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). As you may know, the Missouri Department of Health and Senior Services are required by law to regulate the design, construction, and operation of onsite systems.

This packet contains forms and instructions to help you apply for a permit and to select an onsite wastewater treatment system that will comply with regulations.

Enclosed in this packet you will find the following items:

1. The ONSITE WASTEWATER TREATMENT SYSTEM CONSTRUCTION PERMIT APPLICATION FEE form.

2. The Permit Application form.

3. The Instruction and Check Off List.

Construction of your onsite wastewater treatment system 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 a percolation test or an onsite soil morphology 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 your health department representative.

2. Fill in the "Onsite Wastewater Treatment System Construction Permit Application Fee" form and submit it, along with the $90.00 fee, **to the address on the form**. 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 Instructions and Check Off List" form to ensure that all of the required information has been gathered. Then, submit the completed application, percolation test or 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, a health department 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.

RESET FORM PRINT FORM

MISSOURI DEPARTMENT OF HEALTH
AND SENIOR SERVICES
ONSITE WASTEWATER TREATMENT SYSTEM
CONSTRUCTION PERMIT APPLICATION

Application Number

Official Use Only

Permit Number _____ OWTS Notice of Violation ☐

Reviewed By EPHS # _____

EPHS Signature

1. **Property Owner Name** (Last, First, MI)

Developer Y ☐ N ☐ -- Developers need to contact DNR

2. **Site Address (911/ENS)**

Subdivision Name Lot #

City County Zip Code

Date of Subdivision/Lot Plat Total Number of Lots

Parcel ID # Latitude Longitude

1/4 1/4 Section Township Range

Directions to Site

3. **Mailing Address** (if different from above)

Day Phone Number Night Phone Number

City State Zip Code

4. **System Is** 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 ☐

Dishwasher ☐ Oversized Bath ☐

Food Service ☐

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 of Soil Evaluator** Tester Identification Number

Address Phone Number

City State Zip Code

10. **Proposed System** Complete information only for the system you plan to construct.

A. ☐ Waste Stabilization Pond

Dimensions (length x width or diameter) _____

Total Water Surface Area (square feet) _____

Working Depth _____

Pond Seal

Native Soil ☐ Artificial Liner ☐

Bentonite Clay ☐ Clay from Another Source ☐

Type of Equipment Used to Compact Soil: _____

Indicate location of discharge pipe, fence, gate, and all setback distances on Site Layout.

B. ☐ Sewage Tank

☐ Septic Tank Liquid Capacity _____ gal.

Manufacturer: Material/Construction

_____ _____

☐ NSF Class I Aeration Unit Treatment Capacity _____ gpd.

Manufacturer: Material/Construction

_____ _____

☐ Pump Tank Liquid Capacity _____ gal.

Manufacturer: Material/Construction

_____ _____

☐ Absorption Field

Distribution Box ☐

Serial Distribution ☐

Flat Lot Layout ☐

Dosed ☐

Pressure Distribution ☐

Pipe & Gravel-width _____ ☐

Chamber-width _____ ☐

Gravelless Pipe-dia _____ ☐

EPS Bundle(s) No. _____ ☐

Other (specify) _____ ☐

Absorption Area: Trench Bottom _____ sq.ft.

Alternative System Area _____ sq.ft.

Laterals

Lateral Length(s) _____ No. of Laterals _____

Trench Width _____ Lateral Depth _____

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

Show location of house, tank, absorption field, wells, water lines, bodies of water, geological features, easements, and all setback distances on the Site Layout.

C. ☐ Alternative System (Please fill in Section B where applicable.)

☐ 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 _____

Name Phone Number

Address

City State Zip Code

All information contained in and with this application packet is true and accurate to the best of my knowledge.

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 fence 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.