

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
ONSITE WASTEWATER TREATMENT SYSTEM  
CONSTRUCTION PERMIT APPLICATION**

Application Number \_\_\_\_\_

**Introduction**

Thank you for contacting us concerning plans for your onsite wastewater treatment system (OWTS). As you may know, the Missouri Department of Health and Senior Services are required by law to regulate the design, construction, and operation of onsite systems.

This packet contains forms and instructions to help you apply for a permit and to select an onsite wastewater treatment system that will comply with regulations.

Enclosed in this packet you will find the following items:

1. The ONSITE WASTEWATER TREATMENT SYSTEM CONSTRUCTION PERMIT APPLICATION FEE form.
2. The Permit Application form.
3. The Instruction and Check Off List.

Construction of your onsite wastewater treatment system may not begin until a permit has been issued. To expedite this process, please follow these steps:

1. Contact an OWTS registered contractor. A registered contractor will best be able to assist you with this process and is highly recommended. State statute requires that "Any person installing on-site sewage disposal systems shall be registered to do so by the Department of Health and Senior Services." You also may choose to submit all of the information and install the system yourself. However, the services of a registered person to conduct a percolation test or an onsite soil morphology will be required. A registered contractor should be able to help you select a system to suit your needs and will help you fill in the forms. You may also consult with your health department representative.
2. Fill in the "Onsite Wastewater Treatment System Construction Permit Application Fee" form and submit it, along with the \$90.00 fee, **to the address on the form**. NOTE: The Construction Permit Application is sent to a different address than the Permit Application Fee.
3. Use the "Onsite Wastewater Treatment System Construction Permit Instructions and Check Off List" form to ensure that all of the required information has been gathered. Then, submit the completed application, percolation test or soil morphology report, and all necessary drawings and plans **to the office from which you received the packet**.
4. Upon receipt of the completed application, a health department representative will schedule a site visit. If the results of the site visit and plan review are satisfactory and the permit application 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.

MISSOURI DEPARTMENT OF HEALTH  
AND SENIOR SERVICES  
ONSITE WASTEWATER TREATMENT SYSTEM  
CONSTRUCTION PERMIT APPLICATION

		Application Number	
Official Use Only			
		Permit Number	OWTS Notice of Violation
1. <b>Property Owner Name</b> (Last, First, MI)		Reviewed By	EPHS #
Developer Y N -- Developers need to contact DNR		EPHS Signature	
2. <b>Site Address (911/ENS)</b>		Subdivision Name	Lot #
City	County	Zip Code	Date of Subdivision/Lot Plat
Parcel ID #		Latitude	Longitude
1/4	1/4	Section	Township
Range			
Directions to Site			
3. <b>Mailing Address</b> (if different from above)		Day Phone Number ( ) -	Night Phone Number ( ) -
City		State	Zip Code
4. <b>System Is</b> New Construction      System Replacement      System Repair      System Expansion			
5. <b>System Serves</b>	Residence: Single-Family      Multi-Family	Business(es) No.:	Daily Sewage Flow (gallons per day)
No Bedrooms:	Laundry      Garbage Disposal Dishwasher      Oversized Bath	Food Service Lodging Other (specify):	
6. <b>Water Supply</b>			
Public      Name of Public Water Supply:			
Private      Type:      Bored Well      Dug Well      Driven Well      Drilled Well			
Other (specify):			
7. <b>Lot</b>	Size      # acres # square feet	% Slope	Indicate direction of slope on Site Layout
8. <b>Soil Information</b> Include percolation test or soil morphology report with the application			
Percolation Test	Percolation Rate (min/inch)		
Soil Morphology	Application Rate (gpd/sq. ft.)		
9. <b>Name of Percolation Tester of Soil Evaluator</b>			Tester Identification Number
Address			Phone Number ( ) -
City			State      Zip Code

<b>10. Proposed System</b>		Complete information only for the system you plan to construct.			
<b>A. Waste Stabilization Pond</b>		<b>Pond Seal</b>			
Dimensions <small>length x width or diameter</small>  Total Water Surface Area <small>square feet</small>  Working Depth		Native Soil  Bentonite Clay  Type of Equipment Used to Compact Soil:		Artificial Liner  Clay from Another Source	
Indicate location of discharge pipe, fence, gate, and all setback distances on Site Layout.					
<b>B. Sewage Tank</b>			<b>Absorption Field</b>		
Septic Tank	Liquid Capacity	gal.	Distribution Box	Pipe & Gravel-width	
Manufacturer:	Material/Construction		Serial Distribution	Chamber-width	
NSF Class I Aeration Unit	Treatment Capacity	gpd	Flat Lot Layout	Gravelless Pipe-dia	
Manufacturer:	Material/Construction		Dosed	Other (specify)	
Pump Tank	Liquid Capacity	gal.	Pressure Distribution	Total Absorption Area	
Manufacturer:	Material/Construction		Trench Length(s)	No. of Trenches	
			Trench Width	Trench Depth	
<b>Setback Distance from</b>	Septic Tank	Class I Unit	Pump Tank	Absorption Field	Lagoon
Owner's Well					
Neighbor's Well					
Water Lines					
Property Line					
House					
Stream, River, Pond or Lake					
Other (Specify)					
<b>Show location of house, tank, absorption field, wells, water lines, bodies of water, geological features, easements, and all setback distances on the Site Layout.</b>					
<b>C. Alternative System</b>					
Low Pressure Pipe System		Sand Filter		Mound System	
Drip Irrigation		Wetlands		Other (specify)	
<b>Include supporting data, calculations, and drawings with the packet.</b>					
<b>11. Installer</b>		Registered	Y	N	Identification Number
Name				Phone Number (    )    -	
Address					
City		State		Zip Code	
All information contained in and with this application packet is true and accurate to the best of my knowledge.					
<b>12. Signature of Owner or Agent</b>				Date	

## 13. Site Layout



1. Show property lines and dimensions to reflect the shape and size of the property.
2. Diagram proposed system. Show appropriate elevations to indicate proper fall for system. System must be staked on the property prior to the site evaluation.
3. Show distances to house, well, water lines, property lines geological features such as sinkholes, rock outcrops, lakes, ponds, streams, rivers, etc.
4. Show distances to neighbors' wells, homes, and sewage disposal systems.
5. Show locations of all percolation test holes or soil morphology test pits. Holes must be flagged on the property for site evaluation.
6. Show fence location around waste stabilization pond.
7. Use the slope diagram to show percent slope. Use arrows on the Site Layout to indicate the direction of slope.
8. Indicate any known easements that exist for utilities, roads, private driveways, or other easements.

### Slope Diagram

Show percent slope on diagram. Show cross section of system on slope.

