PART ONE

PERMIT TO REPAIR NO.

LOAN ___ GRANT ___ COMPLAINT ___ FOR REPLACEMENT PARTS ONLY.

REPAIR PERMIT 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: _____________________________________________________________

Mailing Address: _________________________________________________________________

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.

Describe the REPAIR

________________________________________________________________________

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 a nondiscriminatory basis.
PROPOSED REPAIR PLAN

DRAWN BY: ___________________________ FOR: ___________________________

INSTALLER'S NAME ___________________________ HOMEOWNER'S NAME

MUST INDICATE THE DIRECTION NORTH

LOT DIMENSIONS: ___________ LENGTH _______ WIDTH OR NUMBER OF ACRES ______

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 REPAIRED:

__________ "DEPTH OF TRENCH

__________ "WIDTH OF TRENCH

__________ TYPE OF BARRIER MATERIAL

__________ "LATERAL ROCK ON TOP OF PIPE

__________ 4" OF CLEAN ROCK AROUND PIPE

__________ "OF LATERAL ROCK UNDER PIPE

PR 5-97