

RALLS COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL PUBLIC HEALTH SERVICES  
PO BOX 434 NEW LONDON, MO 63459  
PHONE: 573-985-7121 FAX: 573-985-1531

On-Site Sewage Disposal System Permit Application

Permit # 2-173-

Owner/Applicant \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Site Address/City/Zip Code \_\_\_\_\_

Sec. \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Installer Name/Phone number \_\_\_\_\_

General Information

Number of Persons Served \_\_\_\_\_ Basement Drain-Yes  No

Lot Size \_\_\_\_\_ Garbage Disposal-Yes  No

Number of Bedrooms \_\_\_\_\_ Baths (3Pc) \_\_\_\_\_ Ground Slope \_\_\_\_\_

Water Supply Public  Private

Septic Tank

New  Existing  Size-Gallons \_\_\_\_\_ Tank Construction-Concrete  Poly

Tank Supplier \_\_\_\_\_ Filter-Yes  No  Type \_\_\_\_\_

Manholes Provided At Ground Level-Yes  No

Secondary Treatment

Absorption Trench-New  Existing  Size-Square Feet \_\_\_\_\_ Width of Trench \_\_\_\_\_

Number Of Trenches \_\_\_\_\_ Length Of Trenches \_\_\_\_\_

Distribution Box-Yes  No  Pump Chamber-Yes  No

Lagoon

Size Square Feet \_\_\_\_\_ Overflow Pipe Distance To Property Line \_\_\_\_\_

Distance To-Home Served \_\_\_\_\_ Nearest Home \_\_\_\_\_ Lake Or Stream \_\_\_\_\_

Distance from Waters Edge to Property Line \_\_\_\_\_

Fence Material-Welded  Woven  Chain Link  Cattle Panel  Other \_\_\_\_\_

Fence shall be at least 4 feet in height with a gate to allow access for maintenance. It shall be no closer than the center of the berm to the water's edge and no further than 30 feet from the water's edge.

Soil Evaluation

Conducted By \_\_\_\_\_ Date \_\_\_\_\_

Number of Holes Tested \_\_\_\_\_ Results of Test \_\_\_\_\_

Curtain Drain Required-Yes  No

By signing, the applicant agrees that the on-site sewage disposal system shall be constructed in accordance with the Ralls County On-Site Wastewater Treatment Systems Ordinance Section 7.01 and the State Of Missouri Minimum Construction Standards for On-Site Sewage Disposal Systems 19 CSR 20-3.060.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_ Application Approval-Yes  No

Site Layout (To be filled out by the owner or owner's agent)

It is the responsibility of the owner or owner's agent to disclose the locations of property lines, easements, right-of-ways, and other restrictions prior to placement of the on-site sewage disposal system.

- ❖ Document property lines and dimensions to reflect the shape and size of the property.
- ❖ Document current on-site system or area for proposed on-site system.
- ❖ Document distances to the house, well, water lines, property lines, geological features such as sinkholes, rock outcrops, lakes, ponds, streams, rivers, etc.
- ❖ Document distances (in feet) to neighbor' home(s), well(s), and sewage disposal systems.
- ❖ Document fence location around lagoon if lagoon will be the on-site disposal option.
- ❖ Document the slope using arrows to show direction the land slopes.
- ❖ Document where North is in relation to the property.
- ❖ Document known easements that exist for utilities, roads, or private driveways.

**CERTIFICATION OF APPROVAL OF COMPLETED WORK:** I hereby certify that the construction of the private water supply and/or sewage disposal system has been performed in accordance with the information contained on this form and any attached plans.

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Inspector Use Only-Notes**

Due to conditions that could adversely impact the life expectancy on an on-site sewage disposal system, the Ralls County Health Department nor its representative(s) guarantee that a permitted on-site sewage disposal systems will function as designed and are not liable for damages.

On-Site Sewage Disposal System Final Inspection Date: \_\_\_\_\_

Approved Yes  No  RCHD Representative: \_\_\_\_\_ EPHS # \_\_\_\_\_