



Dear Installer/Homeowner,

Thank you for taking time to review the information in this letter. The Polk County Health Center (PCHC) Environmental Health Staff value our partnership with you and remain committed to providing clear communication and support to help you complete your project(s) efficiently and in compliance with regulations.

Below are a few important reminders to help ensure smooth processing of septic permits and inspections. If you have any questions, please contact PCHC at 417-326-7250.

- Septic applications must include the signature of the installer and owner, a drawing of the proposed system, a soil report, engineering plans (if required), and payment before the application will be reviewed and/or approved.
- Permits will not be issued without a 911 address. Please also provide detailed directions to the site from PCHC and include additional information such as gates, codes, landmarks etc.
- Applications will be reviewed within 1-7 days. An inspector will contact you regarding questions, adjustments, and approval as soon as possible.
- System must be flagged before pre-site.
- Work on a system can begin AFTER a pre-site is completed AND a hard copy of the permit is onsite. No work is to be conducted without the permit posted at the site.
- Pre-site, mid, and final inspections must be scheduled 24 hours prior to the time needed. Please be mindful of weather conditions prior to beginning construction. We understand that there are times when weather conditions may affect the notice. If that is the case, please contact PCHC office and we plan to have an inspector onsite as soon as possible.
- Jobs must remain uncovered until the final inspection is completed. NOTE: Photos are not accepted.
- Certified installers must be on site while employees who are not certified are working. We understand that this may occur, this should remain the standard practice.
- If changes are needed in the design or layout, contact PCHC before the completion of construction.

Inspectors can be reached by calling PCHC at 417-326-7250. We appreciate your cooperation and the quality work you do to help maintain a safe and healthy community. Thank you for your continued partnership and commitment to public health.

Sincerely,

Michelle Morris
PCHC Administrator



POLK COUNTY HEALTH CENTER
1317 W. Broadway • PO Box 124
Bolivar, Missouri 65613
417-326-7250
www.polkcountyhealthcenter.org

ON-SITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT APPLICATION

Application number: POLK - _____

INTRODUCTION

Thank you for contacting us concerning plans for your on-site sewage disposal system. The Missouri Department of Health and Senior Services is required by law (and the Polk County Health Center by ordinance) to regulate the design, construction and operation of on-site sewage disposal systems.

This packet contains forms and instructions to help you apply for a permit. Construction of your on-site sewage disposal system may not begin until a permit has been issued. To expedite this process please follow these steps.

1. Obtain the services of a state-certified, registered on-site sewage disposal system contractor. Obtain a soil scientist to conduct a soil morphology report. The contractor will help you select a system to suit your needs and can help you fill in the forms.
2. Fill in the "On-Site Sewage Disposal System Construction Permit Fee" form and submit it, along with the permit fee to the Polk County Health Center.
3. Use the "On-Site Sewage Permit Instructions and Check Off" form to fill out the permit application and ensure that all of the required information has been gathered. Then, submit the completed forms and all necessary drawings, reports and plans to the Polk County Health Center.
4. Upon receipt of the completed application packet, a health department representative will schedule a site visit. If the results of the site visit and the plan review are satisfactory and the permit fee has been received, then the permit will be issued and construction may begin.

Enclosed you will find:

1. The instruction and check off list
 2. The permit fee form
 3. The permit application
 4. Minimum setback requirements
 5. 10 Steps for Constructing or Modifying Sewer Systems in Polk County
 6. Contact PCHC for a current installer and soil scientist list.
- If you or your contractor(s) need additional information, please contact the office at 417-326-7250.



POLK COUNTY HEALTH CENTER
1317 W. Broadway PO Box 124
Bolivar, Missouri 65613
417-326-7250
www.polkcountyhealthcenter.org

Onsite Wastewater Treatment System Construction Permit Application

Instructions and Check Off List

Please type or print all information clearly. Provide all requested information accurately and completely. Incomplete applications will be returned for completion before a permit is issued. Follow the check-off list, complete the application and return to Polk County Health Center.

Provide the following information completely and accurately:

- ☐ 1. Property Owner: The name of the owner of the property as stated in the current deed, as recorded with the County Recorder. Developers and commercial or industrial facilities must contact the Missouri Department of Natural Resources concerning compliance with the Residential Housing Development regulations and the Missouri Clean Water Law.
- ☐ 2. Site Address: The address of the actual construction site of the system, including county. Complete the legal description (1/4 of 1/4 section, section, township, range), subdivision name and lot number. Use the County Parcel Identification Number when know. Ask the County Assessor or check your real estate tax bill for this information.
- ☐ 3. Mailing Address: The address of the property owner that correspondence, permits, and other communications may be sent to. Include daytime and an evening telephone number for the owner of the property.
- ☐ 4. System Is: Check the appropriate box to show the system is New Construction (no system existed prior to this construction), System Replacement (construction to replace present system), or System Repair (major repair of present system), or System Expansion (e.g. to treat increased daily flow from an added bedroom).
- ☐ 5. System Serves: Check applicable box for residence or business. If a residence is attached to a business, check business but include residence in the system design. Provide the requested information below the appropriate box.
- ☐ 6. 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.
- ☐ 7. 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 on the Slope Diagram.

