MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES ONSITE WASTEWATER TREATMENT SYSTEM		FEE RECEIPTS TRANSMITTAL NUMBER	
	CONSTRUCTION PERMIT APPLICATION FEE		DATE PAID
NAME OF PROF	PERTY OWNER	DEVELOPER	APPLICATION NUMBER
		☐Yes ☐ No	
ADDRESS OF CONSTRUCTION SITE (STREET, CITY, STATE, ZIP CODE)			COUNTY OF CONSTRUCTION SITE
			TELEPHONE NUMBER
PROPERTY OW	(NER'S MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
NON REFU	NDABLE APPLICATION FEE \$90.00	S IS NOT A PERMIT	
Fee and for	m must be received prior to issuance of permit to co	OFFICE USE ONLY	
To pay on li	ine <u>click here</u> . Once complete enter Approval numbe		
	OR		
Make check	or money order payable to: Missouri Dept. of Hea	ces	
MAIL TO:	Missouri Department of Health and Senior Service Fee Receipts PO Box 570 Jefferson City MO 65102	s	

MO 580-2064 (5-2020) E3.01

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Fee and form must be received prior to issuance of permit t	o construct.	OFFICE USE ONLY PERMIT NUMBER
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