

Barton County Health Department

1301 E 12th Street

Lamar, MO 64759

Phone: 417-682-3363

Fax: 417-682-5548

Fee should be included with application:
Check appropriate box

- \$90.00 New System Installation
- \$90.00 System Replacement
- _____ Other (Requires approval by Department)

Application for a Permit to Construct an On-Site Sewage System in Barton County Missouri

General Information

Owner Name:			
Physical Address:		Home Telephone:	
Mailing Address:		Cell Phone Number:	
Directions to site:			
Latitude:	Longitude:	Subdivision:	Lot #:
Name of Installer:		Installer ID No.:	
Installer's Phone:			

Authority Statement

I certify that the information supplied in this application is complete and is true to the best of my knowledge and I understand that any misstatement or omission of fact will render this application and any permit issued invalid.

I am familiar with the contents of the Barton County On-Site Wastewater Ordinance as well as the current Missouri regulation and understand that my On-Site Wastewater permit may be suspended or revoked by the Barton County Health Department for failure to comply with the provisions of the ordinance.

If approved, I understand that my On-Site Wastewater permit may not be transferred from one person to another person, from one location to another location, or from one type of operation to another type of operation.

The design, construction, operation and maintenance of on-site wastewater treatment systems shall be the responsibility of the designer, owner, developer, installer or user of the system. Actions by the Barton County Wastewater Ordinance shall in no way be taken as a guarantee or warrant that on-site wastewater treatment systems approved and permitted will function in a satisfactory manner for any given period of time.

Please attach soil report information and engineer report (if one is required).

Signature of Applicant:	Title:
Date: (Note: Please return this application to the Barton County Health Department. Do not begin construction before a permit is issued.)	

Office Use Only

Date Received:	Fee Collected:	Check #
Pre-Construction Inspection Date:		
Plans in compliance with Barton County Sewage Ordinance	Yes	or No
Construction Permit Granted	Yes	or No
Final Inspection Date:		
Signature of Authority:	Date:	

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System Type

IF THE PROPOSED SYSTEM IS TO SERVE A RESIDENCE SEE SECTION A, IF THE PROPOSED SYSTEM IS TO SERVE A BUSINESS SEE SECTION B

Section A - Residence

Residence Type (check one): Single Family Multi-Family

Total Number of Bedrooms:

	Yes	No
Laundry Facility:	<input type="checkbox"/>	<input type="checkbox"/>
Whirlpool:	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal:	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher:	<input type="checkbox"/>	<input type="checkbox"/>

Section B - Business

Business Type (check one): Food Service Lodging Other:

Water Supply

Water Supply Type (check one): Public Name of supplier:
 Private Well Type:

Soil Information

IDENTIFY SOIL BY EITHER SOIL MORPHOLOGY OR PERCOLATION RATE

Soil Morphology Application Rate (gpd/sq ft):

Percolation Rate (min/inch):

Name of Soil Evaluator:

Tester ID No.: Tester Phone Number:

Soil Evaluator Address:

System Information

System Type (check all that apply):

Standard System

Septic Tank
 Aeration Unit
 Pump Tank

Alternative System

Low Pressure Pipe
 Sand Filter
 Drip Irrigation
 Mound System
 Wetland
 Other

Absorption Field

Distribution Box
 Flat Lot Layout
 Pipe & Gravel
 Serial Distribution
 Pressure Distribution Chamber
 Dosed
 Gravel-less Pipe
 Other

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System Information (Continued)

List all additional details about the proposed system. Be sure to include all details such as liquid capacity, absorption area, lot size and slope as they apply.

Waste Stabilization Pond (Lagoon)

THIS SECTION ONLY APPLIES IF THE PROPOSED SYSTEM IS WASTE STABILIZATION POND. IF THE PROPOSED SYSTEM IS NOT A WASTE STABILIZATION POND YOU DO NOT NEED TO COMPLETE THIS SECTION.

Dimensions: _____

Total Water Surface Area: _____ Working Depth: _____

Septic Tank Capacity: _____ Type of Fence: _____

Pond Seal (check one):

