

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 R040043 .
 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 Arnold MS4			
ADDRESS (HEADQUARTERS PHYSICAL LOCATION) 2101 Jeffco Blvd	CITY Arnold	STATE MO	ZIP CODE 63010

3. OWNER

NAME City of Arnold		TELEPHONE NUMBER WITH AREA CODE 636-282-6600	
EMAIL ADDRESS			
ADDRESS (MAILING) 2101 Jeffco Blvd	CITY Arnold	STATE MO	ZIP CODE 63010

4. CONTINUING AUTHORITY

NAME City of Arnold		TELEPHONE NUMBER WITH AREA CODE 636-282-6600	
EMAIL ADDRESS			
ADDRESS (MAILING) 2101 Jeffco Blvd	CITY Arnold	STATE MO	ZIP CODE 63010

5. MUNICIPALITY/AREA CONTACT

NAME Judy Wagner		TELEPHONE WITH AREA CODE 636-282-2386	
TITLE Public Works Director			
E-MAIL ADDRESS jwagner@arnoldmo.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 ___		
	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.

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>.

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

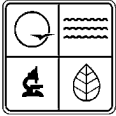
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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) <i>Judy Wagner Director of Public Works</i>	TELEPHONE NUMBER WITH AREA CODE <i>636-275-8344</i>
SIGNATURE <i>Judy Wagner</i>	DATE SIGNED <i>2-11-2021</i>

**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



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH
PO BOX 176 JEFFERSON CITY, MO 65102

**FORM M – APPLICATION FOR STORM WATER PERMIT (FORM K OR L MUST BE INCLUDED)
UNDER THE GENERAL PERMIT: SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4)**

1. NAME OF MUNICIPALITY/AREA(S) TO BE COVERED BY THIS PERMIT
2. PHYSICAL LOCATION OF MUNICIPALITY/AREA(S) (ADDRESS ASSIGNED)
3. TOTAL AREA OF MUNICIPALITY/AREA (S) ____ ACRES OR ____ SQUARE MILES.
4. A STORM WATER MANAGEMENT PROGRAM (SWMP) MUST BE DEVELOPED FOR THIS MUNICIPALITY/AREA. (THIS PROGRAM MUST BE DEVELOPED IN ACCORDANCE WITH REQUIREMENTS & GUIDELINES SPECIFIED WITHIN THE GENERAL PERMIT FOR STORM WATER DISCHARGES FROM MS4 ACTIVITIES. 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.)
5. SUMMARIZE THE MEASURES FROM THE SWMP THAT WILL BE USED FOR PUBLIC EDUCATION AND OUTREACH. (ATTACH ADDITIONAL SHEETS IF NECESSARY) _____
6. SUMMARIZE THE MEASURES FROM THE SWMP THAT WILL BE USED FOR PUBLIC INVOLVEMENT AND PARTICIPATION. (ATTACH ADDITIONAL SHEETS IF NECESSARY) _____
7. SUMMARIZE THE MEASURES FROM THE SWMP THAT WILL BE USED FOR ILLICIT DISCHARGE DETECTION AND ELIMINATION. (ATTACH ADDITIONAL SHEETS IF NECESSARY) _____
8. SUMMARIZE THE MEASURES FROM THE SWMP THAT WILL BE USED FOR CONSTRUCTION SITE STORM WATER RUNOFF CONTROL. (ATTACH ADDITIONAL SHEETS IF NECESSARY) _____

8. FEES

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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)

