



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 R040112.
 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

City of Union

ADDRESS (HEADQUARTERS PHYSICAL LOCATION)

10 E. Main Street

CITY

Union

STATE

MO

ZIP CODE

63084

3. OWNER

NAME

Union, MO

TELEPHONE NUMBER WITH AREA CODE

636-583-3600

EMAIL ADDRESS

engineer@unionmissouri.org

ADDRESS (MAILING)

10 E. Main Street

CITY

Union

STATE

MO

ZIP CODE

63084

4. CONTINUING AUTHORITY

NAME

Union, MO

TELEPHONE NUMBER WITH AREA CODE

636-583-3600

EMAIL ADDRESS

engineer@unionmissouri.org

ADDRESS (MAILING)

10 E. Main Street

CITY

Union

STATE

MO

ZIP CODE

63084

5. MUNICIPALITY/AREA CONTACT

NAME

James D Kelley

TELEPHONE WITH AREA CODE

636-583-3600

TITLE

City Engineer

E-MAIL ADDRESS

engineer@unionmissouri.org

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 ___	OUTFALL MAPPING IN PROCESS	
	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)

James D Kelley, P.E - City Engineer

TELEPHONE NUMBER WITH AREA CODE

636-583-3600

SIGNATURE

DATE SIGNED

03-31-2021

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



1. MUNICIPALITY/AREA INFORMATION

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

Union

1.2 Physical location of municipality/area(s) (address assigned):

10 E. Locust Street

1.3 Total area of municipality/area (s) _____ acres or 9 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.**

SEE ATTACHED STORMWATER MANAGEMENT PROGRAM

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

SEE ATTACHED STORMWATER MANAGEMENT PROGRAM

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

SEE ATTACHED STORMWATER MANAGEMENT PROGRAM

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

SEE ATTACHED STORMWATER MANAGEMENT PROGRAM

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

SEE ATTACHED STORMWATER MANAGEMENT PROGRAM

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

SEE ATTACHED STORMWATER MANAGEMENT PROGRAM

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

James D Kelley

OFFICIAL TITLE

City Engineer

EMAIL ADDRESS

engineer@unionmissouri.org

TELEPHONE NUMBER WITH AREA CODE

636-583-3600

SIGNATURE

DATE SIGNED

03-31-2021