Native Soil Bentonite Clay

Artificial Layer Clay from another Source

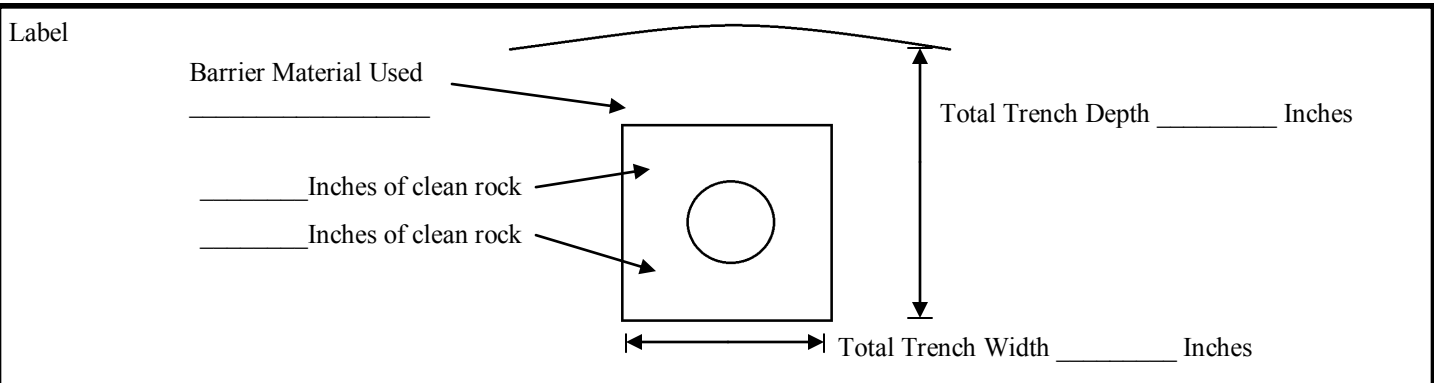
Equipment Used to Compact Soil: _____

Separation Distance

Separation Distances (list all that apply)

	Septic Tank	Absorption Field	Lagoon
Well			
House			
Property Lines			
Water Lines			
Neighbor's Well			
Stream, River, Pond or Lake			

Trench Design



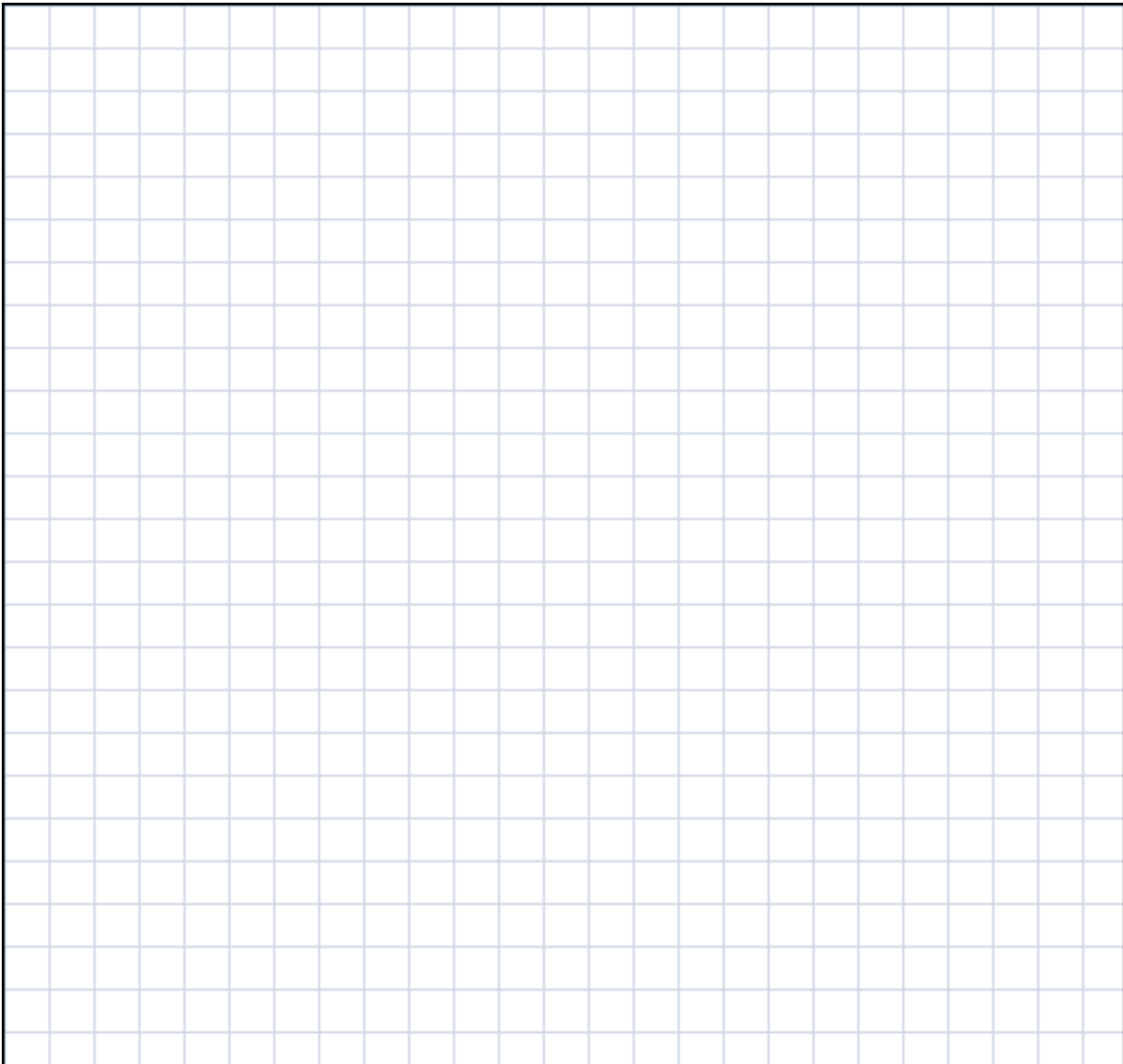
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Site Layout

