PERMIT NO
1/4,S,T,R
MIT APPLICATION  NT SYSTEM  ADDITION / REPAIR
aytime Phone
State Zip
StateZip
_ Daytime Phone
Lot # (if applicable)
nil Address
_ No. of Persons Served
s form is correct and that the proposed work ocal code regulations.
Date
Date
results and the \$150.00 permit ated by a complaint investigation, the noncompliance fee to the:
ercountymo.gov ***************

OFFICE OF ENVIRONMENTA	L NEALIN	Legal desc			
	STEWATER T	TREATMENT	SYSTEM PERMIT	APPLICATION	
Applicant Must Complete)	NEV	N SYSTEM □	REPLACEMENT S	YSTEM  ADD	ITION / REPAIR <b>□</b>
Owner Name			Daytim	e Phone	
New 911 Address			City	State	Zip
Current Mailing Address			City	State	Zip
nstaller Name			Day	time Phone	
Subdivision Nam	ne		Lot #	# (if a	applicable)
PROPERTY - Directions to	Site (Include ro	oad numbers):			
			Email Ad	dress	
TYPE OF OCCUPANCY (cl	heck one):				
RESIDENCE:	Numbe	r of Bedrooms_			
OR- COMMERCIAL:	Type		No	. of Persons Serve	ed
will b	e completed in	accordance wi	th this plan and local	code regulations.	
will b	e completed in	accordance wi	th this plan and local	code regulations.	
will b  Owner Signature  nstaller Signature  Return completed form inc	e completed in	accordance wi	th this plan and local	code regulations.  Date  Date  Its and the \$150.	00 permit
will b  Owner Signature  Installer Signature  Return completed form incapplication fee for all new  \$50.00 permit application	cluding detaile on-site seway fee for all repa J	ed sketch of sige systems or airs/additions, asper County Carthage 58-0481 Ema	ystem, soil test resure for repairs initiated or the \$150.00 nonce Health Department acoln Street e, MO 64836 il bvinzant@jaspercol	Date Date Its and the \$150. by a complaint in ompliance fee to	00 permit avestigation, the the:
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Jasper County Health Department

Signed: \_\_\_\_\_

Revised 03/28/2023

\_Title:\_\_\_\_

	SKETCH PLAN
<b>DRAWN BY:</b>	FOR:

E-911 ADDRESS:			
_			

N W E S

Lot Dimensions:	length	width -OR- Number o	of Acres	_
DESIGN DETAILS (fill in	the blanks)			
Ft. of 4" SCD 40 b	oetween house a	and tank		<b>}</b>
Ft. of 4" SCD 40 p	oast excavation	hole	Backfill	
Gallon concrete s	eptic tank	Barrier Material		
Type or manufact	urer of tank	$\longrightarrow$		"Total
% of slope in later	al field	" of Clean Rock/	A .	Trench Depth
Ft. setback to pro	perty line	" of Clean Rock		
Ft. setback to all	wells in area	or ordan nod <u>n</u>	<del>1</del>	J <u>V</u>
Service connectio	ns to well (inclu	ding this one)	Wide	<b>1</b>
Redroom home or	number of emp	lovees		