAL DESCRIPTION (ATTACH ADDITIONAL SHEETS AS NECESSARY)

Outfall Number _____ 1/4 _____ 1/4 Sec _____ T _____ R _____ County _____

Outfall Number _____ 1/4 _____ 1/4 Sec _____ T _____ R _____ County _____

Outfall Number _____ 1/4 _____ 1/4 Sec _____ T _____ R _____ County _____

7.10 FOR EACH OUTFALL LIST THE NAME OF THE RECEIVING WATER

Outfall Number _____ Receiving Water _____

Outfall Number _____ Receiving Water _____

Outfall Number _____ Receiving Water _____

7.20 BRIEFLY DESCRIBE THE NATURE OF YOUR BUSINESS

7.30 Does the discharge(s) for which you are seeking a permit discharge to a combined sewer system? YES NO

7.40 Primary SIC Code _____

7.50 If this application is for a storm water permit, list **any** materials that are stored outside and exposed to storm water.

7.60 Attach a USGS 1" = 2000' scale map showing the location of the facility in relation to the local road system. Indicate on the map the facility; the receiving stream; the points of discharge; and the map section, township and range.

7.70 If this is an existing discharge, submit a summary of pollutants that have been analyzed in the past two years.

7.80 What is the source of your drinking water?

7.90 What is the method of domestic wastewater disposal?

8.00 I certify that I am familiar with the information contained in the application, that to the best of my knowledge and belief such information is true, complete an accurate, and if granted this permit, I agree to abide by the Missouri Clean Water Law and all rules, regulations, orders and decisions, subject to any legitimate appeal available to applicant under the Missouri Clean Water Law, of the Missouri Clean Water Commission.

A. NAME AND OFFICIAL TITLE (TYPE OR PRINT)	B. PHONE NO. (AREA CODE & NO.)
C. SIGNATURE	D. DATE SIGNED