



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

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

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.

