



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

FEE RECEIPTS TRANSMITTAL NUMBER

DATE PAID

NAME OF PROPERTY OWNER

APPLICATION NUMBER

ADDRESS OF CONSTRUCTION SITE (STREET, CITY, STATE, ZIP CODE)

COUNTY OF CONSTRUCTION SITE

TELEPHONE NUMBER

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



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**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 are 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 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 registered 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: The Construction Permit Application is sent to a different address than the Permit Application Fee.
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.

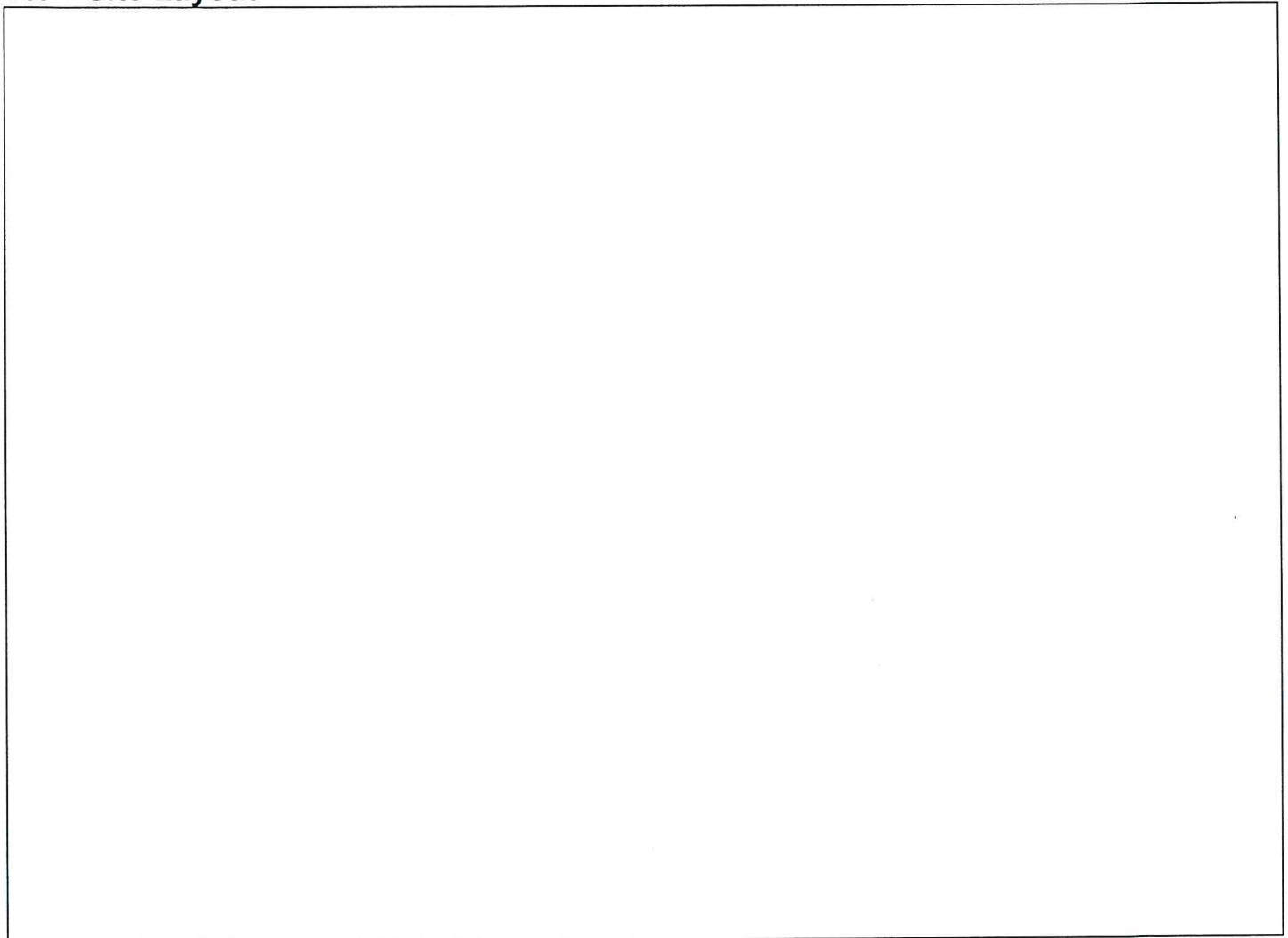
If you or your contractor needs additional information, or if we can help you with this in any way, please feel free to contact us.

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

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

|   |                              |   |  |   |        |
|---|------------------------------|---|--|---|--------|
| <b>10. Proposed System</b> Complete information only for the system you plan to construct.  |                              |   |  |   |        |
| <b>A. <input type="checkbox"/> Waste Stabilization Pond</b>   |                              |   | <b>Pond Seal</b>                                   |   |        |
| Dimensions<br>length x width or diameter _____<br><br>Total Water Surface Area<br>square feet _____<br><br>Working Depth _____  |                              | Native Soil <input type="checkbox"/> Artificial Liner <input type="checkbox"/><br><br>Bentonite Clay <input type="checkbox"/> Clay from Another Source <input type="checkbox"/><br><br>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>  |                              |   | <b><input type="checkbox"/> Absorption Field</b>   |   |        |
| Septic Tank <input type="checkbox"/>  | Liquid Capacity _____ gal.   | Distribution Box <input type="checkbox"/><br><br>Serial Distribution <input type="checkbox"/><br><br>Flat Lot Layout <input type="checkbox"/><br><br>Dosed <input type="checkbox"/><br><br>Pressure Distribution <input type="checkbox"/><br><br>Trench Length(s) _____<br>Trench Width _____ | Pipe & Gravel-width _____ <input type="checkbox"/> |   |        |
| Manufacturer: _____   | Material/Construction _____  |   | Chamber-width _____ <input type="checkbox"/>       |   |        |
| NSF Class I Aeration Unit <input type="checkbox"/>  | Treatment Capacity _____ gpd |   | Gravelless Pipe-dia _____ <input type="checkbox"/> |   |        |
| Manufacturer: _____   | Material/Construction _____  |   | Other (specify) _____ <input type="checkbox"/>     |   |        |
| Pump Tank <input type="checkbox"/>  | Liquid Capacity _____ gal.   |   | Total Absorption Area _____                        |   |        |
| Manufacturer: _____   | Material/Construction _____  |   | No. of Trenches _____                              |   |        |
|   |                              |   | Trench Depth _____                                 |   |        |
| <b>Setback Distance from</b>  | Septic Tank                  | Class I Unit  | Pump Tank  | Absorption Field  | Lagoon |
| Owner's Well  |                              |   |  |   |        |
| Neighbor's Well   |                              |   |  |   |        |
| Water Lines   |                              |   |  |   |        |
| Property Line   |                              |   |  |   |        |
| House   |                              |   |  |   |        |
| Stream, River, Pond or Lake   |                              |   |  |   |        |
| Other (Specify)   |                              |   |  |   |        |
| <b>Show location of house, tank, absorption field, wells, water lines, bodies of water, geological features, easements, and all setback distances on the Site Layout.</b> |                              |   |  |   |        |
| <b>C. <input type="checkbox"/> Alternative System</b>   |                              |   |  |   |        |
| Low Pressure Pipe System <input type="checkbox"/><br><br>Drip Irrigation <input type="checkbox"/>   |                              | Sand Filter <input type="checkbox"/><br><br>Wetlands <input type="checkbox"/>   |  | Mound System <input type="checkbox"/><br><br>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 prior to 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 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.

