



JOHNSON COUNTY COMMUNITY HEALTH SERVICES

Home Health • Public Health • Hospice

“Improving Your Quality of Life”

ONSITE WASTEWATER TREATMENT SYSTEMS CONSTRUCTION PERMIT APPLICATION

Introduction

Thank you for contacting us concerning plans for your onsite wastewater treatment system (OWTS). As you may know, the Johnson County Community Health Services is required by the Johnson County Code of Health Regulations Section 3.2 to regulate the design, construction, and operation of all OWTS.

Enclosed in this packet you will find the following items:

- I. The Permit Application form.
- II. The Permit Application Instructions and Check Off list.

CONSTRUCTION OF YOUR OWTS MAY NOT BEGIN UNTIL A PERMIT HAS BEEN ISSUED. To expedite this process, please follow these steps:

- A. Contact an OWTS contractor. A registered contractor will be able to assist you with this process and is highly recommended. State statute requires that “Any person installing OWTS shall be registered to do so by the Missouri Department of Health and Senior Services.” Johnson County’s OWTS ordinance requires that such individuals must also be licensed with the JCCHS. You may choose to submit all of the information and install the system yourself. However, the services of a registered professional to conduct a percolation test or an onsite soil morphology evaluation will be required. The registered contractor should be able to help you select a system to suit your needs and will help you fill in the forms. You may also request technical assistance from JCCHS.
- B. Use the “Onsite Wastewater Treatment System Instructions and Check Off List” to ensure that all of the required information has been gathered. Then, submit the completed application, percolation test or soil morphology report, and all necessary drawings and plans **to JCCHS**.
- C. **Upon receipt of the completed application, a JCCHS Environmental Public Health Specialist will schedule a pre-construction site visit typically within 3-5 business days.** If the results of the site visit and plan review are satisfactory and the permit application fee has been received, the construction permit will be issued and construction may begin. **THE JOHNSON COUNTY CODE OF HEALTH REGULATIONS SECTION 3.2.7.16 REQUIRES THAT NOTIFICATION OF INSTALLATION BE GIVEN TO JCCHS PRIOR TO BEGINNING INSTALLATION OF AN OWTS.**
- D. Upon completion of the OWTS construction, the contractor or homeowner must contact a JCCHS Environmental Public Health Specialist to schedule a final inspection of the exposed OWTS components. **Registered Installers must notify JCCHS 24-hours before the system is completed. Non-registered Installers (homeowners) must notify JCCHS 48-hours before the system is completed. Any system must be maintained in a condition, which allows for a complete inspection until 3:00 pm on the day of completion unless notified otherwise by JCCHS.** If the results of the final inspection are satisfactory the JCCHS Environmental Public Health Specialist will issue an approved final inspection. **LAGOON FENCES MUST BE INSTALLED PRIOR TO OCCUPANCY OF THE HOME. FENCES, PUMPS, FILTERS AND ALARMS MUST BE INSTALLED PRIOR TO FINAL INSPECTION APPROVAL.**

**Johnson County Community Health Services
Onsite Wastewater Treatment Systems (OWTS) Construction Permit Application**

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.** Check the appropriate boxes on the application and on the Check Off List. When all boxes are checked on the Check Off List, the application is ready to return to JCCHS.

Provide the following information completely and accurately:

1. Property Owner: The name of the owner of the property as stated on the current warranty deed, as recorded with the County Recorder. Include daytime and an evening telephone number for the owner of the property. **A NON-CERTIFIED COPY OF THE WARRANTY DEED MUST ACCOMPANY THIS APPLICATION.** The warranty deed may be obtained from the Johnson County Recorder of Deeds Office, located in the Johnson County Courthouse, 300 North Holden, Warrensburg, MO 64093 (660) 747-6811.
2. Site Address: The address of the actual construction site of the system. Complete the subdivision name, lot number, and lot size in acres. **A COPY OF THE PARCEL CARD AND AERIAL PHOTOGRAPH FOR THE OWTS PROPERTY MUST ACCOMPANY THIS APPLICATION.** The parcel card and aerial photograph must be obtained from the Johnson County Assessor's Office, located in the South Annex building, 1310 South Maguire St. Suite B, Warrensburg, MO 64093 (660) 747-9822. The Assessor's Office may be able to assist you with determining the legal description, if necessary.
3. Mailing address: The address that correspondence, permits, and other communications may be sent to.
4. System Is: Check the appropriate box to show the OWTS is new construction (no OWTS existed prior to this construction), major modification of an existing OWTS (major repair or replacement of present OWTS), or minor modification of an existing OWTS (work on the OWTS that does not change its size or location).
5. OWTS Serves: Check residence or business, whichever applicable. If a residence is attached to a business, check business but include residence in the OWTS design. Provide the requested information below the appropriate box.
6. Water Supply: Check the appropriate box for your drinking water supply. City water, public water supply district, or a community system that meets Missouri Department of Natural Resources definitions of community public systems or non-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 layout.

