

WASTEWATER TREATMENT SYSTEM PERMIT APPLICATION

(Applicant Must Complete)

NEW SYSTEM REPLACEMENT SYSTEM ADDITION / REPAIR

Owner Name _____ Daytime Phone _____

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): _____

_____ Email Address _____

TYPE OF OCCUPANCY (check one):

RESIDENCE: _____ Number of Bedrooms _____

-OR- COMMERCIAL: _____ Type _____ No. of Persons Served _____

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 _____

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 bvinzant@jaspercountymo.gov

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: _____

Table with 3 columns: Date / Initials, Approved (Yes/No), Date Notified / Initials. Rows include Initial Plans, Modification, and Permit Issued.

Actual Date of Inspection: _____

Permit No. to be written at the top of this Application upon Approval. This form then becomes the Permit.

Comments: _____

Signed: _____ Title: _____

SKETCH PLAN

DRAWN BY: _____ FOR: _____

E-911 ADDRESS: _____

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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

