



Pike County Health Department
Home Health & Hospice

1 Healthcare Place Bowling Green, MO 63334
Phone: 573-324-2111 - Fax: 573-324-5517
pikecountyhealth.org - facebook.com/bgpchd

ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT APPLICATION

Installer Name: _____ Phone: (____) ____ - _____

Property Owner/Agent: _____ Phone: (____) ____ - _____

Mailing Address: _____

Site Address: _____

Directions to site from Bowling Green (please provide landmarks if necessary)

System will be: ___ New Construction ___ Modification/Repair **System will serve:** ___ Single-Family ___ Business ___ Other: _____

of Bedrooms(or daily flow rate): _____ **Water Supply:** ___ Public ___ Private Well ___ DNR Regulated Well ___ Other: _____

Primary Treatment: ___ New Septic Tank ___ Existing Septic Tank **Size of Septic Tank:** _____

Septic Tank Material: ___ Concrete ___ Fiberglass ___ Plastic ___ Other: _____

___ Septic Tank is Class I or equivalent Pump Tank Size: _____ Pump HP: _____

Pump Tank Material: ___ Concrete ___ Fiberglass ___ Plastic ___ Other: _____

Secondary Treatment: ___ Absorption Field ___ Lagoon ___ Wetlands* ___ Sand Filter ___ Peat Filter ___ *Denotes Advanced System with tertiary treatment/discharge required.

___ Engineer Design Submitted ___ Flood Plain Approval Letter Boring/Pit no. _____

Absorption Field Type: ___ 10' Gravelles Pipe ___ Gravelless Chamber (Size: _____) ___ Conventional (Rock & Pipe) ___ Low Pressure Pipe*

___ Mound* ___ Drip Irrigation* ___ Other: _____ *Denotes Advanced Systems requiring an Engineer Design.

Size of Secondary & Tertiary Systems (fill in information applicable to system): Trench Width: _____ Trench Depth: _____

of Trenches: _____ Total Linear Ft.: _____ ___ Curtain Drain Depth of CD: _____

Cells & Lagoons: Total Sq. Ft.: _____ Length: _____ Width: _____ Depth: _____

Liner: ___ Artificial ___ Imported ___ Natural

Measure and list all relevant setback distances:

Water Supply Wells: _____ Building Foundations: _____ Property Lines: _____

Streams & Open Ditches: _____ Ponds & Lakes: _____ Sinkholes: _____

Other: _____ Elevation of Pump Tank to Field: _____ Distance of Pump Tank to Field: _____

IS SITE READY FOR PRE-INSPECTION? ___ YES ___ NO

All information in this permit application is true to the best of my knowledge. By signing, I indicate that I am an authorized agent of the property owner, and that I am responsible for compliance with Pike County Ordinance 2001-A and amendments.

Installers Signature: _____ Date: ____/____/____

OFFICE USE ONLY

Received: _____ Initials: _____ Paid: _____ Permit Approved: _____ Permit Denied: _____ Recd Eng Design: _____

Construction Begin Date: _____ Inspectors Comments: _____

Inspectors Signature: _____ Date: ____/____/____

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Site Layout



- Show property lines and dimensions to reflect the shape and size of property. Indicate directions (i.e.; North).
- Diagram proposed system. Show appropriate elevations to indicate proper fall for system.
- Show distances to house, well, water lines, property lines, geological features such as sinkholes, rock outcrops, lakes, ponds, creeks, etc.
- Show distances to neighbor's wells, homes, etc.
- Show locations of all percolation test holes or soil evaluation test pits.
- Indicate any known easements that exist for utilities, roads, private driveways, or other easements.



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