

Cole County Health Department

On-Site Sewage Disposal System Construction Permit Application

Property Owners Name:* 	<i>Permit Number # (Office Use Only)</i> <i>Application Approved [] Yes [] No</i>	
Physical Site Address:*(Street) 	<i>Permit Issuance Date:</i> <i>Permit Expiration Date:</i>	
Physical site address:*(City, State, Zip) 	<i>Cole County Permit Approval Signature:</i> 	
Mailing Address:*(Same as Physical) [] Yes [] No (List Below) 	New Construction:* <input type="checkbox"/> Yes <input type="checkbox"/> No	Repair of Existing System:* <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing address:*(City, State, Zip) 	Residence:* <input type="checkbox"/> Yes <input type="checkbox"/> No Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/>	
Physical Address Parcel ID #:* 	Business:* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Phone #:* 	Business Type: Food Services <input type="checkbox"/> Lodging Services <input type="checkbox"/> Other <input type="checkbox"/> Please Specify:	
Name of Soil Scientist:* 	Direction to Physical Site:* <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Address:*(Street, City, State, Zip) 		
Contact Phone #:* 		
On-Site Sewage Installer:* 		
Address:*(Street, City, State, Zip) 		
Contact Phone #:* 		

All information with an **asterisk (*)** must be completed before application is approved. Please contact Cole County Health Departments Environmental Staff with any questions at 573-636-2181.

Property Information:*

Water Supply: Public Private

Lot Size (acres): _____

Number of Bedrooms(Qty): _____

Type of Private Well:

Drilled Driven Dug Bored Other _____

Whirlpool: Yes No Dishwasher: Yes No

Laundry Facility: Yes No Garbage Disposal: Yes No

Water Softener: Yes No

Number of Multi Family Units: _____
(If applicable)

On-Site Sewage System Information:*

Type of On-Site Sewage System:

Sewage Tank and Conventional Field

Sewage Tank and Lagoon

Lagoon

Advanced Drip System

Advanced LPP System

Advanced Sand Filter System

Advanced Mound System

Advanced Wetland System

Other: (Specify) _____

Sewage/Pump Tank Information:* Applicable Non-Applicable

Tank Manufacturer: _____

Type of Tank Construction: _____

Tank Capacity (gal): _____

Number of Septic Tanks Used (Qty): _____

Is Tank Aerated: Yes No

Is System Pumped or Dosed: Yes No

Pump Tank Capacity (gal): _____

Gallons Dosed or Pumped Per Day: _____

Set Back Distances from the Sewage Tank:

House (ft): _____ Well (ft): _____ Property Line (ft): _____ Water Line (ft): _____

Building Foundation (ft): _____

Sewage Field Information:* Applicable Non-Applicable

Loading Rate: _____

Type of Distribution:

Total Absorption Area: _____
(sq ft)

D-Box Serial Distribution

Type of Trench: _____
(Geoflow, Pipe & Gravel, Etc.)

Trench Depth (in): _____ Trench Width (in): _____ Trench Length (ft): _____ Number of Trenches (Qty): _____

Set Back Distance from the Sewage Field:*

House (ft): _____ Well (ft): _____ Property Line (ft): _____ Water Line (ft): _____

Neighbors Well (ft): _____ Streams/River/Lake (ft): _____

Lagoon Information:* Applicable [] Non-Applicable []

Dimensions (ft): (L×W) _____ Working Depth (ft): _____

Total Water Surface Area (sq ft): _____ Is Artificial Liner or Imported Clay Required: [] Yes [] No

Set Back Distances from the Lagoon:

House (ft): _____ Well (ft): _____ Property Line (ft): _____ Water Line (ft): _____

Neighbors Well (ft): _____ Neighbors House (ft): _____ Stream/River/Lake (ft): _____

Site Diagram Design Drawing: *

Signature of Owner/Agent:*

Date:*

\$200 Permit fee is required for any new construction upon submitting the application with Cole County Health Department.

\$50 Permit fee is required for any repair or modification upon submitting the application with Cole County Health Department

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