



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

FOR REPLACEMENT PARTS ONLY- PART ONE

Parcel ID _____ REPAIR PERMIT NO. _____

Owner's Name: _____ Daytime Phone # _____

Mailing Address _____
City State Zip

911 Address _____
City State Zip

PROPERTY-Directions to site (include street names):

TYPE OF OCCUPANCY:

Residence: Number of Bedrooms _____ Number of persons in home _____

Commercial: Type _____ Number of persons or employees served _____

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: _____

Describe the REPAIR _____

I certify that to the best of my knowledge the information contained on this form is correct and the proposed work will be completed in accordance with the permit issued.

Owner/Installer

Name and Signature _____ Date: _____

Installer Daytime Phone NO: _____

For office use only

Date received:

Money Received:

Date/Initials

Approved

Notified:

Initial Plans..... Yes ___ No ___

Modification..... Yes ___ No ___

Permit Issued.... Yes ___ No ___

Comments: _____

Public health makes life better.

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Drawn By: _____ For: _____

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W E
S

Lot Dimensions / Length: _____ X Width: _____ Number of Acres: _____

DESIGN DETAILS (fill in the blanks)

_____ Gallon concrete septic tank

_____ Type or manufacturer of tank

_____ Feet setback to **all** wells in area

_____ Bedroom home or number of employees

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