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: _____

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:_____
_____
_____

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Drawn By: _____ **For:** _____

_____

N
W E
S

Lot Dimensions: Length _____X _____Width # of Acres_____

_____

DESIGN DETAILS (*fill in the blanks)*

____Ft. of 4" SCH 40 past excavation hole

____Ft. of 4" SCH 40 between house and tank

____Gallon Septic Tank ____Concrete ____Poly

____Type or Manufacturer of Tank

____Percent of slope in lateral field

____Feet setback to property line

____Feet setback to ***all*** wells in area

____Bedroom home or # of Employees

SYSTEM TYPE

____Pipe & Gravel Clean Rock (Top)____" Bottom_____"
Barrier Material Type_____

____EZ Flow

____E-Z Flow w/dummy

____LPP – P&G ____LPP – E-Z Flow

____Drip

____ Presby

ALL SYSTEMS

____Trench Width ____Trench Depth

If Presby, Sand Bed Dimension_____

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