

**NEWTON COUNTY HEALTH DEPARTMENT  
PO BOX 447 - 812 W HARMONY  
NEOSHO, MO 64850  
417-451-6549 PHONE 417-451-1852 FAX**

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 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

**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 **6** for a list of details required.
- (3) Proper Fee for 'Permit to Install'

Single Family Dwelling	= \$150.00
Non-Single Family Dwelling	= \$225.00
'Permit to Repair'	= \$ 30.00

**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.**

## **REVISED WASTEWATER TREATMENT SYSTEMS ORDINANCE #95-6 SUMMARY**

*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". Percolation 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).
  - A. 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)
  - B. 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.
  - C. "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.
  - D. 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.

- E. 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	\$150.00
Non-Single Family Dwelling	\$225.00
Repair *see note on page 1	\$ 30.00
General Installer Registration	\$ 30.00 (annually)
Advanced Installer Registration	\$ 40.00 (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)

**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: \_\_\_\_\_

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.: \_\_\_\_\_



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.: \_\_\_\_\_

