



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 MOR04C025_____
- 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 Neosho MS4

ADDRESS (HEADQUARTERS PHYSICAL LOCATION) 203 E Main Street	CITY Neosho	STATE MO	ZIP CODE 64850
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3. OWNER

NAME City of Neosho	TELEPHONE NUMBER WITH AREA CODE 417-451-8050	
EMAIL ADDRESS aworster@neoshomo.gov		
ADDRESS (MAILING) 203 E Main Street	STATE MO	ZIP CODE 64850

4. CONTINUING AUTHORITY

NAME City of Neosho	TELEPHONE NUMBER WITH AREA CODE 417-451-8050		
EMAIL ADDRESS aworster@neoshomo.gov			
ADDRESS (MAILING) 203 E. Main Street	CITY Neosho	STATE MO	ZIP CODE 64850

5. MUNICIPALITY/AREA CONTACT

NAME Adam Worster	TELEPHONE WITH AREA CODE 417-451-8050
TITLE Interim Development Services Director	
E-MAIL ADDRESS aworster@neoshomo.gov	

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

Outfall Number	Legal Description	GPS Coordinates (specify units)	Receiving Water Body
001	Qtr 1 ¼ Qtr 2 ¼ Sec.27 T25N R32W	373336.036/4080138.509	Tributary to Lost Creek (U)
002	Qtr 1 ¼ Qtr 2 ¼ Sec.12 T25N R32W	377156.719/4084129.509	Tributary to Shoal Creek(U)
003	Qtr 1 ¼ Qtr 2 ¼ Sec.07 T25N R31W	377952.354/4084133.462	Shoal Creek(P)
004	Qtr 1 ¼ Qtr 2 ¼ Sec.18 T25N R31W	377867.353/4082873.826	Hickory Cr.(P)
005	Qtr 1 ¼ Qtr 2 ¼ Sec.05 T24N R32W	374270.036/4077683.509	Tributary to Buffalo Creek(U)
006	Qtr 1 ¼ Qtr 2 ¼ Sec.23 T24N R32W	379811.036/4073006.144	Tributary to Bullskin Creek tributary(U)

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.

- The City's outfalls are mapped in GIS. The mapping is available on the City's GIS website, <https://neoshogis.integritygis.com/H5/Index.html?viewer=neoshogis#>.

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:

- General Permit Applications/Notices of Intent to discharge (NOIs);
- Notices of Termination (NOTs);
- No Exposure Certifications (NOEs); and
- 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)

TELEPHONE NUMBER WITH AREA CODE

SIGNATURE

DATE SIGNED

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