



**CASS COUNTY HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM
CONSTRUCTION PERMIT APPLICATION**

300 S. Main, Harrisonville, Mo 64701
816-380-8426

CCHD use only			
APPROVED	Yes	No	Date
Permit Number			
Date Issued		Date permit fee \$200 paid	
Expiration Date			
EPHS Signature		Date	

I. Property Owner Name	EPHS Signature	Date
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2. Site Address (911/ENS)			
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City	Zip Code	Subdivision	Lot#
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Directions to Site			
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3. Mailing Address (if different from above)	Day phone number	Night phone number
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4. System Is	New Construction <input type="checkbox"/>	Repair Existing System <input type="checkbox"/>	Tank Set Only <input type="checkbox"/>
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5. System Serves	Residence	No. Bedrooms:
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6. Water Supply	Public	Private
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7. Lot	Size #acres
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8. Soil Information	Include percolation test or soil scientist report with the application
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Percolation Test	Percolation Rate (min/inch)
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Soil Morphology	Soil Type	Soil Texture	% Clay	Application Rate
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9. Name of Percolation Tester or Soil Scientist	
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Address	Phone Number
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City	State	Zip Code
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10. Proposed System Complete information only for the system you plan to construct

A. Available Systems		
Percolation Rate	60-120 min. in	120 min. in or above
10-60- min. in.	Engineered conventional systems based on 600 square feet per bedroom per day	Waste Stabiliation Pond Drip Irrigation System
Rock and Pipe System	Low Pressure Pipe System	
Graveless Chamber System	Drip Irrigation System	
Low Pressure Pipe System		
Graveless Pipe System		
Drip Irrigation System		

B. Sewage Tank		Absorption Field	
Manufacturer:	Type Construction	Serial Dist(Land Block)	Flat Lot Layout
Liquid Capacity	gal/GPD	Material	Total Absorption Area
Septic <input type="checkbox"/>			No. of Trenches
Aerated <input type="checkbox"/>	NSF Class I	Y <input type="checkbox"/> N <input type="checkbox"/>	Trench Width
			Trench Depth
Distance from: Well	House	Distances from: Well	House
		Property Lines	Water lines
		Stream, River, Pond or Lake	Neighbor's well

Show location of house, tank, absorption field, wells, water lines, bodies of water, geological features, easements and all setback distances on the Site Plan

C. Waste Stabilization Pond LAGOONS WILL NOT BE ALLOWED IN FRONT YARDS	Pond Seal
Dimensions Length x width or diameter	Native soil <input type="checkbox"/> Artificial Liner <input type="checkbox"/>
Total Water Surface Area Square Feet	Bentonite Clay <input type="checkbox"/> Clay from another source <input type="checkbox"/>
Working Depth	Type of equipment used to compact soil:

Indicate location of discharge pipe, fence, gate and all setback distances on Site Plan

11. Installer	Registered	Y	N	State Registered Number
Name	Phone Number			
Address				
City	State		Zip Code	

All information contained in and with this application packet is true and accurate to the best of my knowledge.

12. Signature of Owner of Agent	Date
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CCHD USE ONLY

Construction Inspection Approval		Pump Tank Inspection		Lagoon Fence Inspection	
Date	EPHS Initial	Date	EPHS Initial	Date	EPHS Initial

