

RESOLUTION NO. 07-2024

RESOLUTION AUTHORIZING THE FILING OF AN APPLICATION WITH THE MISSOURI DEPARTMENT OF NATURAL RESOURCES, CLEAN STATE REVOLVING FUND PROGRAM FOR AN INTEGRATED MANAGEMENT PLAN GRANT UNDER THE MISSOURI CLEAN WATER LAW (CHAPTER 644, RSMO.).

WHEREAS pursuant to the terms of the Missouri Clean Water Law, Chapter 644, Revised Statutes of Missouri, the State of Missouri has authorized the making of loans and/or grants to authorized applicants to aid in the planning of specific public projects.

NOW, THEREFORE, be it resolved by the City of Clinton, that Christina Maggi be hereby authorized to execute and file an application on behalf of the City of Clinton with the State of Missouri for a loan and/or grant to aid in the planning of:

A project to connect the Stoneridge private sanitary sewer system to the City of Clinton sanitary sewer system.

NOW, THEREFORE, be it resolved by the City of Clinton, that Mayor Carla Moberly is hereby authorized and directed to furnish such information as the Missouri Department of Natural Resources may reasonably request in connection with the application which is herein authorized, to sign all necessary documents on behalf of the applicant, to furnish such assurances to the Missouri Department of Natural Resources as may be required by statute or regulation, and to receive payment on behalf of the applicant.

Read and passed this 20th day of February, 2024 by the City Council of the City of Clinton, Missouri.

CERTIFICATE OF RECORDING OFFICER

The undersigned, duly qualified and acting Mayor of the City of Clinton, does hereby certify: That the attached resolution is a true and correct copy of the resolution adopted at a legally convened meeting of the City Council of the City of Clinton, Missouri held on the 20th day of February, 2024; and further that such resolution has been fully recorded in the journal of proceedings and records in my office. IN WITNESS WHEREOF, I have hereunto set my hand this 21st day of February, 2024.

Carla Moberly

Carla Moberly, Mayor

ATTEST

Wendee Seaton

Wendee Seaton, City Clerk





MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM, FINANCIAL ASSISTANCE CENTER
CLEAN WATER REGIONALIZATION INCENTIVE GRANT APPLICATION
 Submit to: fac@dnr.mo.gov or P.O. Box 176, Jefferson City, MO 65102-0176
 ATTN: Financial Assistance Center

