PART ONE

PERMIT TO INSTALL NO.______

LOAN____ GRANT____ COMPLAINT____

PERMIT APPLICATION for a Wastewater Treatment System

Return completed form, copy of site evaluation and appropriate fee to:
Newton County Health Department
P.O. Box 447, Neosho, MO 64850

Applicant Complete This Section

Owner's Name:_________________________Daytime Phone No.:_____________________

E911 Address of Property:_________________________City State Zip

Mailing Address:_________________________City State Zip

Legal Description of Property:______1/4______1/4, S______T______R______

PROPERTY - Directions to site (include street names):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

TYPE OF OCCUPANCY

Residence: Number of bedrooms______Number of persons in home_____________________

Commercial: Type__________________Number of persons or employees served________

Is the property located in a subdivision regulated by Missouri Department of Natural Resources:

YES____ NO____ Lot Number______A copy of MODNR's approval for the subdivision will be needed:
Subdivision name:_________________________

I certify that to the best of my knowledge the information contained on this form is correct and the proposed work will be completed in accordance with the permit issued.

Owner/Representative
Name and Signature:_________________________Date_________________________

Installer Name and signature:_________________________Date_____________________

Installer Daytime Phone No.:_________________________

An equal opportunity affirmative action employer. Services provided on an nondiscriminatory basis.
**PROPOSED INSTALLATION PLAN**

**DRAWN BY:** __________________________ **FOR:** __________________________

**INSTALLER'S NAME** __________________________ **HOMEOWNER'S NAME** __________________________

**MUST INDICATE THE DIRECTION NORTH**

---

**LOT DIMENSIONS:**

<table>
<thead>
<tr>
<th>LENGTH</th>
<th>WIDTH OR NUMBER OF ACRES</th>
</tr>
</thead>
</table>

**DESIGN DETAILS (FILL IN THE BLANKS):**

- **Ft of 4' SCD 40 between house and tank**

- **Ft of 4' SCD 40 past excavation hole**

- **Gallon concrete tank**

- **Manufacturer of tank**

- **% of slope of ground in the lateral field area**

- **Ft. setback to property line**

- **Ft. setback to all wells in area**

- **Service Connections to well (Number of buildings using well)**

**INDICATE IF AN ADVANCED SYSTEM IS BEING INSTALLED:**

- **Depth of trench**

- **Width of trench**

**TYPE OF BARRIER MATERIAL:**

- **4' lateral rock on top of pipe**

- **4' of clean rock around pipe**

- **4' of lateral rock under pipe**