

WASTEWATER TREATMENT SYSTEM PERMIT APPLICATION

OWNER: _____ PHONE: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HAS PROPERTY BEEN PLATTED/SUB-DIVIDED SINCE JANUARY 1ST, 1996 ___ YES ___ NO

SUBDIVISION: _____ LOT #: _____

DIRECTIONS TO PROPERTY (USE ROAD #'S):

RESIDENCIAL

OR

COMMERCIAL

_____ # BEDROOMS

_____ FACILITY TYPE

_____ # OF PERSONS SERVED

_____ # OF PERSONS SERVED

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND THE PROPOSED SYSTEM WILL BE INSTALLED ACCORDING TO PROPOSED INSTALLATION PLAN AND COUNTY REGULATIONS.

OWNER/INSTALLER SIGNATURE: _____ DATE : _____

RETURN COMPLETED FORM, SOIL EVALUATION AND PERMIT FEE TO :
LAWRENCE COUNTY HEALTH DEPARTMENT
105 W. NORTH ST.
MT. VERNON, MO. 65712 PHONE :417-466-2201 FAX :417-466-7485

.....
FOR OFFICE USE ONLY

DATE RCVD: _____

FEE RCVD: _____

DATE/INITIALS: _____

INITIAL PLANS APPROVED

YES/ NO

PERMIT ISSUED

YES/ NO

MODIFICATION APPROVED

YES/ NO

DATE ISSUED _____

DATE INSTALLED/INSPECTED _____

TO BE COMPLETED BY THE INSTALLER ONLY

DRAWN BY: _____ FOR: _____

CIRCLE ONE: INSTALLATION PLAN OR AS-BUILT PLAN

CIRCLE ONE: NEW OR REPAIR

LOT DIMENSIONS: _____ LENGTH _____ WIDTH OR NUMBER OF ACRES _____

LEGAL DESCRIPTION ___ 1/4 ___ 1/4 ___ S ___ T ___ R

INDICATE IF AN ADVANCED SYSTEM IS BEING INSTALLED _____ TYPE _____



DESIGN DETAILS

_____ FT. OF 4" SCD 40 BETWEEN HOUSE AND TANK	DEPTH OF TRENCH _____"
_____ FT. OF 4" SCD 40 BETWEEN TANK AND LATERAL	WIDTH OF TRENCH _____"
_____ GALLON SIZE OF CONCRETE TANK	TYPE OF BARRIER MATERIAL _____
_____ MFG. OF TANK	
_____ % GROUND SLOPE IN LATERAL FIELD	
_____ FT. SETBACK TO PROPERTY LINE	LAT. ROCK ON TOP OF PIPE _____
_____ FT. SETBACK TO ALL WELLS IN AREA	LAT. ROCK AROUND PIPE <u> 4" </u>
_____ SERVICE CONNECTIONS TO WELL	LAT. ROCK UNDER PIPE _____