1. APPLICANT/CONTINUING AUTHORITY			
NAME OF APPLICANT/CONTINUING AUTHORITY City of Clinton		DUNS NUMBER 003422540	
TELEPHONE NUMBER WITH AREA CODE (660) 885-6121 Ext.	FAX NUMBER WITH AREA CODE (660) 885-2023	SAM.GOV UNIQUE ENTITY IDENTIFIER DVN6H2CQF3Y6	
MAILING ADDRESS 105 E Ohio		EMAIL ADDRESS wseaton@cityofclintonmo.com	
CITY Clinton	STATE MO	ZIP CODE + FOUR 64735	COUNTY Henry
2. AUTHORIZED REPRESENTATIVE/APPLICATION CONTACT			
AUTHORIZED REPRESENTATIVE NAME Christina (Christy) A. Maggi		TITLE City Administrator	
EMAIL ADDRESS cmaggi@cityofclintonmo.com		TELEPHONE NUMBER WITH AREA CODE (660) 885-6121 Ext.	
NAME OF PERSON TO CONTACT ABOUT THIS APPLICATION (IF DIFFERENT FROM AUTHORIZED REPRESENTATIVE) SAME		TITLE	
EMAIL ADDRESS		TELEPHONE NUMBER WITH AREA CODE Ext.	
OPTIONAL QUESTIONS REGARDING MILITARY SERVICE (§42.390 RSMo, 2021)			
a) Have you or an immediate family member ever served in the U.S. Armed Forces?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) If yes, would you like information about military-related services in Missouri?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. GENERAL INFORMATION			
NAME OF APPLICANT'S FACILITY TO RECEIVE ADDITIONAL FLOW City of Clinton		PERMIT # OF APPLICANT'S FACILITY TO RECEIVE ADDITIONAL FLOW MO- 0097390	
DESIGN FLOW OF FACILITY 2.0 MGD	ACTUAL FLOW OF FACILITY 1.7 MGD	ESTIMATED ADDITIONAL FLOW .009 MGD	
ESTIMATED POPULATION OF AREA(S) TO BE SERVED 90		ESTIMATED NUMBER OF NEW SERVICE CUSTOMERS 28	
U.S. CONGRESSIONAL DISTRICT NUMBER(S) 4	STATE SENATE DISTRICT NUMBER(S) 31	STATE REPRESENTATIVE DISTRICT NUMBER(S) 126	
The proposed project has a completed Facility Plan? <input type="checkbox"/> Yes, attach copy and complete Sections 4 and 5 on page 2 of this application. <input checked="" type="checkbox"/> No, leave Sections 4 and 5 blank, and skip to Section 6.			
Applicant has fully negotiated service agreement(s) with all parties involved with the project and the agreement(s) meet department minimum requirements? See minimum requirements attached to this application. <input type="checkbox"/> Yes, attach copy(ies) <input checked="" type="checkbox"/> No			
PROJECT DESCRIPTION: Stoneridge Homeowners Association of Clinton, Inc. (Permit No. MO-0119784) owns and operates a wastewater collection and treatment system. The purpose of this Project is to re-route the existing collection system and connect into the City of Clinton's wastewater collection infrastructure, specifically a manhole located near 904 Urich Road, Clinton Missouri.			
ENVIRONMENTAL BENEFITS: The existing wastewater treatment facility failed during COVID due to excessive growth in the recirculating sand filter bed. This is/has caused partially treated wastewater to bypass the treatment facility. This project will re-route the wastewater collection system to the City's infrastructure to prevent further release of partially treated wastewater the bypass the wastewater treatment system.			

4. ARCHITECTURAL AND ENGINEERING CONSULTANT INFORMATION

CONSULTING FIRM'S NAME NA at this time.		PROJECT CONSULTANT'S NAME	
MAILING ADDRESS		EMAIL ADDRESS	
CITY	STATE	ZIP CODE + FOUR	DUNS NUMBER
TELEPHONE NUMBER WITH AREA CODE Ext.		FAX NUMBER WITH AREA CODE	SAM.GOV UNIQUE ENTITY IDENTIFIER


5. PROJECT COST INFORMATION (Please provide copy of facility plan with application)

Cost Estimate Dated: 2/12/2024	Cost Breakdown
Engineering Planning and Design	\$ 62,500.00
Engineering (Construction Phase)	\$
Engineering Inspection	\$
Land and Easements	\$
Legal Fees	\$
Construction	\$
Equipment	\$
Other Costs (specify: _____)	\$
Contingencies (ten percent of the Construction and Equipment costs)	\$
Total Project Costs	\$ 62,500.00

6. THE FOLLOWING INFORMATION IS REQUIRED BY 10 CSR 20-4.040 & MUST BE INCLUDED WITH APPLICATION FORM:

- A project summary that includes statement of need for project
- The project components including maps or drawings showing the project location(s)
- Resolution of governing body designating an authorized representative per 10 CSR 20-4.040(10)
- Application signed by the authorized representative
- Application signed by the owner(s) of systems proposed to be connected
- Documentation for engineering services procured per §8.285 - 8.291, RSMo. (Required if section 4 is completed)

