The following steps are necessary for obtaining a permit under the Revised Newton County Wastewater Treatment Systems Ordinance #95-6.

This permit is a two part written authorization issued by the health department.

**STEP 1:** You will need to contact a soil scientist (see attached list), so that you can obtain a ‘complete site evaluation’. Based on the soils you have the trench depth and location of the system can be determined. Sizing of the lateral field is based upon the number of bedrooms in the home along with the ‘loading rate’ of your specific soil.

**NOTE:** Percolation tests are no longer acceptable in Newton County

**Step 2:** You will need to contact an installer that is state/county registered (see attached list)

**Step 3:** Submit **fully completed** ‘Permit Application’ (PART ONE). The original paperwork is required. A blank ‘Permit Application’ is provided in this packet.

Also submit the following to the Newton County Health Department:

1. Complete Site Evaluation Report from the soil scientist

2. Installers proposed drawing on the back of the ‘Permit Application’ (PART ONE) See page 5 for a list of details required.

3. Proper Fee for ‘Permit to Install’
   - Single Family Dwelling = $75.00
   - Non Single Family Dwelling = $125.00
   - ‘Permit to Repair’ = $10.00

**NOTE:** ‘Repair Permit’ is only good for setting a new tank or repairing a small section of solid line. Any work done to the lateral field is considered a new system installation.
**Step 4:** Newton County Health Department will review the application within five – (5) working days from the date the ‘completed’ application is submitted to determine the application meets at least the minimum standards set forth in the *Revised Newton County Wastewater Treatment Systems Ordinance #95-6*.

**Step 5:** The Newton County Health Department will conduct a ‘pre-site’ inspection of the property within five-(5) working days after receiving the completed permit application before issuing a permit number.

Once approved, a permit number will be issued and construction may begin at that time.

**Step 6:** The installer must notify the health department twenty-four (24) hours before completion of the system so a representative from the health department can evaluate the completed system.

**Step 7:** The installer must submit an “as installed” or “as repaired” drawing to the health department before the “Permit to Use” (PART TWO) is issued.

If you have any questions concerning this procedure please contact the Environmental Staff of the Newton County Health Department at 417-451-6549.

*Office hours are Monday through Friday from 8 am until 4:30 pm.*
The Newton County Revised Wastewater Treatment Systems Ordinance #95-6 went into effect September 1, 1995 and was revised May 1, 1997. The Newton County Commission passed the ordinance and the Newton County Health Department administers the ordinance.

The purpose of this ordinance is to protect the public health and to protect the environmental quality of Newton County.

The following is a summary of what is **now required** under this ordinance.

1) Every wastewater treatment system (WTS) constructed, installed, modified or repaired **shall require** a permit. This is regardless of the size of land where the system will be located and regardless of who constructs, installs, modifies or repairs the system. There is no ‘grandfather clause.’ Once a system begins to fail it must be brought up to the current county standards.

2) A site evaluation from a registered soil scientist is required in order to obtain a “Permit to Install”. Perculation tests are no longer allowed under the revised ordinance.

3) Permits are a two part written authorization issued by the Newton County Health Department (NCHD).
   - Part One of the permit is the “Permit to Install” or “Permit to Repair”. This allows the installer to install or repair the system. (See the NOTE on page one of this packet)
   - Part Two of the permit is the “Permit to Use.” This allows the owner/user to use the system once it is in compliance with the ordinance.
   - “As Installed” or “As Repaired” drawings must be submitted to the health officer prior to issuing a “Permit to Use”. The drawing will indicate how and where the system was actually installed or repaired. The installer must sign and date the drawing.
   - The back page of the permit application must be completed by the installer and the owner or owner's representative must sign the permit application.
   - The physical address (E911 address) and legal description to the nearest ¼ must be present on the application before the permit can be issued.

4) A “Permit to Repair” is for the replacement only of damaged parts or the replacement of a tank. A “Permit to Repair” must be obtained prior to the repair.

5) Any person excavating the land for the purpose of or with the intent of installing, modifying, repairing or replacing a WTS shall be registered in the state of Missouri and in Newton County.

6) Any person installing, modifying, repairing or replacing an Advanced WTS must attend training provided by the state and the county and be registered to install advanced systems.
7) A homeowner may install the WTS serving their residence once the homeowner demonstrates the proper knowledge needed for installing the system. Anyone assisting the homeowner must be registered by the state and the county. The homeowner must still obtain the proper permit.

   A. A homeowner is any person(s) who owns and occupies the house for the purpose of residence there.
   B. A person may obtain homeowner permit(s) for one (1) home with in a two (2) year period.

8) Requests for variances must be submitted to the Variance Committee in writing by the homeowner. Only the Variance Committee can grant a variance. Variances may be considered for land platted prior to January 1, 1996.

9) Requests for “Special Use Permits” must be submitted to the Newton County Health Department Board of Trustees in writing by the homeowner. Only the Board of Trustees can grant a “Special Use Permit.”

10) All complaints will be investigated whether they are received in writing, verbally or anonymously. If a violation is found to exist, the owner will be notified verbally, in person, or by certified mail and given seven (7) days to respond. Failure to respond will result in a referral to the Prosecuting Attorney and a ‘Notice of Non-Compliance’ being attached to the property records.

11) ‘Notices of Non-Compliance’ will be issued when a WTS does not comply with the ordinance. The homeowner and installer will receive a copy of the notice, which will be attached to the property records and can only be removed by bringing the system into compliance. All fees incurred by the Newton County Health Department for placement and/or removal of a ‘Notice of Non-Compliance’ will be the sole responsibility of the homeowner.

