



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 ONSITE SEWAGE PROGRAM
VIOLATION NOTICE

NAME OF PROPERTY OWNER(S)			
EXAMPLE – COMPLETE FORM BASED ON INVESTIGATION AND FINDINGS AT THE SITE			
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)			COUNTY
As provided in Sections 701.025-701.059 RSMo, an act relating to regulation of certain onsite sewage systems, and 19 CSR 20-3.060, "Minimum Construction Standards for Onsite Sewage Disposal Systems", an investigation was made of the system located at the following site:			
SITE ADDRESS (STREET, CITY, STATE, ZIP CODE)			
<p>As a result, the system was determined to be in violation of the above law and rule due to the following conditions:</p> <input checked="" type="checkbox"/> Sewage effluent not contained on own property <input checked="" type="checkbox"/> Presents nuisance and/or health hazard <input checked="" type="checkbox"/> Contamination of surface water and/or groundwater <input type="checkbox"/> Direct contamination of well <input checked="" type="checkbox"/> Potential for breeding flies and mosquitoes <input checked="" type="checkbox"/> Production of odor <input type="checkbox"/> Installation, repair or major modification of an onsite wastewater treatment system without the required permit and inspection. <input checked="" type="checkbox"/> Other (describe): Wastewater surfaces from the wastewater treatment system lateral trenches serving your property. There is evidence that it has run onto adjoining property.			
Aggrieved person(s) may request a hearing before the Department of Health and Senior Services by filing a written request within ten (10) days of receipt of this notice. Requests are to be directed to: Missouri Department of Health and Senior Services, Onsite Sewage Program, P.O. Box 570, Jefferson City, Missouri 65102-0570.			
REMEDIAL ACTION(S) INDICATED			
1. Contact the ___ County Health Department regarding this violation notice. 2. Contract with a state registered onsite soil evaluator to perform an evaluation of your site for an onsite system. 3. Complete the enclosed construction permit application form; submit the application, the application fee of \$-----, and the proposed system design to the ___ County Health Department. The proposed system must comply with the Missouri and ___ County minimum requirements for onsite systems (a copy is enclosed). It is recommended that you use the services of a state registered onsite wastewater treatment system installer to assist with the system design, or a professional engineer if soil limitations require. 4. Contract with a state registered system installer to install the system. NOTE: construction may not begin until the proposed system design has been approved and a valid permit issued by the ___ County Health Department. 5. Following approval of the design and application and prior to the permit being issued, you and/or your registered installer must meet a representative of the ___ County Health Department at your site to review the proposed system layout.			
COMPLIANCE SCHEDULE			
Immediately limit water use, divert roof, foundation drains, and other surface water from the field area to reduce nuisance conditions. Within 10 calendar days, contact the ___ County Health Department to discuss compliance with the terms of this notice. Within 20 calendar days, submit permit application, application fee, soil/site evaluation, and acceptable onsite system design to the ___ County Health Department for approval. Within 30 calendar days, but only after receiving design approval and a valid construction permit, contract with a Missouri registered onsite system installer and complete construction of the permitted system. Any request for extension(s) must be made in writing. An extension may be granted due to weather or lack of contractor availability.			
RECEIVED BY (SIGNATURE)			DATE
IN LIEU OF SIGNATURE, SENT BY REGISTERED/CERTIFIED MAIL (ARTICLE NUMBER)			RECEIVED DATE
SIGNATURE OF REGULATORY AUTHORITY REPRESENTATIVE	TITLE	EPHS NO.	DATE
AGENCY NAME			TELEPHONE NO.