



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH  
 P.O. BOX 176 JEFFERSON CITY MO 65102-0176  
 (SEE MAP FOR APPROPRIATE REGIONAL OFFICE)

**APPLICATION FOR CONSTRUCTION PERMIT -  
 SEWER EXTENSION**

**FOR DEPARTMENT USE ONLY**

PERMIT NO. MO -	
FEE RECEIVED	DATE RECEIVED

DO NOT ATTEMPT TO COMPLETE THIS FORM BEFORE READING THE ACCOMPANYING INSTRUCTIONS.  
**NOTE:** A CONSTRUCTION PERMIT FEE MUST ACCOMPANY THIS APPLICATION. (PLEASE FILL IN ALL BLANKS)

1.1 NAME OF PROJECT <b>Lee's Summit Hy-Vee Gas</b>		SRF, SG, EPA GRANT NUMBER (IF APPLICABLE)	
1.2 LOCATION OF PROJECT <b>3rd Street &amp; Hoke Lane (SE corner)</b>			COUNTY <b>Jackson</b>
2.1 OWNER'S NAME <b>City of Lee's Summit, MO</b>		TELEPHONE NUMBER <b>(816) 969-1900</b>	EMAIL ADDRESS <b>Mark.Schaufler@cityofls.net</b>
ADDRESS <b>220 SE Green Street</b>	CITY <b>Lee's Summit</b>	STATE <b>MO</b>	ZIP CODE <b>64063</b>
2.2 CONTINUING AUTHORITY NAME <b>City of Lee's Summit - Water Utilities</b>			
ADDRESS <b>220 SE Green Street</b>	CITY <b>Lee's Summit</b>	STATE <b>MO</b>	ZIP CODE <b>64063</b>
3.1 BRIEF DESCRIPTION <b>Relocation of an existing 8" sanitary sewer is proposed to be re-routed to allow for the construction of a new commercial building (convenience store). Work shall include 2 MH's; 304LF 8" pipe; No lift station of force mains.</b>			
ENGINEER <b>Doug Saltsgaver</b>		TELEPHONE NUMBER <b>(515) 288-4823</b>	EMAIL ADDRESS <b>doug@ergcorp.com</b>
3.2 DESIGN INFORMATION			
A. POPULATION OR NUMBER OF LOTS TO BE SERVED BY THIS EXTENSION: <u>0</u>			
B. ESTIMATED FLOW TO BE CONTRIBUTED BY THIS EXTENSION: <u>0 (Relocation)</u>			
C. INDUSTRIAL WASTES: TYPE <u>N/A</u> FLOW <u>0</u>			
D. RECEIVING SEWER: SIZE <u>8"</u> CAPACITY <u>0.22 MGD</u>			
3.3 RECEIVING TREATMENT FACILITY NAME <b>LBVSD Atherton WWTP</b>		TELEPHONE NUMBER <b>(816) 796-9191 x226</b>	EMAIL ADDRESS <b>obrien@lbvsd.org</b>
PERMIT NUMBER <b>MO-0101087</b>		REMAINING CAPACITY <b>N/A</b>	
4.1 HAS THE CONTINUING AUTHORITY THAT OPERATES THE TREATMENT FACILITY AND OR COLLECTION SYSTEM APPROVED OR AGREED TO ACCEPT THE ADDITIONAL SEWAGE FLOW? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
4.2 I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THE APPLICATION, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE, AND 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.			
APPLICANT'S SIGNATURE (SEE INSTRUCTIONS)		TELEPHONE NUMBER <b>(816) 969-1900</b>	EMAIL ADDRESS <b>Mark.Schaufler@cityofls.net</b>
NAME PRINTED <b>Mark Schaufler</b>		TITLE OR CORPORATE POSITION <b>Water Utilities Department Director</b>	