



Barry County Health Department  
90 Barry County Dr., PO Box 207  
Cassville, MO 65625  
417-847-2114 FAX 417-847-2116  
www.barrycountyhealth.com

Parcel ID # \_\_\_\_\_ Permit # \_\_\_\_\_

### Permit Application-Part I

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

911 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Directions to Site: \_\_\_\_\_

**Type of Occupancy:** Residence: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_  
New Home: \_\_\_\_\_ Existing Home: \_\_\_\_\_  
Commercial: \_\_\_\_\_ Type: \_\_\_\_\_  
# of persons served if Commercial: \_\_\_\_\_

Is the property located in a subdivision regulated by Missouri Department of Natural Resources? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Lot Number: \_\_\_\_\_ (A copy of MODNR's approval for the subdivision will be needed).

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

*I certify that to my knowledge the information contained on this form is correct and that the proposed work will be completed in accordance with this plan and local code regulations.*

Owner/Installer: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

**(Draw plans, fill out back, and attach separate page if needed.)**

#### *For Office Use Only*

Date/Initials Received	Approved	Money Received
_____ Initial Plans	_____ Yes No _____	_____
_____ Modification	_____ Yes No _____	_____
_____ Permit Issued	_____ Yes No _____	_____

Comments: \_\_\_\_\_

Public health makes life better.

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Drawn By: \_\_\_\_\_ For: \_\_\_\_\_

N  
 W E  
 S

Lot Dimensions: Length \_\_\_\_\_ X \_\_\_\_\_ Width \_\_\_\_\_ # of Acres \_\_\_\_\_

**DESIGN DETAILS** (*fill in the blanks*)

**SYSTEM TYPE**

\_\_\_\_ Ft. of 4" SCH 40 past excavation hole

\_\_\_\_ Pipe & Gravel Clean Rock (Top) \_\_\_\_" Bottom \_\_\_\_"

\_\_\_\_ Ft. of 4" SCH 40 between house and tank

Barrier Material Type \_\_\_\_\_

\_\_\_\_ EZ Flow

\_\_\_\_ Gallon Septic Tank \_\_\_\_ Concrete \_\_\_\_ Poly

\_\_\_\_ E-Z Flow w/dummy

\_\_\_\_ Type or Manufacturer of Tank

\_\_\_\_ LPP – P&G \_\_\_\_ LPP – E-Z Flow

\_\_\_\_ Percent of slope in lateral field

\_\_\_\_ Drip

\_\_\_\_ Feet setback to property line

\_\_\_\_ Feet setback to *all* wells in area

**ALL SYSTEMS**

\_\_\_\_ Bedroom home or # of Employees

\_\_\_\_ Trench Width \_\_\_\_ Trench Depth

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