



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**ON-SITE SEWAGE SYSTEM  
 CONSTRUCTION PERMIT APPLICATION FEE**

FEE RECEIPTS TRANSMITTAL NUMBER
DATE PAID
APPLICATION NUMBER
COUNTY OF CONSTRUCTION SITE
TELEPHONE NUMBER

NAME OF PROPERTY OWNER
ADDRESS OF CONSTRUCTION SITE (STREET, CITY, STATE, ZIP CODE)
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

**NON REFUNDABLE APPLICATION FEE      \$90.00      THIS IS NOT A PERMIT**

This fee must be received before the permit to construct can be issued.

Do not send cash, make check or money order payment to:

**Missouri Department of Health and Senior Services**

**MAIL TO:** MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 FEE RECEIPTS  
 P O BOX 570  
 JEFFERSON CITY MO 65102

OFFICE USE ONLY	
PERMIT NUMBER	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**ON-SITE SEWAGE SYSTEM  
 CONSTRUCTION PERMIT APPLICATION FEE**

FEE RECEIPTS TRANSMITTAL NUMBER
DATE PAID
APPLICATION NUMBER
COUNTY OF CONSTRUCTION SITE
TELEPHONE NUMBER

NAME OF PROPERTY OWNER
ADDRESS OF CONSTRUCTION SITE (STREET, CITY, STATE, ZIP CODE)
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

**NON REFUNDABLE APPLICATION FEE      \$90.00      THIS IS NOT A PERMIT**

This fee must be received before the permit to construct can be issued.

Do not send cash, make check or money order payment to:

**Missouri Department of Health and Senior Services**

**MAIL TO:** MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 FEE RECEIPTS  
 P O BOX 570  
 JEFFERSON CITY MO 65102

OFFICE USE ONLY	
PERMIT NUMBER	

**Missouri Department of Health and Senior Services**  
**Onsite Wastewater Treatment System Construction Permit Application**

**Instructions and Check Off List**

Please type or print all information clearly. Provide all requested information accurately and completely. Incomplete applications will be returned for completion before a permit will be issued. As you complete the section, check the appropriate box. When all boxes are checked, the application is ready to return to the Health Department.

**Provide the following information completely and accurately:**

1. Property Owner: The name of the owner of the property as stated on the current deed, as recorded with the County Recorder.
2. Site Address: The address of the actual construction site of the system, including county. Complete the legal description (1/4 of 1/4 section, section, township, range), subdivision name and lot number, Latitude and Longitude, and the County Parcel Identification Number when known. Ask the County Assessor or check your real estate tax bill for this information.
3. Mailing address: The address that correspondence, permits, and other communications may be sent to. Include a daytime and an evening telephone number for the owner of the property.
4. System Is: Check the appropriate box to show the system is new construction (no system existed prior to this construction), system replacement (construction to replace present system), or system repair of an existing system (major repair of present system).
5. System Serves: Check residence or business, whichever is applicable. If a residence is attached to a business, check business but include residence in the system design. Provide the requested information below the appropriate box.
6. Water Supply: Check the appropriate box for your drinking water supply. City water, public water supply district, or a community system that meets Missouri Department of Natural Resources definitions of community public systems or non-community public systems are "Public"; provide the name of the supply. For "Private" supplies, give the type of supply. Locate the supply (well), neighboring supplies (wells) and water lines on the site layout.
7. Lot: Provide the lot size in acres or square feet. Give the percent slope and indicate on the Site Layout the direction of slope, and show a cross section of the slope and proposed system on the Slope Diagram.

**Obtain soil data at the site, either a percolation test or soil morphology evaluation. Percolation tests must be performed by a certified percolation tester, or soil morphology evaluations must be performed by an onsite soil morphology evaluator, meeting the requirements in 19 CSR 20-3.080.**

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
ONSITE WASTEWATER TREATMENT SYSTEM  
CONSTRUCTION PERMIT APPLICATION**

Application Number \_\_\_\_\_

**Introduction**

Thank you for contacting us concerning plans for your onsite wastewater treatment system (OWTS). As you may know, the Missouri Department of Health and Senior Services is required by law to regulate the design, construction and operation of onsite systems.

This packet contains forms and instructions to help you apply for a permit and to select an onsite wastewater treatment system that will comply with the regulations.

Enclosed in this packet you will find the following items:

1. The ONSITE WASTEWATER TREATMENT SYSTEM CONSTRUCTION PERMIT APPLICATION FEE form.
2. The Permit Application form.
3. The Instruction and Check Off List.