☐ 8. Soil Information: Obtain soil data at the site with a soil morphology report provided by a soil scientist meeting the definition in 19 CSR 20-3.06 (1) 61. Provide the information requested for soil morphology. Include the soil scientist report forms with the application.

☐ 9. Soil Scientist: Provide the name, telephone number, and identification number of the person providing the soil data.

☐ 10. Proposed System: Provide brief basic information about the proposed system; choose 10A., 10B, and/or 10C depending on the type of system. Provide the information necessary for that system. A Registered Professional Engineer must design systems checked in 10C 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 (item 13) and show all setback distances, property lines, easements, and any other information requested.

☐ 11. Installer: Provide the name, address, telephone number, and state registration number of the person constructing the system.

☐ 12. Signatures of Owner and Installer: The property owner or designated agent must sign the form to attest to the accuracy and completion of the information in the packet.

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

- Make sure form is signed and dated by owner and installer. Also ensure people providing reports sign their reports (soil test, and/or engineering report).
- Make Copies of the application, site layout, test results reports, and drawings for your records.
- When you have completed the application, submit it with soil test, engineer's report (if applicable), permit fee form, and permit fee to:

Polk County Health Center
1317 W. Broadway
PO Box 124
Bolivar, MO 65613

- Make check or money order payable to Polk County Health Center.

POLK COUNTY HEALTH CENTER

ON-SITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT FEE

Name of Property Owner:	
Address of Construction Site:	
City:	Zip Code:

Mailing Address (if different from above):		
City:	State:	Zip Code:
Telephone Number:		

<u>PERMIT FEE:</u>	Single Family \$175.00	Non Single Family \$200.00
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Please submit fee. Do not mail cash. Mail Check or Money Order payable to: Polk County Health Center	
Mail to:	Polk County Health Center 1317 W. Broadway PO Box 124 Bolivar, MO 65613
*This fee must be received before the On-Site Sewage Construction Permit can be issued.	

For Office Use Only	
Date Received:	Application Number: POLK-

Form printed from polkcountyhealthcenter.org

This institution is an equal opportunity provider. All services are provided on a nondiscriminatory basis. An equal opportunity / affirmative action employer.

POLK COUNTY HEALTH CENTER ON-SITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT APPLICATION			Application Number:	
			PCHC Use Only Cash <input type="checkbox"/> Card <input type="checkbox"/> Check	Fee Paid: Check Number:
			APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
1. Property Owner Name (Last, First, MI)			Permit Number: POLK -	
2. Site Address (911/ENS)			Date Issued:	
			Expiration Date:	
City	County	Zip Code	San Signature:	
Directions to Site from PCHC:			Date Property Platted	Subdivision Lot #
Gate? <input type="checkbox"/> Code _____				
3. Mailing Address (if different from above)		Business Phone Number: () -		Cell Number: () -
City:		State:	Zip Code:	
4. System is: <input type="checkbox"/> New Construction <input type="checkbox"/> Repair Existing System <input type="checkbox"/> Replace Existing System				
5. System Serves: <input type="checkbox"/> Residence <input type="checkbox"/> Business				
<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family No. Bedrooms: Type of Foundation: <input type="checkbox"/> Slab <input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space		<input type="checkbox"/> Whirlpool Bath <input type="checkbox"/> Food Service <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Lodging <input type="checkbox"/> Dishwasher <input type="checkbox"/> Other(Specify): <input type="checkbox"/> Laundry Service		Daily Sewage Flow (gallons per day):
6. Water Supply <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bored Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Driven Well				
Name of Supply:		Type of Supply: <input type="checkbox"/> Drilled Well <input type="checkbox"/> Other (Specify):		
7. Lot Size: #Acres: Slope Indicate direction of slope on Site Layout				
8. Soil Information (Include soil scientist report with the application)				
Soil Morphology	Soil Type	Soil Texture	%Clay	Application Rate (gpd/sq ft)
9. Name of Soil Scientist:			State Soil Evaluator Number:	
Address:		Phone: ()		
City:		State:		Zip Code:

