



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 ONSITE WASTEWATER TREATMENT PROGRAM
OWTS CONSTRUCTION PERMIT/FINAL INSPECTION

PERMIT NUMBER	COUNTY	Page ___ of ___
APPLICATION NUMBER		OWTS NOV <input type="checkbox"/>

OWNER NAME				DEVELOPER? YES NO		SUBDIVISION NAME	
SITE ADDRESS				CITY			ZIP CODE
SYSTEM IS NEW REPLACEMENT REPAIR EXPANSION				LATITUDE (DECIMAL DEGREES)		LONGITUDE (DECIMAL DEGREES)	
SERVES SINGLE-FAMILY RESIDENCE - NUMBER OF BEDROOMS _____ MULTI-FAMILY RESIDENCE - NUMBER OF BEDROOMS _____ BUSINESS - NUMBER / UNITS _____ FOOD SERVICE LODGING OTHER _____				INSTALLER ID NUMBER		INSTALLER NAME	
NOTIFICATION OF SYSTEM COMPLETION BY INSTALLER *							
NOTIFICATION DATE		TIME		COMPLETION DATE			
NOTES							
DAILY FLOW GAL	SOIL LOADING RATE GPD/SQ.FT.	PERC RATE MPI	PERCENT SLOPE				
SOIL TESTER ID NUMBER		SOIL TESTER NAME					

CONSTRUCTION PERMIT	FINAL INSPECTION
----------------------------	-------------------------

PERMITTED SYSTEM SPECIFICATIONS	Check box(es) below if installed component meets permit requirements. If not, list deficiencies. (Attach additional pages if needed.)
---------------------------------	---

STABILIZATION POND (LAGOON)			
LENGTH OR DIAMETER FT.	WIDTH FT.	WASTEWATER DEPTH FT.	POND SEAL

SEPTIC TANK (LIQ. CAP. - GAL.)		AERATION UNIT (TREATMENT CAP. - GPD)		OTHER	
MANUFACTURER	LIQUID/ TREATMENT CAPACITY GAL.	CONSTRUCTION / MATERIALS			

PUMP TANK		
MANUFACTURER	LIQUID CAPACITY GAL.	CONSTRUCTION / MATERIALS

ALTERNATIVE TREATMENT COMPONENT SPECIFICATIONS (TYPE / SIZE ...)
--

DISTRIBUTION		
D-BOX	SERIAL	FLATLOT LAYOUT
DOSED	PRESSURE	NOTES:

TYPE OF ABSORPTION SYSTEM	TRENCH BOTTOM AREA ALT. SYSTEM AREA
---------------------------	--

LATERALS				
NUMBER	LENGTH(S) FT.	TOTAL LENGTH FT.	WIDTH IN.	DEPTH IN.

CURTAIN DRAIN YES NO	DEPTH IN.
-------------------------	--------------

SETBACK VARIANCES (ATTACH ADDITIONAL PAGES, DRAWINGS, ETC., IF NEEDED)
--

COMMENTS	AN INSTALLER'S "AS BUILT" DRAWING IS ATTACHED SHOWING ALL APPROVED CHANGES. IN ACCORDANCE WITH 701.043.3 AND 701.050 RSMo., A FINAL INSPECTION WAS NOT CONDUCTED. A CERTIFICATION WITHOUT ONSITE INSPECTION IS ATTACHED.
----------	---

PERMIT DATE	PERMIT EXPIRES	FINAL INSPECTION APPROVED YES NO	DATE
-------------	----------------	-------------------------------------	------

EPHS PRINT NAME	EPHS NUMBER	EPHS SIGNATURE	EPHS NUMBER
-----------------	-------------	----------------	-------------

EPHS SIGNATURE	REINSPECTION APPROVED YES NO	DATE
----------------	---------------------------------	------

*NOTE: INSTALLERS AND HOMEOWNER READ IMPORTANT INFORMATION ON BACK OF FORM		EPHS SIGNATURE	EPHS NUMBER
---	--	----------------	-------------

IMPORTANT NOTICES

RESPONSIBILITIES

Minimum Construction Standards for Onsite Sewage Disposal Systems, 19 CSR 20-3.060(1)(C), paragraphs 1 and 2 state:

1. The design, construction, operation and maintenance of sewage treatment and disposal systems, whether septic tank systems, privies, or alternative systems, shall be the responsibility of the designer, owner, developer, installer, or user of the system.
2. Actions of representatives of the administrative authority engaged in the evaluation and determination of measures required to effect compliance with the provisions of this rule shall in no way be taken as a guarantee or warranty that the sewage treatment and disposal systems approved and permitted will function in a satisfactory manner for any given period of time. Due to the development of clogging mats, which adversely impact the life expectancy of normally functioning ground absorption sewage treatment and disposal systems and variables influencing system function which are beyond the scope of this rule, no guarantee or warranty is implied or given that a sewage treatment and disposal system will function in a satisfactory manner for any specific period of time.

INSTALLER NOTICE

According to section 701.050 RSMo of Missouri Laws for Onsite Systems:

Registered Installers must notify the administrative authority (County Health Department or the Missouri Department of Health and Senior Services) prior to 9:00 AM on the day preceding completion of this system. **Homeowner Installers** must notify the administrative authority prior to 9:00 AM on the second day preceding completion of this system.

The system must be maintained in a condition, which allows for a complete inspection until 3:00 PM on the day of completion unless notified otherwise by the administrative authority.

OWNER NOTICE

The system owner must comply with all permit and variance conditions.

Upon completion of system construction, the operation and maintenance of the system becomes the responsibility of the owner and/or user. Sludge and scum must be pumped from sewage tanks periodically and properly disposed. Other components, such as distribution devices, laterals, filters, pumps and controls, should be checked regularly (every six months to one year, as needed) and serviced when necessary.

Your installer should provide a diagram of the system layout and a list of system components with recommended maintenance requirements. Observing health and safety precautions, you should perform needed maintenance or contract with a qualified service provider.

BELOW IS A LIST OF GENERAL DO'S AND DON'TS FOR ONSITE WASTEWATER TREATMENT SYSTEMS (OWTS)

Protect the absorption area before and after construction.

Do not drive over or store excavated materials on field area etc.

Do not install soil absorption system when the soil is wet.

Redirect surface water, house guttering, and foundation drains away from absorption field.

Establish and maintain adequate vegetative cover over the field.

Regularly inspect, maintain, and pump your sewage system.

Install water saving devices and practice water conservation.

Check for and repair any water leaks as soon as discovered.

Spread out water use, such as laundry, throughout the week.

Restrict garbage disposal use.

Do not put fats or grease into the sewage system.

Keep non-degradable items, chemicals and hazardous wastes out of your system.

Use disinfectants and high strength cleaners sparingly.

Do not plan any building improvements, patios, etc. near the sewage system or repair area.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 ONSITE WASTEWATER TREATMENT PROGRAM
OWTS CONSTRUCTION PERMIT/FINAL INSPECTION

PERMIT NUMBER	COUNTY	Page ____ of ____
APPLICATION NUMBER		

Construction Permit Continued:			Final Inspection Continued:		
EPHS SIGNATURE	EPHS NUMBER	DATE	EPHS SIGNATURE	EPHS NUMBER	DATE