

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: _____

Mailing Address: _____
City State Zip

Legal Description of Property: _____ 1/4 _____ 1/4, S _____ T _____ R _____
City State Zip

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.: _____

TO BE COMPLETED BY THE INSTALLER ONLY.

PROPOSED INSTALLATION 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 INSTALLED:

_____ **" 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**