

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