Construction of your onsite wastewater treatment system may not begin until a permit has been issued. To expedite this process, please follow these steps:

1. Contact an OWTS contractor. A registered contractor will best be able to assist you with this process and is highly recommended. State statute requires that "Any person installing on-site sewage disposal systems shall be registered to do so by the Department of Health and Senior Services." You also may choose to submit all of the information and install the system yourself. However, the services of a registered person to conduct a percolation test or an onsite soil morphology will be required. A registered contractor should be able to help you select a system to suit your needs and will help you fill in the forms. You may also consult with your health department representative.
2. Fill in the "Onsite Wastewater Treatment System Construction Permit Application Fee" form and submit it, along with the \$90.00 fee, to the address on the form. NOTE: Submit fee and application to different addresses.
3. Use the "Onsite Wastewater Treatment System Construction Permit Instructions and Check Off List" form to ensure that all of the required information has been gathered. Then, submit the completed application, percolation test or soil morphology report, and all necessary drawings and plans to the office from which you received the packet.
4. Upon receipt of the completed application, a health department representative will schedule a site visit. If the results of the site visit and plan review are satisfactory and the permit application fee has been received, the permit will be issued and construction may begin.

If you or your contractor need additional information, or if we can help you with this in any way, please feel free to contact us.

MISSOURI DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
ONSITE WASTEWATER TREATMENT SYSTEM  
CONSTRUCTION PERMIT APPLICATION

1. Property Owner Name (Last, First, MI)		Application Number	
2. Site Address (911/ENS)		Office Use Only	
City		Permit Number	EPHS #
County	Zip Code	Reviewed By	EPHS Signature
Latitude	Subdivision		Lot #
Longitude			
1/4	1/4	Section	Township Range
Parcel ID #			
Directions to Site			
3. Mailing Address (if different from above)		Day Phone Number	Night Phone Number
City		State	Zip Code
4. System Is      New Construction <input type="checkbox"/> System Replacement <input type="checkbox"/> System Repair <input type="checkbox"/>			
5. System Serves		Residence <input type="checkbox"/>	Business <input type="checkbox"/>
Single Family <input type="checkbox"/>	No. Bedrooms:	Whirlpool Bath <input type="checkbox"/>	Food Service <input type="checkbox"/>
Multi-Family <input type="checkbox"/>	Laundry Facility <input type="checkbox"/>	Garbage Disposal <input type="checkbox"/>	Lodging <input type="checkbox"/>
		Dishwasher <input type="checkbox"/>	Other (specify):
6. Water Supply		Public <input type="checkbox"/>	Private <input type="checkbox"/>
	Name of Supply	Type Supply	Bored Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Driven Well <input type="checkbox"/>
			Drilled Well <input type="checkbox"/> Other (specify):
7. Lot	Size # acres # square feet	% Slope	Indicate direction of slope on Site Layout.
8. Soil Information		Include percolation test or soil morphology report with the application	
Percolation Test <input type="checkbox"/>	Percolation Rate (min/inch)		
Soil Morphology <input type="checkbox"/>	Application Rate (gpd/sq. ft.)		
9. Name of Percolation Tester or Soil Evaluator			Tester Identification Number
Address			Phone Number
City		State	Zip Code

**10. Proposed System** Complete information only for the system you plan to construct.

<b>A. <input type="checkbox"/> Waste Stabilization Pond</b>	<b>Pond Seal</b>
Dimensions <small>length x width or diameter</small>  Total Water Surface Area <small>square feet</small>  Working Depth	Native Soil <input type="checkbox"/> Artificial Liner <input type="checkbox"/>  Bentonite Clay <input type="checkbox"/> Clay from Another Source <input type="checkbox"/>  Type of Equipment Used to Compact Soil:

Indicate location of discharge pipe, fence, gate, and all setback distances on Site Layout

<b>B. <input type="checkbox"/> Sewage Tank</b>	<input type="checkbox"/> <b>Absorption Field</b>
Septic Tank <input type="checkbox"/> Liquid Capacity      gal. Manufacturer:      Material/Construction NSF Class I Aeration Unit <input type="checkbox"/> Treatment Capacity      gpd Manufacturer:      Material/Construction Pump Tank <input type="checkbox"/> Liquid Capacity      gal. Manufacturer:      Material/Construction	Distribution Box <input type="checkbox"/> Pipe & Gravel-width ____ <input type="checkbox"/> Serial Distribution <input type="checkbox"/> Chamber-width _____ <input type="checkbox"/> Flat Lot Layout <input type="checkbox"/> Gravelless Pipe-dia. ____ <input type="checkbox"/> Dosed <input type="checkbox"/> Other (specify) <input type="checkbox"/> Pressure Distribution <input type="checkbox"/> Total Absorption Area _____ Trench Length(s)      No. of Trenches Trench Width      Trench Depth
Distance from:      Well      House Property Lines      Water Lines Stream, River, Pond, or Lake      Neighbor's Well	Distance from:      Well      House Property Lines      Water Lines Stream, River, Pond, or Lake      Neighbor's Well

Show location of house, tank, absorption field, wells, water lines, bodies of water, geological features, easements, and all setback distances on the Site Layout.

