



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).

Construction of your OWTS 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 an onsite soil morphology or a percolation test 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 the permitting authority representative.
2. There are two options for submitting the "Onsite Wastewater Treatment System Construction Permit Application Fee" form and payment.
 - a. Fill in the form and submit it, along with the \$90.00 fee, **to the address on the form.**
 - b. Pay online by going to <https://health.mo.gov/about/online-payment.php>. Include the Approval Number on the form where indicated and either mail form to **Missouri Department of Health and Senior Services, Onsite Wastewater Treatment Program, PO Box 570, Jefferson City, MO, 65102** or fax to **(573) 526-7377**.

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 Instruction and Checklist" form to ensure that all of the required information has been gathered. Then, submit the completed application, 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, the permitting authority 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

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

10. Proposed System		Complete information for only the system you plan to construct.													
A. Waste Stabilization Pond		Pond Seal													
Dimensions Length x width or diameter _____		☐ Native Soil ☐ Artificial Liner													
Total Water Surface Area _____ sq. ft.		☐ Bentonite Clay ☐ Clay from Another Source													
Working Depth _____		Type of Equipment Used to Compact Soil: _____													
B. Sewage Tank		Absorption Field													
Type		Distribution Type	<table border="1"> <thead> <tr> <th>Product</th> <th>Size</th> </tr> </thead> <tbody> <tr> <td>☐ Pipe & Gravel-width _____</td> <td>_____</td> </tr> <tr> <td>☐ Chamber-width _____</td> <td>_____</td> </tr> <tr> <td>☐ Gravelless Pipe-dia _____</td> <td>_____</td> </tr> <tr> <td>☐ EPS Bundle(s) No (# of rows per trench) _____</td> <td>_____</td> </tr> <tr> <td>☐ Other (specify) _____</td> <td>_____</td> </tr> </tbody> </table>	Product	Size	☐ Pipe & Gravel-width _____	_____	☐ Chamber-width _____	_____	☐ Gravelless Pipe-dia _____	_____	☐ EPS Bundle(s) No (# of rows per trench) _____	_____	☐ Other (specify) _____	_____
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☐ Other (specify) _____	_____														
☐ Septic Tank Liquid Capacity _____ gal. Manufacturer: Material/Construction _____		Distribution Box ☐ Serial Distribution ☐ Flat Lot Layout ☐ Dosed ☐ Pressure Distribution ☐	Trench Bottom _____ sq.ft. Absorption Area: _____ Alternative System Area _____ sq.ft.												
☐ NSF Class I Aeration Unit Treatment Capacity _____ gpd Manufacturer: Material/Construction _____		<table border="1"> <thead> <tr> <th colspan="2">Laterals</th> </tr> </thead> <tbody> <tr> <td>Individual Trench Length(s) _____ ft.</td> <td>Total Trench Length _____ ft.</td> </tr> <tr> <td>Trench Width Used _____ in.</td> <td>Equivalency Trench Width _____ in.</td> </tr> <tr> <td>No. of Trenches _____</td> <td>Trench Depth _____ in.</td> </tr> </tbody> </table>		Laterals		Individual Trench Length(s) _____ ft.	Total Trench Length _____ ft.	Trench Width Used _____ in.	Equivalency Trench Width _____ in.	No. of Trenches _____	Trench Depth _____ in.				
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☐ Pump Tank Liquid Capacity _____ gal. Manufacturer: Material/Construction _____															
☒ Holding Tank Liquid Capacity _____ gal. Manufacturer: Material/Construction _____															

Setback Distance from	Septic Tank	Class I Unit	Pump Tank	Absorption Field	Lagoon
Owner's Well					
Neighbor's Well					
Public/Community Well					
Water Lines					
Property Line					
House ☐ Foundation ☐ Basement					
Stream, River, Pond or Lake					
Other (Specify)					

☐ Low Pressure Pipe System
 ☐ Sand Filter
 ☐ Mound System
 ☐ Drip Irrigation
 ☐ Wetlands
☐ Other (specify) _____ **Include supporting data, calculations, and drawings with the packet.**

11. Installer	Registered: Y ☐ N ☐	Identification Number:	Date of Expiration:
Name			Phone Number
Address: (If homeowner, please provide Address, City, State and Zip Code.)			

12. Signature of Owner or Agent	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 discharge pipe, fence, gate and all setback distances 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.