

STONE COUNTY HEALTH DEPARTMENT
Onsite Wastewater Treatment System Construction Permit Application

Instructions and Check Off List

Please type or print all information clearly. Provide all requested information accurately and completely. Incomplete applications will be returned for completion before a permit will be issued. As you complete the section, check the appropriate box. When all boxes are checked, the application is ready to return to the Stone County Health Department

Provide the following information completely and accurately:

- 1. Property Owner: The name of the owner of the property as stated on the current deed, as recorded with the County Recorder.

- 2. Site Address: The address of the actual construction site of the system located in Stone County. Complete the legal description (1/4 of 1/4 section, section, township, range), subdivision name and lot number, Latitude and Longitude, and the County Parcel Identification Number when known. Ask the County Assessor or check your real estate tax bill for this information.

- 3. Mailing address: The address that correspondence, permits, and other communications may be sent to. Include daytime and an evening telephone number for the owner of the property.

- 4. System Is: Check the appropriate box to show the system is new construction (no system existed prior to this construction), system replacement (construction to replace present system), or system repair and/or modification of an existing system (major repair of present system).

- 5. System Serves: Check residence or business, whichever applicable. If a residence is attached to a business, check business but include residence in the system design. Provide the requested information below the appropriate box.

- 6. Water Supply: Check the appropriate box for the drinking water supply. City water, public water supply district, or a community system that meets Missouri Department of Natural Resources definitions of community public systems or non-community public systems are "Public"; provide the name of the supply. For "Private" supplies, give the type of supply. Locate the supply (well), neighboring supplies (wells) and water lines on the site layout.

- 7. Lot: Provide the lot size in acres or square feet. Give the percent slope and indicate on the Site Layout the direction of slope, and show a cross section of the slope and proposed system on the Slope Diagram.

Obtain soil data at the site, through a soil morphology evaluation; an onsite soil morphology evaluator, meeting the requirements in 19 CSR 20-3.080, must perform soil morphology evaluations.

8. Soil Information: Check the box for soil morphology; indicate the proposed loading rate based on soil morphology. Include a copy of the soil morphology evaluator's report with the application.

9. Name of Soil Morphology Evaluator: Provide the name, address, telephone number, and identification number of the person providing the soil data.

10. Proposed System: Provide brief basic information about the proposed system; choose A or B depending on the type of system. Provide the information necessary for that system. Include all data, calculations, drawings, or other information used to determine the design. If a Professional Engineer designs the system, include that persons name, address, telephone number, and seal. Locate the proposed system on the Site Layout (item 13) and show all setback distances, property lines, easements, and any other information requested.

11. Installer: Provide the name, address, telephone number and identification number of the person (not firm) doing the system construction. Indicate if the installer is registered (y) or not (n) and if registered as a basic and/or advanced system installer.

NOTE: Be sure the person providing the soil morphology report is the person that signs the report.

12. Signature of Owner, Installer, or Builder: The property owner or installer, or builder must sign the form to attest to the accuracy and completion of the information in the packet.

13. Site Layout: Provide a drawing of the proposed system. Include all requested information from the application and on the Site Layout section. The installer **MUST** complete the Site Layout section.

14. Trench Details: Provide the requested information on the diagram provided.

Make copies of the application, Site Layout, all test results, reports, and drawings for your records.

When you have completed the Onsite Wastewater Treatment System Construction Permit Application Fee form, and have checked off all of the boxes on this instruction sheet, submit the completed application form with appropriate fee listed below to the Stone County Health Department, Environmental Program, P.O. Box 125, Galena, MO 65656. Do not send cash. Make checks or money orders payable to the Stone County Health Department.

- The fee for a single-family dwelling and/or non-public access structure (such as barn, shed, garage, etc.) wastewater treatment system for new construction is two hundred dollars (\$200).
- The fee for a single-family dwelling and/or non-public access structure wastewater repair of septic tank only is fifty dollars (\$50).
- The fee for a single-family dwelling and/or non-public access structure wastewater repair of lateral lines only is one hundred dollars (\$100).
- The fee for a single-family dwelling and/or non-public access structure wastewater repair of both lateral lines and septic tank is two hundred dollars (\$200).
- The fee for wastewater treatment system permit other than a single-family dwelling and/or non-public access structure wastewater treatment system permit is three hundred dollars (\$300).