1. Show property lines and dimensions to reflect the shape and size of the property.
2. Diagram proposed system. Show appropriate elevations to indicate proper fall for system. System must be staked or marked on the property for the Site Evaluation.
3. Show distances to house, well, water lines, property lines, geological features such as sinkholes, rock outcrops, lakes, ponds, streams, rivers, etc.
4. Show distances to neighbor's wells, homes, and sewage disposal systems. (If they are in close proximity.)
5. Show locations of all soil test holes/pits. Holes/pits areas must be flagged on the property for site evaluation.
6. Show fence location around waste stabilization pond.
7. Use the slope diagram to show percent slope. Use arrows on the Site Layout to indicate the direction of slope.
8. Indicate any known easements that exist for utilities, roads, private driveways, or other easements.



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Keep this page. Do not turn this page in to the Barton county Health Department.

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BARTON COUNTY ENVIRONMENTAL HEALTH SERVICES

Instructions and check off list for the Onsite Wastewater Treatment Permit packet.

Please type or print all information clearly. Provide all requested information accurately and completely. Incomplete applications will be returned for completion before a permit will be issued. As you complete the sections, check the appropriate box. When all boxes are checked, the application is ready to return to the Barton County Health Department.

Provide the following information completely and accurately:

- Property Owner: The name of the owner of the property as stated on the current deed, as recorded with the County Recorder.
- Site Address: The address of the actual construction site of the system. Complete the legal description information (if available) for accuracy in locating system in the future.
- Mailing Address: The address that correspondence, permits and other communications may be sent to. Include a daytime and evening telephone number for the owner of the property.
- New/Repair/Replace: Check the appropriate box to show whether the system is new construction (no system existed prior to this construction), system replacement (construction to replace present system), or specify other.
- System Serves: Check residence or business, whichever is applicable. If a residence is attached to a business, check business but include residence in the system design. Provide the requested information in the appropriate box.
- Water Supply: Check the appropriate box for your drinking water supply. City water, public water supply district, or a community system that meets Missouri Department of Natural Resources definitions of community public systems or non-community public systems are "Public"; provide the name of the supply. For "Private" supplies, give the type of supply. Locate the supply (well), neighboring supplies (wells) and water lines on the site layout.
- Lot: Provide the lot size in acres or square feet. Give the percent slope and indicate on the Site Layout the direction of slope, and show a cross section of the slope and proposed system of the Slope Diagram.

Obtain soil data at the site, either a soil morphology evaluation or a percolation test. The soil test must be performed by a certified/registered examiner that meets the requirements in 19 CSR 20-3.080 of the Missouri Law governing onsite sewage systems.

- Soil Information: Check the appropriate box for the test performed. Indicate the slowest percolation rate as determined by the percolation test or indicate the proposed loading rate based on a soil morphology. Include a copy of the soil morphology evaluator's report or the percolation test forms with the application. Provide the name, address, telephone number, and identification number of the person providing the soil data.
- Proposed System: Provide brief basic information about the proposed system. Provide the information necessary for that system. A Registered Professional Engineer must design systems checked as "Alternative"; include all data, calculations, drawings, or other information used to determine the design. Also include the Professional Engineer's name, address, telephone number, and seal. Locate the proposed system on the Site Layout and show all setback distances, property lines, easements, and any other information requested.
- Installer: Provide the name, address, telephone number and identification number of the person (not a firm) doing the system construction. Indicate if the installer is registered.
- Signature of Owner or Agent: The property owner or designated agent must sign the form to attest to the accuracy and completion of the information in the packet.

APPLICATION FORM MUST BE SIGNED AND DATED. BE SURE THAT THE SOIL REPORT, AND/OR ENGINEER'S REPORT ARE SIGNED BY THE PEOPLE PROVIDING THE REPORTS.

- Site Layout: Provide a drawing on the proposed system. Include all requested information from the application and on the Site Layout section.