7. FACILITIES TO BE CONNECTED WITH THIS PROJECT (Complete one section for each facility to be connected)

FACILITY NAME Stoneridge Sewage Treatment Facility		PERMIT # (IF PERMITTED) MO- 0119784	NAME OF RECEIVING STREAM Unnamed Tributary to Town Creek	
FACILITY OWNER OR AUTHORIZED REPRESENTATIVE NAME Stoneridge Homeowners Association of Clinton, Inc.		EMAIL ADDRESS banjojones@hotmail.com		TELEPHONE NUMBER WITH AREA CODE
MAILING ADDRESS 1016 Linwood Road		CITY Clinton	STATE MO	ZIP CODE + FOUR 64735
CURRENT NUMBER OF CONNECTIONS 23	TOTAL FUTURE NUMBER OF CONNECTIONS, IF DIFFERENT FROM CURRENT 28		MEDIAN HOUSEHOLD INCOME 54903	
FACILITY TYPE <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned		SITE-SPECIFIC FACILITY PLAN COMPLETED? <input type="checkbox"/> Yes, attach copy. <input checked="" type="checkbox"/> No		
COMPLIANCE HISTORY OF FACILITY <input checked="" type="checkbox"/> Facility in enforcement <input type="checkbox"/> Facility compliant and has a permit with a future Schedule of Compliance (SOC) date <input type="checkbox"/> Facility compliant with no SOC <input type="checkbox"/> Facility operating without required Missouri State Operating Permit				
The facility owner or authorized representative attests that they desire to connect to the applicant's wastewater treatment system. The facility owner agrees to negotiate and enter into a service agreement with the applicant if the project is selected for a grant award. The facility owner agrees, if awarded, to comply with all applicable terms, conditions, and procedures of the Department of Natural Resources; the applicable rules and regulations of the Missouri Clean Water Commission; and the terms and conditions of the grant agreement and negotiated service agreement.				
SIGNATURE OF FACILITY OWNER OR AUTHORIZED REPRESENTATIVE 		OFFICIAL TITLE (TYPE OR PRINT) President, Stoneridge HOA		DATE 2/21/2024

7. FACILITIES TO BE CONNECTED WITH THIS PROJECT (continued)

FACILITY NAME NA		PERMIT # (IF PERMITTED) MO-	NAME OF RECEIVING STREAM	
FACILITY OWNER OR AUTHORIZED REPRESENTATIVE NAME		EMAIL ADDRESS		TELEPHONE NUMBER WITH AREA CODE
MAILING ADDRESS		CITY	STATE	ZIP CODE + FOUR
CURRENT NUMBER OF CONNECTIONS	TOTAL FUTURE NUMBER OF CONNECTIONS, IF DIFFERENT FROM CURRENT		MEDIAN HOUSEHOLD INCOME	
FACILITY TYPE <input type="checkbox"/> Publicly Owned <input type="checkbox"/> Privately Owned		SITE-SPECIFIC FACILITY PLAN COMPLETED? <input type="checkbox"/> Yes, attach copy. <input type="checkbox"/> No		
COMPLIANCE HISTORY OF FACILITY <input type="checkbox"/> Facility in enforcement <input type="checkbox"/> Facility compliant and has a permit with a future Schedule of Compliance (SOC) date <input type="checkbox"/> Facility compliant with no SOC <input type="checkbox"/> Facility operating without required Missouri State Operating Permit				
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SIGNATURE OF FACILITY OWNER OR AUTHORIZED REPRESENTATIVE		OFFICIAL TITLE (TYPE OR PRINT)		DATE

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SIGNATURE OF FACILITY OWNER OR AUTHORIZED REPRESENTATIVE		OFFICIAL TITLE (TYPE OR PRINT)		DATE

8. CERTIFICATION

The authorized representative certifies that the information submitted in this application is true and correct to the best of their knowledge and that they are authorized to sign and submit this application. The authorized representative attests that the applicant has communicated with the facility or facilities to be connected that are listed on this application, and it is their understanding that the facility or facilities wish to be connected to the applicant's wastewater treatment system. The applicant, if approved for funding, agrees to enter into a service agreement with the facility or facility owners listed on this application for the purpose of providing wastewater treatment for those communities. The applicant agrees, if a grant is awarded on the basis of this application, to comply with all applicable terms, conditions, and procedures of the Department of Natural Resources; the applicable rules and regulations of the Missouri Clean Water Commission; and the terms and conditions of the grant agreement.

SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE



DATE

2/21/2024

9. PREPARER'S NAME AND SIGNATURE (if applicable)

SIGNATURE OF PREPARER

DATE

NAME AND TITLE (PRINT OR TYPE)

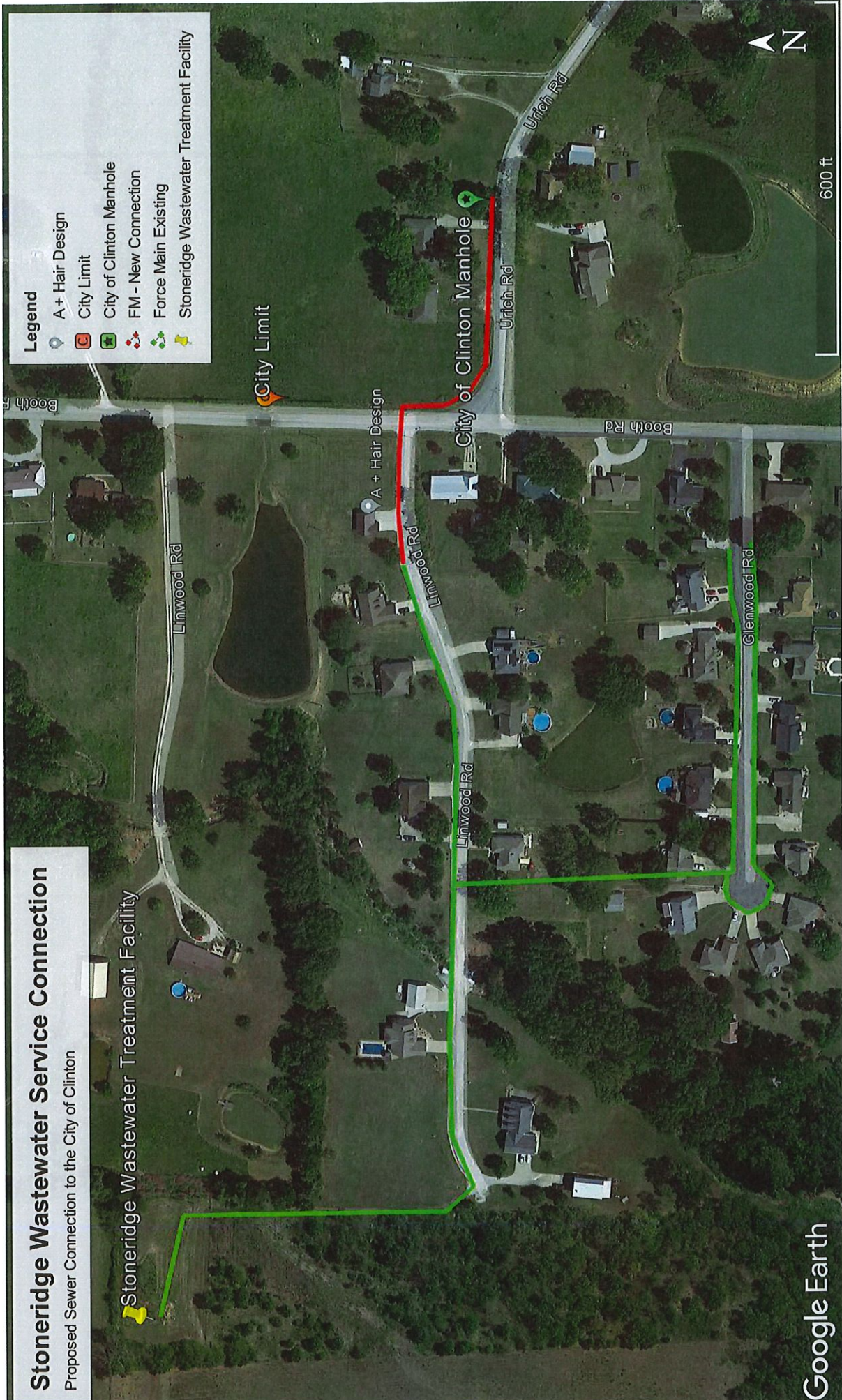
TELEPHONE NUMBER WITH AREA CODE

Ext.

Stoneridge Wastewater Service Connection

Proposed Sewer Connection to the City of Clinton

Stoneridge Wastewater Treatment Facility



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Carla Moberly

Carla Moberly, Mayor

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Wendee Seaton

Wendee Seaton, City Clerk

