



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

FEERECIPTSTRANSMITALNUMBER
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

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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).

Construction of your OWTS 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 an onsite soil morphology or a percolation test 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 the permitting authority representative.
2. There are two options for submitting the "Onsite Wastewater Treatment System Construction Permit Application Fee" form and payment.
 - a. Fill in the form and submit it, along with the \$90.00 fee, **to the address on the form.**
 - b. Pay online by going to <https://health.mo.gov/about/online-payment.php>. Include the Approval Number on the form where indicated and either mail form to **Missouri Department of Health and Senior Services, Onsite Wastewater Treatment Program, PO Box 570, Jefferson City, MO, 65102** or fax to **(573) 526-7377**.

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 Instruction and Checklist" form to ensure that all of the required information has been gathered. Then, submit the completed application, 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, the permitting authority 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

Application Number

Office Use Only

Permit Number

OWTS Notice of Violation

Reviewed By

EPHS #

EPHS Signature

1. Property Owner Name (Last, First, MI)

Developer Y N -- Developers need to contact DNR

2. Site Address (911/ENS)

Subdivision Name

Lot #

City County Zip Code

Date of Subdivision/Lot Plat

Total Number of Lots

Parcel ID #

Latitude

Longitude

$\frac{1}{4}$ $\frac{1}{4}$ Section Township Range

3. Mailing Address (if different from above)

Day Phone Number

Night Phone Number

Street City State Zip Code

Directions to Site

4. System Is (Select One) New Construction System Replacement System Repair System Expansion

5. System Serves

Residence: Single-Family Multi-Family

Business(es) No.:

Daily Sewage Flow
(gallons per day)

No Bedrooms: _____

Laundry Garbage Disposal

Food Service

Dishwasher Oversized Bath

Lodging

Other (specify):

No Occupants: _____

6. Water Supply

Public Name of Public Water Supply: _____

Private Type: Bored Well Dug Well Driven Well Drilled Well

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

Percolation Rate (min/inch)

Soil Morphology

Application Rate (gpd/sq. ft.)

9. Name of Percolation Tester or Soil Evaluator

Tester Identification Number

Phone Number

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

A. Waste Stabilization Pond Dimensions Length x width or diameter _____ Total Water Surface Area _____ sq. ft. Working Depth _____	Pond Seal <input type="checkbox"/> Native Soil <input type="checkbox"/> Artificial Liner <input type="checkbox"/> Bentonite Clay <input type="checkbox"/> Clay from Another Source Type of Equipment Used to Compact Soil: _____
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B. Sewage Tank Type <input type="checkbox"/> Septic Tank Liquid Capacity _____ gal. Manufacturer: Material/Construction _____ <input type="checkbox"/> NSF Class I Aeration Unit Treatment Capacity _____ gpd Manufacturer: Material/Construction _____ <input type="checkbox"/> Pump Tank Liquid Capacity _____ gal. Manufacturer: Material/Construction _____ <input type="checkbox"/> Holding Tank Liquid Capacity _____ gal. Manufacturer: Material/Construction _____	Absorption Field <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">Distribution Type</th> <th style="width:30%;">Product</th> <th style="width:40%;">Size</th> </tr> <tr> <td>Distribution Box <input type="checkbox"/></td> <td><input type="checkbox"/> Pipe & Gravel-width</td> <td>_____</td> </tr> <tr> <td>Serial Distribution <input type="checkbox"/></td> <td><input type="checkbox"/> Chamber-width</td> <td>_____</td> </tr> <tr> <td>Flat Lot Layout <input type="checkbox"/></td> <td><input type="checkbox"/> Gravelless Pipe-dia</td> <td>_____</td> </tr> <tr> <td>Dosed <input type="checkbox"/></td> <td><input type="checkbox"/> EPS Bundle(s) No</td> <td>_____</td> </tr> <tr> <td>Pressure Distribution <input type="checkbox"/></td> <td><input type="checkbox"/> Other (specify)</td> <td>_____</td> </tr> </table> Trench Bottom _____ sq.ft. Absorption Area: Alternative System Area _____ sq.ft. Laterals <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Individual Trench Length(s) _____ ft.</td> <td>Total Trench Length _____ ft.</td> </tr> <tr> <td>Trench Width Used _____ in.</td> <td>Equivalency Trench Width _____ in.</td> </tr> <tr> <td>No. of Trenches _____</td> <td>Trench Depth _____ in.</td> </tr> </table>	Distribution Type	Product	Size	Distribution Box <input type="checkbox"/>	<input type="checkbox"/> Pipe & Gravel-width	_____	Serial Distribution <input type="checkbox"/>	<input type="checkbox"/> Chamber-width	_____	Flat Lot Layout <input type="checkbox"/>	<input type="checkbox"/> Gravelless Pipe-dia	_____	Dosed <input type="checkbox"/>	<input type="checkbox"/> EPS Bundle(s) No	_____	Pressure Distribution <input type="checkbox"/>	<input type="checkbox"/> Other (specify)	_____	Individual Trench Length(s) _____ ft.	Total Trench Length _____ ft.	Trench Width Used _____ in.	Equivalency Trench Width _____ in.	No. of Trenches _____	Trench Depth _____ in.
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Setback Distance from	Septic Tank	Class I Unit	Pump Tank	Absorption Field	Lagoon
Owner's Well					
Neighbor's Well					
Public/Community Well					
Water Lines					
Property Line					
House <input type="checkbox"/> Foundation <input type="checkbox"/> Basement					
Stream, River, Pond or Lake					
Other (Specify)					

