

FRANKLIN COUNTY BUILDING DEPARTMENT

On-Site Individual Wastewater Treatment Facility

Permit Application

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; Office: 636-583-6384.

Type of Improvement:

- New
- Modification
- Repair

Is there a Health Department Violation? Yes No

Office Use Only	
PERMIT # _____	
Call for Permit P/U: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor	
Mail Permit To: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor	
Amount Paid: _____	Receipt #: _____

Information on Property Owner:

Property Owner: _____

Current Address: _____

Phone Number: _____ Office: _____ Cell: _____

Information on Building Site:

Tax I.D. Parcel Number: _____

Site Address: _____

Subdivision Name: _____ Lot Number(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 drain field – 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

Call For Permit P/U: Owner Contractor

Mail Permit To: Owner Contractor

Notes:

Date Application Received: _____

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 groundwater 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 Number: _____
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 of ditch: Yes No
5. Type and size of tank: concrete septic tank _____ gallons concrete aerator tank _____ gallons motor working
6. Type & Amount of Existing Drain Field: _____
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 Department and registered with the Franklin County Building Department 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 & Phone Number: _____

***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