

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:* Yes No	Repair of Existing System:* Yes No
Mailing address:*(City, State, Zip)	Residence:* Yes No	
Physical Address Parcel ID #:*	Single Family Multi Family	
Contact Phone #:*	Business:* Yes No	
Name of Soil Scientist:*	Business Type: Food Services Other Lodging Services Please Specify:	
Address:*(Street, City, State, Zip)	Direction to Physical Site:* <hr/> <hr/> <hr/> <hr/> <hr/>	
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:	Type of Trench: _____ (Geoflow, Pipe & Gravel, Etc.)
Total Absorption Area: _____ (sq ft)	D-Box Serial Distribution	

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

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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:*

\$300 Permit fee is required for any new construction upon submitting the application with Cole County Health Department.

\$100 Permit fee is required for any repair or modification upon submitting the application with Cole County Health Department

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