**C.  Alternative System**

Low Pressure Pipe System <input type="checkbox"/>	Sand Filter <input type="checkbox"/>	Mound System <input type="checkbox"/>
Drip Irrigation <input type="checkbox"/>	Wetlands <input type="checkbox"/>	Other (specify) <input type="checkbox"/>

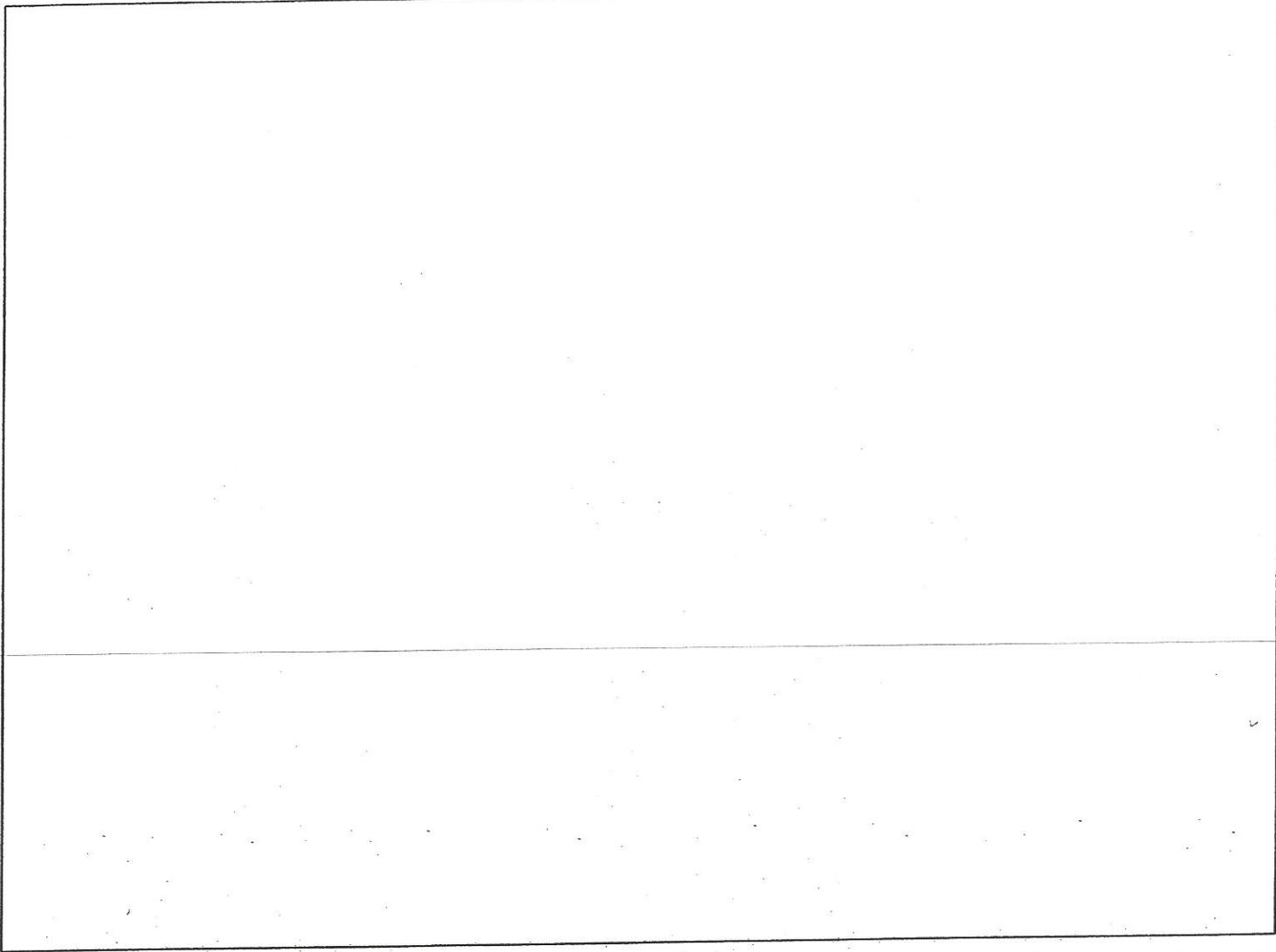
Include supporting data, calculations, and drawings with the packet

<b>11. Installer</b>	Registered Y <input type="checkbox"/> N <input type="checkbox"/>	Identification Number
Name		Phone Number
Address		
City	State	Zip Code

All information contained in and with this application packet is true and accurate to the best of my knowledge.

<b>12. Signature of Owner or Agent</b>	Date
--	------

## 13. Site Layout



1. Show property lines and dimensions to reflect the shape and size of the property.
2. Diagram proposed system. Show appropriate elevations to indicate proper fall for system. System must be staked on the property for the Site Evaluation.
3. Show distances to house, well, water lines, property lines, geological features such as sinkholes, rock outcrops, lakes, ponds, streams, rivers, etc.
4. Show distances to neighbors' wells, homes, and sewage disposal systems.
5. Show locations of all percolation test holes or soil morphology test pits. Holes must be flagged on the property for site evaluation.
6. Show fence location around waste stabilization pond.
7. Use the slope diagram to show percent of slope. Use arrows on the Site Layout to indicate the direction of slope.
8. Indicate any known easements that exist for utilities, roads, private driveways, or other easements.

## Slope Diagram

Show percent slope on diagram. Show cross section of system on slope.

