MORGAN COUNTY HEALTH CENTER

104 W LAFAYETTE ST VERSAILLES MO 65084 573/378-5438

ON-SITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT APPLICATION

Application Number	
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Introduction

Thank you so contacting us concerning plans for your on-site sewage disposal system. As you may know, the Morgan County Health Center is required by law to regulate the design, construction and operation of on-site sewage disposal systems.

This is a form to apply for a permit and to select an on-site sewage disposal system that will comply with the regulations. Construction of your on-site sewage disposal system may NOT begin until a permit has been issued. To expedite this process, please follow these steps:

- Contact a registered on-site sewage system installer. A registered installer will best
 be able to assist you with this process and is highly recommended. You also may
 choose to submit all of the information yourself; however, the services of a soil
 scientist to provide soil morphology will be required. The installer should be able to
 help you select a system to suit your needs, and will help you fill in the form. You
 may also consult with your Health Center representative.
- 2. Submit the \$175.00 fee and this application to the address on this form.
- 3. Submit the completed form and all necessary drawings and plans to the office from which you received the application.
- 4. Upon receipt of the completed application packet, a Health Center representative will conduct a site visit. If the results of the site visit and plan review are satisfactory and the permit fee has been received, the permit will be issued and construction may begin.

If you or your contractor needs additional information, or if we can help you with this in any way, please feel free to contact us at 573/378-5438, ext. 238.

PLEASE NOTE: THIS IS $\underline{\mathsf{NOT}}$ A PERMIT FOR CONTRUCTION.

MORGAN COUNTY HEALTH CENTER				OFFICE USE ONLY				
ON-SITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT APPLICATION				Application Number:				
Property Owner	(Last,	First, A	MI)	APPROVED: []Yes []No Date: Permit Number:				
Site Address (911	/ENS)			Date Issue Sanitarian			xp. Date: San. #	
City	City County		Zip Subdivision		ision	Lot#		
arcel ID #								
irections to Site:								

Mailing Address	(if different from	above)	1	Day Phone	Number	Ev	ening Phone Number	
City	32		County				Zip	
. System Is: N	lew Construct	ion[]		Repair Exis	ting Syste	m []		
. System Serves:	Reside	nce []		Business [1			
Single Family [] Multi-Family []	Number of Bedrooms: Whirlpool Bath Garbage Disposa Dishwasher			[] Food Service [] Daily Sewage Flow [] Lodging [] (gallons per day) [] Other (specify):				
. Water Supply	Public [] Name of Su	pply	Type Su	Private [] pply Bored Well [] Dug Well [] Driven Well [] Drilled well [] Other (specify):				
. Lot	# acres							
. Soil Information	#square fee		Slop est or soil s	oe cientist report v			ection of slope on Site Layout,	
Soil Morphology [T GET A	І Туре		Texture	% Cla	ay /	Application Rate	
. Name of Soil Scientist					Те	(gpd/sq.ft.) Tester Social Security Number		
Address	Address					Phone N	lumber -	
City			Sta	te Zip Code				
A . I . I Wasta Ch	abilization Po	ad			Ponc	l Seal		
A. [] Waste Sta	abilization		Native So	il []	Arti	ficial line	r []	
350	h or diameter)	Cloy []	Cla	v from a	nother source []	
Total Water S square feet	unace Area		sentonite	Clay []	0.00	2 1031111 3		
Working Dept	h	7	Type of e	quipment us	sed to com	pact soil		
Indicate loc	ation of disch	arge pipe	e, fence, (gate, and all	set back o	distance	s on Site Layout.	
B. [] Sewage Manufacturer:	B. [] Sewage Tank						on Field] Flat Lot Layout [No. of Trenches	
Liquid Capacity	gal N	laterial		Trench \	Nidth		Trench Depth	
Septic [] Aerated []	NSF CI	ss I v ſ] n[]	Distance	from: wel	1	house	
Distance from: v		house		property	lines	basem	ent water lines	
lake basement property lines			it	stream, river, pond, or lake neighbors well				
Show location of hou and all setback distar	ise, tank, abso	rption fiel	d, wells, v	water lines, b	odies of wa	ater, geol	ogical features, easemen	
C. [] Alternativ								
Low Pressure Pi		1	Single	Pass Sand I	Filter []		Mound System []	
Wetlands []		her (speci		II		b 46 -	kat	
11. Installer	Include sup	porting da	ata, calcul	Registere	d		ket. al Security Number	
Name				y [] Phor	n [] ne Number)			
Address	-							
City			Sta	ate	2	Zip Code	9	
All information co	ontained in and	with this	application	n packet is tru	ie and accu	rate to th	ne best of my knowledge.	
12. Signature of 0							Date	

