

# FRANKLIN COUNTY BUILDING DEPARTMENT

## On-Site Individual Wastewater Treatment Facility

### *Permit Application*

OFFICE USE ONLY

**INSTRUCTIONS:** Complete and submit this application, a detailed plot plan, soil evaluation/ percolation test results - if required - a complete sewer design and name of certified/registered sewer installer and permit fee; OR mail to the: Franklin County Building Dept, 400 E. Locust St Room 006, Union, MO 63084; 636-583-6384.

Permit # \_\_\_\_\_

Situs \_\_\_\_\_

Pol Twp \_\_\_\_\_

Lot Size \_\_\_\_\_

Twp \_\_\_\_\_ Rg \_\_\_\_\_ Sect \_\_\_\_\_

Payment \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

**Type of Improvement:**

- New
- Modification
- Repair

**Is there a Health Department Violation?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Information on Property Owner:**

Property Owner \_\_\_\_\_

Current Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

**Information on Building Site:**

Tax I.D. Parcel # \_\_\_\_\_

ENS# \_\_\_\_\_ Situs \_\_\_\_\_

Subdivision Name \_\_\_\_\_

Lot #(s) \_\_\_\_\_

**Site Plan:** On a Separate, Plain Sheet of Paper provide a hand-drawn site plan showing property boundaries, then indicate location and distances of house, well, septic tank and drainfield - in relation to each other, being sure to include the slope of the land, creeks, ditches, lakes or ponds.

**Describe Changes to be Made:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SITE STAKED** \_\_\_\_\_

Office Use Only \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Call For Permit P/U:  Owner  Contractor

Mail Permit To:  Owner  Contractor

Notes:

## Existing Individual Well Construction/Location

**\*\*\*Important Information:** ① If well was drilled after January 1987, Missouri law requires that it be permitted through the Department of Natural Resources. Each well must be certified and registered as meeting established minimum construction standards. The law is intended to prevent contamination of the State's ground water from poorly-constructed water wells. ② Franklin County does not inspect wells, but failure to meet standards set by Department of Natural Resources (DNR) could affect any future loans on the property. The well head must be exposed to a minimum of 12".

1. Year Drilled: \_\_\_\_\_ 2. Certification #: \_\_\_\_\_
3. Well depth: \_\_\_\_\_ feet. 4. Casing depth: \_\_\_\_\_ feet
5. Name of driller: \_\_\_\_\_
6. Number of homes served by well: \_\_\_\_\_ 7. Does casing extend above ground?  yes  no

## Existing Individual Wastewater System

1. Year constructed: \_\_\_\_\_ 2. Permit Number: \_\_\_\_\_
3. Permit issued by Building Department:  Yes  No
4. Is there a discharge to the surface or ditch:  Yes  No
5. Type & Size of tank:  concrete septic tank \_\_\_\_\_ gallons  concrete aerator tank \_\_\_\_\_ gallons  motor working
6. Type & Amount of Existing Drainfield \_\_\_\_\_
7. Contractor/Installer: \_\_\_\_\_
8. If the home has been empty, how many days \_\_\_\_\_
9. Number of Bedrooms: \_\_\_\_\_ 10. Number of Bathrooms \_\_\_\_\_

### CONDITIONS OF APPLICATION FOR PERMIT:

I agree to construct, install, repair or modify an on-site sewage disposal system in unincorporated Franklin County in accordance with the "On-Site Sewage Disposal Systems Ordinance and Regulations". I further agree that the work shall be performed by an installer that is certified by the Missouri State Health Dept. **and** registered with the Franklin County Building Dept. in accordance with Section 10 of the "On-Site Sewage Disposal Systems Ordinance and Regulations". Homeowners performing their own work are exempt from certification/registration under Section 11 of the "On-Site Sewage Disposal Systems Ordinance and Regulations". **\*\*\*Percolation Test results/ Soil Evaluation results, complete sewer design, detailed site plan and choice of installer is mandatory at time of application.\*\*\***

### Individual Performing Sewage Installation Work:

Certified/Registered Installer Name & #: \_\_\_\_\_

**\*\*\*If homeowner is the on-site sewage disposal installer, an affidavit - available at the Building Department Office - must be signed by s/he at time of application and/or prior to permit being issued.\*\*\***

HomeOwner as Installer Signature: **X** \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Applicant/Agent

\_\_\_\_\_  
Date of Application