

WASTEWATER TREATMENT SYSTEM PERMIT APPLICATION

(Applicant Must Complete)

NEW SYSTEM ☐**REPLACEMENT SYSTEM** ☐**ADDITION / REPAIR** ☐

Owner Name _____ Daytime Phone _____

Email Address: _____

New 911 Address _____ City _____ State _____ Zip _____

Current Mailing Address _____ City _____ State _____ Zip _____

Installer Name _____ Daytime Phone _____

Subdivision Name _____ Lot # _____ (if applicable)

PROPERTY - Directions to Site (Include Road Numbers): _____

TYPE OF OCCUPANCY (check one):**RESIDENCE:** _____ Number of Bedrooms _____**-OR- COMMERCIAL:** _____ Type: _____ No. of Persons Served _____

****Return completed form including detailed sketch of system, soil test results and the \$150.00 permit application fee for all new on-site sewage systems or for repairs initiated by a complaint investigation, the \$50.00 permit application fee for all repairs/additions, or the \$150.00 noncompliance fee to the:**

Jasper County Health Department
105 Lincoln Street
Carthage, MO 64836
Phone (417) 358-0481 Email lpippin@jaspercountymo.gov

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

Owner Signature _____ Date _____

Installer Signature _____ Date _____

*A Building Permit must be issued at the same time as a Wastewater Permit.
Permit No. is to be written at the top of this Application upon Approval. This form then becomes the Permit.*

FOR OFFICE USE ONLY

Date received: _____ Amount received: _____ Ck# _____ Receipt# _____

A Building Permit must be issued at the same time: Building Permit No. _____**Type of System Installed:** _____

Date / Initials

Approved

Date Notified / Initials

Initial Plans

☐ Yes ☐ No

Modification

☐ Yes ☐ No

Permit Issued

☐ Yes ☐ No

Actual Date of Inspection: _____

Comments: _____

Signed: _____ Title: _____

SKETCH PLAN

DRAWN BY: _____ FOR: _____

E-911 ADDRESS: _____

N
 W E
 S

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)

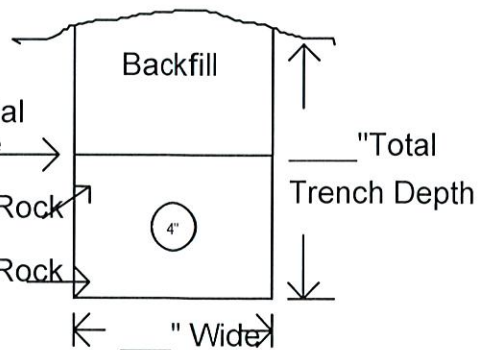
_____ Bedroom home or number of employees

Barrier Material

Type →

_____ " of Clean Rock

_____ " of Clean Rock



_____ "Total

Trench Depth

← _____ " Wide →