Pulaski County 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 will be issued.As you complete the section, check the appropriate box. When all boxes are checked, the application is ready to return to the Pulaski County Health Center.

**Provide the following information completely and accurately:**

[ ]  1. Property Owner: The name of the owner of the property as stated on the current deed, as recorded with the County Recorder.

[ ]  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 and the County Parcel Identification Number when known. Ask the County Assessor or check your real estate tax bill for this information. Also include directions to the site from the Pulaski County Health Department.

[ ]  3. Mailing address: The address 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) or System Replacement (current system must be abandoned and another system will be the replacement) or system is repair and or modification of an existing system (examples: septic tank change or small section of a lateral line repair).

[ ]  5. System Serves: Check residence or business, whichever applicable. 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.

Obtain soil data at the site with a soil morphology evaluation. Soil morphology evaluations must be performed by an onsite soil morphology evaluator, meeting the requirements in 19 CSR 20-3.080.

[ ]  8. Soil Information: Check the soil morphology box. Indicate the proposed loading rate, soil type, soil texture, % clay and application rate based on soil morphology. Include a legible copy of the soil morphology evaluator’s report forms with the application.

[ ]  9. Name of Soil Morphology Evaluator: Provide the name, address, telephone number, and identification number of the person providing the soil data.

[ ]  10. Proposed System: Provide brief basic information about the proposed system; choose A, B, and/or C depending on the type of system. Provide the information necessary for that system. A Registered Professional Engineer must design systems checked 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 identification number of the person (not firm) doing the system construction. Indicate if the installer is a Registered Basic or Advanced Installer (y) or (n).

Form is signed and dated, be sure soil morphology, and/or engineer’s reports are all signed by the people providing the reports.

[ ]  12.Signature: The property owner, installer or builder 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 copies of the application, Site Layout, all test results, reports, and drawings for your records.**

[ ]  **When you have completed the forms and checked off all of the boxes on this instruction sheet, return the application to the Pulaski County Health Department. Please remember that an incomplete application will be returned for completion before a permit will be issued.**