

MORGAN COUNTY HEALTH CENTER

Permit Application Instructions and Check Off List

Please type or print all information clearly. Provide all requested information accurately and completely. Incomplete applications will be returned for completion before a permit will be issued. As you complete the section, check the appropriate box. When each box is checked, the application is ready to return to the Health Center.

Provide the following information completely and accurately:

- () 1. Property Owner: The name of the property owner as stated on the current deed, as recorded with the County Recorder.
- () 2. Site Address: The address of the actual construction site of the system, include county, legal description (¼ of ¼ section, section, township, range), subdivision name and lot number.
- () 3. Mail Address: The address that correspondence, permits, and other communications may be sent to. Include daytime and evening telephone numbers for the property owner.
- () 4. System Is: Check the appropriate box if the system is a new construction (no system existed prior to this construction), or repair of an existing system (major repair or replacement of a currently existing system).
- () 5. System Serves: Check residence or business, whichever is applicable. If a residence is attached to a business, check business but include residence in the system design. Provide the requested information below the appropriate box.
- () 6. Water Supply: Check the appropriate box for your drinking water supply. City water, public water supply district, or a community system that meets Missouri Department of Natural Resources definitions of community public systems or non-community public systems are "Public"; provide the name of the supply. For "Private" supplies, give the type of supply. Locate the supply (well), neighboring supplies (wells) and water lines on the site layout.
- () 7. Lot: Provide the lot size in acres or square feet. Give the percent slope and indicate on the Site Layout the direction of slope and show a cross section of the slope and proposed system on the Slope Diagram.

Obtain soil data at the site. Soil morphology must be provided by a soil scientist meeting the definition in 19 CSR 20-3.060 (1) 61.

- () 8. Soil Information: Provide the information requested for soil morphology. Include the soil scientists report.
- () 9. Name of Soil Scientist: Provide the name, address, telephone number, and social security number of the person providing the soil data.
- () 10. Proposed System: Provide brief basic information about the proposed system; choose A, B, or C depending on the type of system. Provide the information necessary for that system. A Registered Professional Engineer must design systems checked as "Other". Include all data, calculations, drawings, or other information used to determine the design. Also include the Professional Engineer's name, address, telephone number, and seal. Locate the proposed system on the Site Layout (item 13) and show all set back distances, property lines, easements, and any other information requested.
- () 11. Installer: Provide the name, address, telephone number and social security number of the person (not a firm) doing the system construction. Indicate if the installer is registered (Y) or not (N).

After the form is signed and dated, be sure anyone providing the reports signs all soil morphology and/or engineer's reports.

- () 12. Signature of Owner or Agent: The property owner or designated agent must sign the form to attest the accuracy and completion of the information in the packet.
- () 13. Site Layout: Provide a drawing of the proposed system. Include all requested information from the application and Site Layout section.
- () Make copies of the application, site layout, all test results, reports and drawings for your records.
- () When you have completed the forms and checked off each box on this instruction sheet, return the packet to the Morgan County Health Center
- () Complete the On-Site Sewage Disposal System Construction Permit Application form and submit it with your \$175.00 permit fee to the Morgan County Health Center, 104 W Lafayette, Versailles, MO 65084. Do not mail cash. Make check or money order payable to Morgan County Health Center.