C. Alternative System

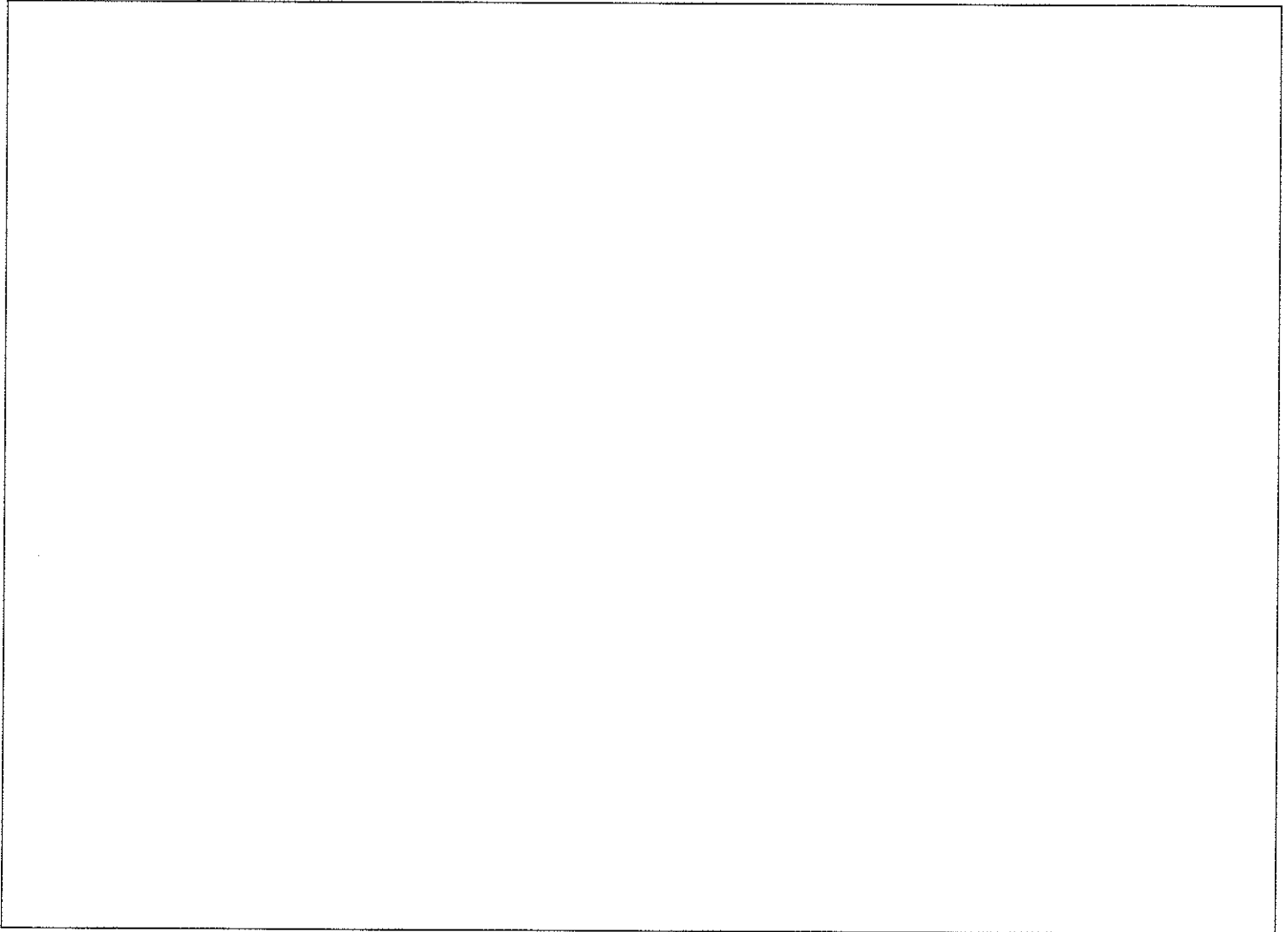
Low Pressure Pipe System
 Sand Filter
 Mound System
 Drip Irrigation
 Wetlands
 Other (specify) _____ **Include supporting data, calculations, and drawings with the packet.**

11. Installer	Registered: Y <input type="checkbox"/> N <input type="checkbox"/>	Identification Number: _____	Date of Expiration: _____
Name _____		Phone Number _____	
Address: (If homeowner, please provide Address, City, State and Zip Code.) _____			

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

12. Signature of Owner or Agent _____	Date _____
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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 discharge pipe, fence, gate and all setback distances 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.

