

WASTEWATER TREATMENT SYSTEM PERMIT APPLICATION

☐

New System

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Replacement System

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Addition/Repair

Fees: New System \$150 Replacement System \$150 Addition/Repair\$50

Owner Name: _____

Daytime Phone: _____ Email Address: _____

New E911 Address: _____

Street _____ City _____ State _____ ZIP _____

Current Mailing Address

Street _____ City _____ State _____ ZIP _____

Installer Name: _____ Installer Phone: _____

Installer Email: _____

Subdivision Name: _____ Lot # _____

Lot Dimensions: _____ length _____ width OR Number of Acres: _____

Directions to property/site: _____

TYPE OF OCCUPANCY (CHECK ONE):

☐ RESIDENCE- # OF BEDROOMS _____

☐ COMMERCIAL- Type: _____ # of persons served _____

**Return completed form including detailed sketch of system, soil test results, and the applicable application fee to:

Jasper County Health Department
105 Lincoln St
Carthage MO 64836

Phone: 417-358-0481 Email: lpippin@jaspercountymo.gov

Installer Signature: _____ Date: _____

Owner Signature: _____ Date: _____

I certify to the best of my knowledge that the information contained on this form is correct and that the proposed work will be completed in accordance with local code regulations

FOR OFFICE USE ONLY

Date Received: _____ Amount Received: _____ CK# _____ Receipt # _____

Building Permit # _____ Type of system installed: _____
(must be issued at same time)

Date/Initials

_____ Initial Plans

Approved

☐ Yes ☐ No

_____ Modification

☐ Yes ☐ No

_____ Permit Issued

☐ Yes ☐ No

Date Notified/ Initials

**Actual Date of
Final Inspection:**

Comments: _____

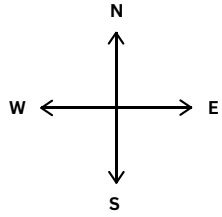
Signed: _____ Date _____

SKETCH PLAN

PERMIT # _____

DRAWN BY: _____ FOR: _____

E911 ADDRESS: _____



Lot Dimensions: _____ length _____ width -OR- Number of Acres _____

DESIGN DETAILS (fill in the blanks)

_____ Ft. of 4" SCD 40 between house and tank

_____ Ft. of 4" SCD 40 past excavation hole

_____ Gallon concrete septic tank

_____ Type or manufacturer of tank

_____ % of slope in lateral field

_____ Ft. setback to property line

_____ Ft. setback to all wells in area

_____ Service connections to well (including this one)

_____ Bedroom home or number of employees

Barrier Material

_____ Type →

_____ " of Clean Rock ↗

_____ " of Clean Rock ↘

Backfill

4"

← _____ " Wide →

↑ _____ "Total
Trench Depth
↓