12) The following permit application fees will apply:
   - Single Family Dwelling $ 75.00
   - Non-Single Family Dwelling $125.00
   - Repair *see note on page 1 $ 10.00
   - General Installer Registration $ 25.00 (annually)
   - Advanced Installer Registration $ 10.00 (annually)
   *to register as an Advanced Installer you must first be registered as a General Installer
   *To register in Newton County you must provide proof of state installer registration through the state of Missouri.

13) Any person aggrieved by the decision of the Health Officer may appeal to the Board of Trustees.

14) Any person aggrieved by the decision of the Board of Trustees may appeal to the Board of Appeals.

15) No person shall remove, deface, destroy, damage or alter any sign, notice or order posted by the Health Officer.
16) A copy of approval for the construction and a copy of the engineering plans as approved by the Missouri Department of Natural Resources (MoDNR) shall be provided to the health department for systems with a daily flow of three thousand (3,000) gallons or greater.

17) “Part One” of the permit shall be valid for a period of one (1) year from the date of approval. A “Renewal Request” must be in writing and must be made prior to the expiration date. No refunds will be given on expired permits.

18) Site evaluations are valid for two - (2) years provided the site has not been altered in any way or by any means.

19) The health department shall have five- (5) working days to review a ‘completed’ permit application; however every effort will be taken to expedite the process.

20) Installers are required to give a twenty-four- (24) hour notice prior to completion on all installations or repairs to the Health Officer.

A ‘completed’ permit application/drawing must contain the following components:

- Owner’s name/address/signature
- Precise directions to site
- Installer’s name/signature/phone number
- Legal description of property
- E911 address of property
- Number of bedrooms
- Number of people served
- Cleanouts
- Septic tank size/manufacturer
- Slope of ground in lateral field
- Setback to property lines
- Setback to wells
- Locations of wells/water lines
- Direction north indicated
- Lot dimensions/acreage
- Lateral lines on contour
- System must be located in area of represented soils (test pit)
- Length/strength of pipe between house & tank
- Length/strength of pipe between tank & field
- Step downs indicated
- Type of distribution box (plastic or concrete)
- Manufacturer of distribution box
- Width of trenches
- Depth of trenches
- Distance between trenches
- Depth of gravel below/above pipe in conventional systems
- Type of barrier material for conventional systems
- End caps must be indicated on lines
- Ends must be connected if lines are at equal elevation
- Linear feet of lateral lines
- Square feet of lateral lines
- Type of system (Ez Flow, Infiltrator, Rock & pipe, LPP, drip irrigation, etc)
The Newton County Wastewater Treatment Systems Ordinance #93-6 went into effect September 1, 1985 and was revised May 1, 1997.

Under this ordinance there is no land acreage requirements, however certain procedures and rules shall be followed.

A complete site evaluation determines the amount of lateral lines needed. Using this information with the setback distances from Table 1 (below) the amount of land needed can be determined.

**TABLE 1 SETBACK DISTANCES**

| Private water supply well          | 50 | 100 |
| Public water supply well (new construction) | 300 | 300 |
| Non-community type well (new construction) | 300 | 300 |
| Existing public wells (existing systems) | 100 | 100 |
| Classified stream, lake or impoundment | 50 | 50 |
| Stream or open ditch (3) | 25 | 25 |
| Property lines | 25 | 25 |
| Building Foundation | 15 | 15 |
| Basement | 15 | 15 |
| Water line under pressure | 10 | 10 |
| Septic water line | 10 | 10 |
| Upslope interceptor drains | 20 | 20 |
| Top of slope of embankments or cuts of 2 feet | 10 | 10 |
| Or more vertical height | 10 | 10 |
| Other soil absorption system except repair area |  |  |
| Underground swimming pools | 50 | 50 |
| Caves, springs, or sinkhole rims | 100 | 100 |
| Known mineral wells and abandoned wells | 150 | 150 |

<table>
<thead>
<tr>
<th>Number of Bedrooms</th>
<th>Minimum Liquid Capacity Gallons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 3</td>
<td>1000</td>
</tr>
<tr>
<td>4</td>
<td>1250</td>
</tr>
<tr>
<td>5</td>
<td>1500</td>
</tr>
</tbody>
</table>

*Note: These figures provide for use of garbage grinders, automatic clothes washers and other household appliances.
For six (6) or more bedrooms the tank shall be sized on the basis similar to an establishment.*

The site evaluation is to consider the characteristics of the area for their potential to treat and dispose of wastewater. A system design must consider the treatment of wastewater as high a priority as disposal. In the past, the typical approach was to make disposal the first and sometimes only priority as evidenced by the use of seepage pits and deep trenches. These are outdated and should no longer be used.

To understand absorption field design requirements, it is absolutely essential that one understands the importance given to adequate treatment of the effluent before complete disposal.

One basic objective is to distribute the effluent over a wide enough area so as to not overload the soils' capacity for adequate treatment. Another basic objective in designing a system is to keep the trench depth as shallow as possible. One advantage of shallow trenches is to promote more evaporation and transpiration of excess water. The fundamental reason for keeping the absorption trenches close to the surface is to provide for better conditions for microbial activity and treatment of the effluent.
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**

<table>
<thead>
<tr>
<th>Lot Dimensions:</th>
<th>Length</th>
<th>Width or Number of Acres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ft of 4' SCD 40 between house and tank</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ft of 4' SCD 40 past excavation hole</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Gallon concrete tank</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manufacturer of tank</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of slope of ground in the lateral field area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ft. setback to property line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ft. setback to all wells in area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Connections to well (Number of buildings using well)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Indicate if an advanced system is being installed:
  - Depth of trench
  - Width of trench
  - Type of barrier material
  - *Lateral rock on top of pipe
  - 4" of clean rock around pipe
  - 4" of lateral rock under pipe