Judy Wagner Director of Public Works

TELEPHONE NUMBER WITH AREA CODE

636-275-8344

SIGNATURE

Judy Wagner

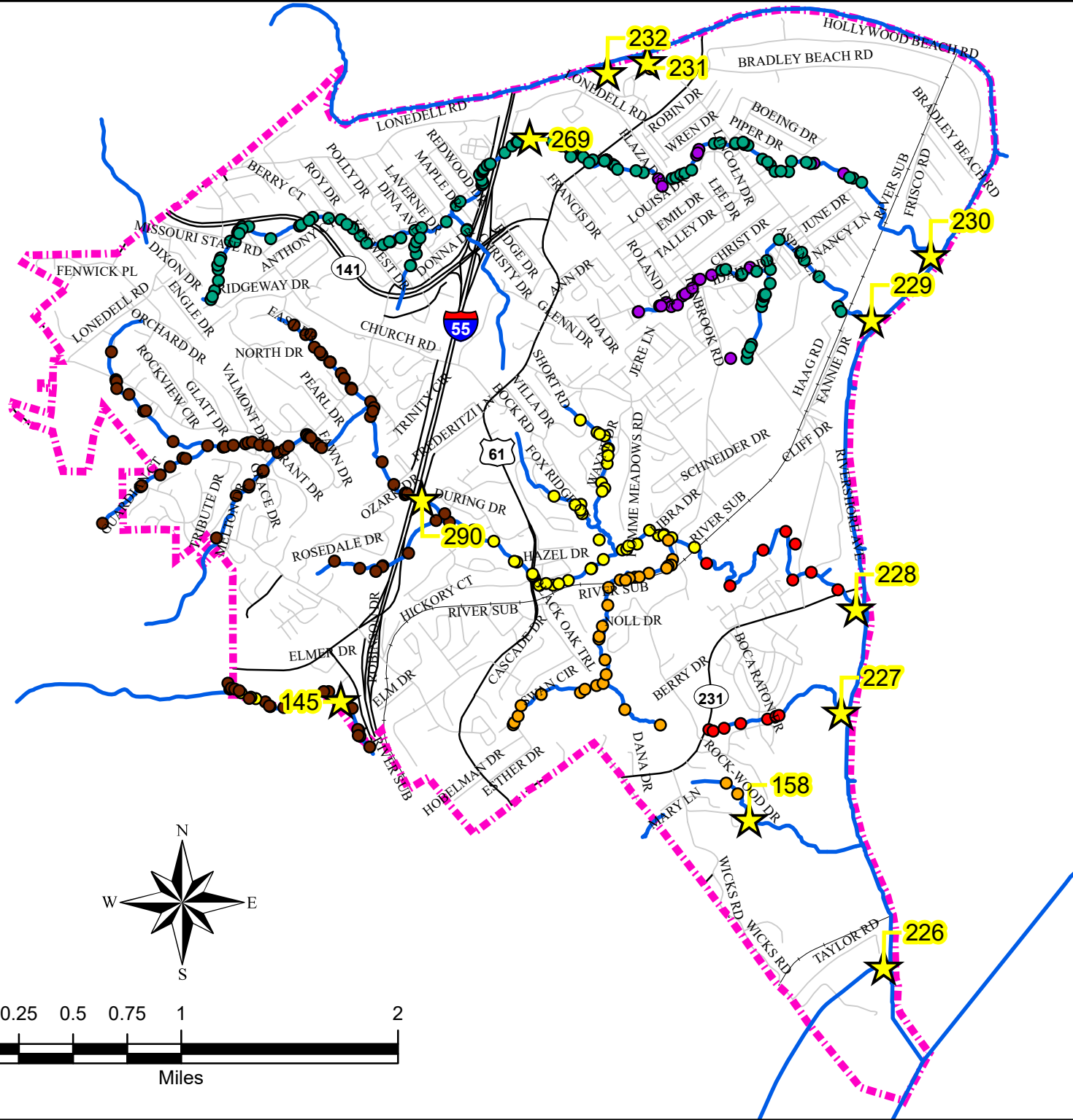
DATE SIGNED

2-11-2021

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Legend

★ Representative Outfalls

Inspection Locations

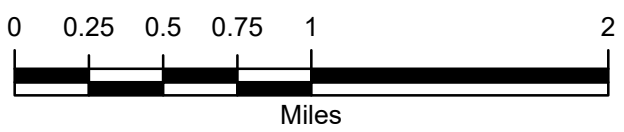
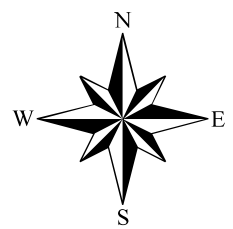
- 2015
- 2016
- 2017
- 2017.5
- 2018
- 2020

— Channel Location
 - - - - - Arnold City Limits

INTUITION &
 LOGIC



OUTFALL MAP



Representative Stormwater Outfalls					
Point Number	Easting	Northing	Latitude	Longitude	Receiving Water Body
145	727753.0305	4254753.1646	38.412017	-90.391467	Black Creek
158	730811.1784	4253950.7090	38.404008	-90.356739	
226	731839.7183	4252881.2302	38.394113	-90.345324	
227	731472.1625	4254767.9862	38.411194	-90.348908	
228	731562.4188	4255538.8665	38.418111	-90.347621	Pomme Creek
229	731619.9567	4257690.9612	38.437470	-90.346254	
230	732044.6719	4258179.7516	38.441760	-90.341231	
231	729901.0504	4259565.8489	38.454794	-90.365314	Meramec River
232	729605.6593	4259474.8509	38.454050	-90.368726	Meramec River
269	729041.8156	4258974.4691	38.449691	-90.375345	
290	728314.1970	4256266.8856	38.425501	-90.384555	Pomme Creek