PERMIT APPLICATION PROCEDURE

1. Site evaluation form and results of soil test as performed by a licensed percolation tester or a soil scientist.
2. Details showing the typical cross section dimensions of the absorption trench including: depth; width; size, type and depth of gravel; size, type and depth of pipe or chamber; depth of fill; type of restrictive layer (landscaping fabric, fiberglass, paper, etc).
3. Site plan: A site plan must be prepared by the installer or engineer showing the following minimum information:
 - a) Lot lines, dimensions and total lot area or acres.
 - b) North arrow.
 - c) Location of proposed dwelling or building (showing distance from at least two property lines).
 - d) Location of soil morphology pits or percolation test holes.
 - e) Location of proposed septic tank and absorption field or other proposed system.
 - f) Slope of ground surface across absorption field area. Spot elevations or topographic contours may be used. Show grade to nearest ½ percent.
 - g) Arrows showing direction of surface drainage.
 - h) Flowing or intermittent streams or watercourses, ponds, lakes and floodplain boundaries.
 - i) Location of proposed and/or existing wells (in use or abandoned) located within proximity to the required setback distances of the proposed system.
 - j) Location and distance of springs, sinkholes and caves located within proximity to the proposed system.
 - k) Existing utility lines and easements.
 - l) Existing or proposed swimming pools.
 - m) Existing or proposed drives, parking lots or other paved or gravel surfaced areas.
 - n) Any other conditions which may effect the design or performance of the system.
 - o) If a lagoon or evaporation pond is being installed, the distance of neighboring residences must be indicated.
4. If the property is over 40 acres, a 911-address letter is needed. This can be obtained from the Assessor' Office.
5. A flood plain determination form is required. This can be obtained from the County Codes and Zoning Office.
6. A Cass County Health Department On-Site Wastewater System permit is required to be completed.
7. The Health Department then reviews plans. The process may take up to 5 days and approval or denial made at this time.
8. The Health Department cannot approve a system before plans are submitted.
9. Once approval is given, construction of system can begin.
10. Final inspection is made before backfilling the trenches. This requires a 24 hour-advance notice to the Health Department.

Cass County Health Department

On-Site Sewage Disposal Construction Permit Application Packet

Permit Application Instructions and Check off List

Please type or print all information clearly. Provide all requested information accurately and completely. Incomplete applications will be returned for completion before a permit will be issued. As you complete the section, check the appropriate box. When each box is checked, the application is ready to return to the Health Department.

Provide the following information completely and accurately:

- 1. Property Owner: The name of the owner of the property as stated on the current deed.
- 2. Site Address: The address of the actual construction site of the system, include subdivision and lot number. If acreage is more than 40 acres, need 911-address letter from the County Assessor.
- 3. Mail Address: The address that correspondence, permits, and other communications may be sent to. Include daytime and an evening telephone number for the owner of the property.
- 4. System Is: Check the appropriate box if the system is a new construction, repair of an existing system, or setting a tank.
- 5. System Serves: Check residence or business, whichever is applicable. If a residence is attached to a business, check business but include residence in the system design. Provide the requested information below the appropriate box.
- 6. Water Supply: Check the appropriate box for your drinking supply. City water, public water supply district, or a community system that meets Missouri Department of Natural Resources definitions of community public systems are “Public”; provide the name of the supply. For “Private” supplies, give the type of supply. Locate the supply (well), neighboring supplies (wells) and water lines on the site plan.
- 7. Lot: Provide the lot size in acres or square feet. Give the percent slope and indicate on the Site Plan the direction of the slope, and show the cross section of the slope and proposed system on the Slope Diagram.

Obtain soil data at the site, either percolation tests or soil morphology evaluations. Percolation tests must be performed by a certified percolation tester. Soil morphology must be provided by a soil scientist.

- 8. Soil Information: Check the appropriate box for percolation test or soil morphology, whichever used. Indicate the slowest percolation rate as determined by the percolation test. Provide the information requested for soil morphology. Include the soil scientist's report or the percolation test forms with the application.
- 9. Name of Percolation Tester or Soil Scientist: Provide the name, address, and telephone number of the person providing the soil data.
- 10. Proposed System: Provide brief information about the proposed system; choose A, B, or C depending on the type of system. Provide the information necessary for that system. Locate the proposed system on the Site Plan and show all setback distances, property lines, easements and any other information requested.
- 11. Installer: Provide the name, address, and telephone number of the person (not a firm) doing the system construction. Indicate if the installer is registered (y) or not (n).

Form is signed and dated; be sure percolation test, soil morphology, and/or engineer's reports are all signed by the people providing the reports.

- 12. Signature of Owner or Agent: The property owner or designated agent must sign the form to attest to the accuracy and completion of the information in the packet.
- 13. Site Plan: Provide a drawing of the proposed system. Include all requested information from the application and on the Site Plan section.

Make copies of the application, Site Plan, all test results, reports and drawings for your records.

When you have completed the forms and checked off each of the boxes on this instruction sheet, return the packet to the Cass County Health Department.

For further information contact Wayne Tiffany, EPHS III at 816-797-4334.