10. Proposed System (complete information only for the system you plan to construct)	
A. Waste Stabilization Pond	Pond Seal:
Dimensions (Length x Width or Diameter):	<input type="checkbox"/> Native soil <input type="checkbox"/> Artificial Liner
Total Water Surface Area (Square Feet):	<input type="checkbox"/> Bentonite Clay <input type="checkbox"/> Clay from another source
Working Depth:	Type of equipment used to compact soil:
Indicate location of discharge pipe, fence, gate and all set back distances on site layout	
B. Sewage Tank Manufacturer: Construction Material Liquid Capacity: _____gallons <input type="checkbox"/> Septic <input type="checkbox"/> Aerated NSF Class 1: <input type="checkbox"/> Yes <input type="checkbox"/> No Distance from: Well: House Show location of house, tank, absorption field, wells, water lines, bodies of water, geological features, easements, and all setback stances on site layout	Absorption Field: <input type="checkbox"/> Distribution Box <input type="checkbox"/> Serial Dist (Land Block) <input type="checkbox"/> Flat Lot Layout Total Absorption Area: No of Trenches: Trench Width: Trench Depth: Distance from: Well: Water Lines: House: Neighbors Well: Property Lines: Stream, River, Pond or Lake: Type of Lateral System: E-Z Flow <input type="checkbox"/> Single <input type="checkbox"/> Double Infiltrator/Chambers <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> Pipe & Gravel <input type="checkbox"/> Other _____
C. Alternate System <input type="checkbox"/> Low Pressure Pipe System <input type="checkbox"/> Single Pass-Sand Filter <input type="checkbox"/> Drip <input type="checkbox"/> Presby <input type="checkbox"/> Other (Specify):	
11. Installer Have you registered in Polk County this year? <input type="checkbox"/> Yes <input type="checkbox"/> No	State Installer #:
Name:	Phone Number: () -
Address:	
City: State:	Zip Code:
Disclaimers: Polk County Health Center is not responsible for the applicants' compliance with any setback requirements, easements, right-of-way or other property line issues. Refer to Missouri State regulation 19 CSR 20-3.060 (1) (c) for Minimum Construction Standards for On-site Sewage Disposal Systems as well as Polk County On-Site Sewage Disposal Ordinance for additional information. Actions of representatives of the administrative authority engaged in the evaluation and determination of measures required to effect compliance with the provision 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 a specific period of time.	
12. I certify that the information contained in this permit is correct. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Signature of Installer:</div> <div style="width: 30%;">Date:</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">Signature of Owner:</div> <div style="width: 30%;">Date:</div> </div>	

13. Site Layout

	SLOPE DIAGRAM- Show percent slope on diagram. Show cross section of system on slope.
<ol style="list-style-type: none">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 on the property for the site evaluation.3. <u>Include distances</u> to house, well, water lines, property lines, geological features such as sinkholes, rock outcrops, lakes, ponds, streams, rivers, etc.4. <u>Include distances</u> to neighbors wells, homes, and sewage disposal systems.5. Show locations of all soil morphology test pits. Holes must be flagged on the property for site evaluation.6. Show fence location around waste stabilization pond.7. Use the slope diagram to show percentage of slope. Use arrows on the Site Layout to indicate the direction of the slope.8. Indicate any known easements that exist for utilities, roads, private driveways, etc. or other easements.	

On-Site Set Back Distances

Minimum Distance From	Sewage Tank 1 (Feet)	Disposal Area 2 (Feet)	Lagoons (Feet)
Private water supply well 3	50	100	100
Public water supply well	300	300	300
Cistern	25	25	25
Spring	50	100	100
Classified stream, lake or impoundment *	50	50	50
Stream or open ditch 4	25	25	25
Property lines	10	10**	75
Building foundation	5	15	15
Basement	15	25	25
Swimming pool	15	15	15
Water line under pressure	10	10	10
Suction water line	50	100	100
Upslope interceptor drains	-	10	10
Downslope interceptor drains	-	25	25
Top of slope of embankments or cuts of two feet (2') or more vertical height	-	20	20
Edge of surficial sink holes	50	100	500
Other soil absorption system, except repair area	-	20	20

*A classified stream is any stream that maintains permanent flow or permanent pools during drought periods, and supports aquatic life.

**Recommended twenty-five feet (25') of downslope property line initially; but repair may be allowed to ten feet (10') of downslope property line.

1. Includes sewage tanks, intermittent sand filters and dosing chambers.
2. Includes all systems (sand filter, wetland, and the like) except wastewater stabilization ponds.
3. Unplugged abandoned wells with less than eighty feet (<80') of casing depth shall have one-hundred-fifty feet (150') minimum distance from all above.
4. Sewage tanks and soil absorption systems should never be located in the drainage area of a sink hole.

STEPS FOR CONSTRUCTING OR MODIFYING SEWER SYSTEMS IN POLK COUNTY

- 1. Obtain an application for permit from the Polk County Health Center.**
- 2. Have a soil morphology test done.**
- 3. Fill out the application. The front page of the application tells you how to do this. Use your installer to figure type, size, and design of the sewer system.**
- 4. Return the completed application, soil test report and the appropriate fee to the Polk County Health Center. Allow 1-7 working days for processing of the application and, if there are no problems, we will approve your application.**
- 5. A construction permit will be issued for the approved application.**
- 6. Post this permit where it can be seen from the road.**
- 7. You can now begin construction.**
- 8. Call Polk County Health Center to check construction before covering the system.**
- 9. After the system is checked, if there are no problems, it is approved (note: all lagoons must have a fence constructed before approval can be made).**
- 10. Landowner will receive a final inspection form for their records. Keep it with other important papers about your property.**