Obtain soil data at the site, either a percolation test or soil morphology evaluation. Percolation tests must be performed by a registered percolation tester, and soil morphology evaluations must be performed by an onsite soil morphology evaluator, meeting the requirements in 19 CSR 20-3.080. The OWTS absorption field or lagoon must be installed where the percolation test or soil morphology was conducted.

7. Soil Information: Give the percent slope and indicate on the Site Layout the direction of slope. Check the appropriate box for percolation test or soil morphology, whichever is used. Indicate the slowest percolation rate as determined by the percolation test or indicate the proposed loading rate based on soil morphology. Include a copy of the soil morphology evaluator's report or the percolation test forms with the application.
8. Name of Percolation Tester or Morphology Evaluator: Provide the name and **identification number** of the person providing the soil data.
9. Proposed OWTS: Provide brief basic information about the proposed OWTS; choose A, B, C and/or D depending on the type of OWTS. Provide the information necessary for that OWTS. A Registered Professional Engineer must design OWTS checked as "Alternative"; include all data, calculations, drawings, or other information used to determine the design. Also include the Professional Engineer's name, address, telephone number, and seal. Locate the proposed OWTS on the Site Layout (item 12) or attach drawing, and show all setback distances, property lines, easements, and any other information requested.
10. Installer: Provide the name, work telephone number and **identification number** of the person (not firm) doing the OWTS construction. Indicate if the installer is Basic or Advanced registered.

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.

11. 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.
12. Site Layout: Provide a drawing of the proposed OWTS. Include all requested information from the application and on the Site Layout section.
- Make copies of the application, site layout, all test results, reports, and drawings for your records.**
- When you have completed the forms and checked off all of the boxes on this instruction sheet, return the application to the JCCHS.**

If you or your contractor need additional information, or if we can help you with this process, please feel free to contact us.

**JOHNSON COUNTY COMMUNITY HEALTH SERVICES
ONSITE WASTEWATER TREATMENT SYSTEM
CONSTRUCTION PERMIT APPLICATION**

Office use only			
IR Complaint <input type="checkbox"/> Yes <input type="checkbox"/> No IR Complaint#			
Permit Number			
Reviewed By		EPHS #	
EPHS Signature			
1. PROPERTY OWNER(S) NAME (Last, First, MI)		Subdivision	Lot # Acres
2. SITE ADDRESS (911/ENS)		Property owner <u>Day</u> phone # () - -	Property owner <u>Evening</u> phone # () - -
City		Zip code	
Directions to Site from nearest Highway: _____ _____ _____			
3. MAILING ADDRESS (if different from above)		City	State Zip Code
4. OWTS IS New Construction <input type="checkbox"/> Major Modification <input type="checkbox"/>			
5. OWTS SERVES Residence <input type="checkbox"/>		Business <input type="checkbox"/>	
		Daily Sewage Flow (gallons per day)	
Single Family <input type="checkbox"/>	# Bedrooms:	Whirlpool Bath <input type="checkbox"/>	Food Service <input type="checkbox"/>
Multi-Family <input type="checkbox"/>	# Bedrooms/Unit:	Garbage Disposal <input type="checkbox"/>	Lodging <input type="checkbox"/>
	# Units:	Dishwasher <input type="checkbox"/>	Child Care <input type="checkbox"/>
		Auto. Clothes Washer <input type="checkbox"/>	Other (specify):
Are there any other homes or outbuildings located on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do they or will they have plumbing installed? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe below and draw locations on site layout. _____ _____			
Is this property located within a 100/500 Year FEMA Classified Floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approval is required from the Johnson County Emergency Management Office [(660) 747-2666] prior to home/OWTS construction.			
6. WATER SUPPLY		<input type="checkbox"/> Public Name: _____	
		<input type="checkbox"/> Private Well Type: <input type="checkbox"/> Dug well <input type="checkbox"/> Drilled well <input type="checkbox"/> Other (specify): _____	
Are there any vertical ground source heat pump wells deeper than 10 feet located on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any other wells or cisterns located on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are the wells or cisterns abandoned*? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe below and draw location(s) on site layout. _____ _____			
<i>*Abandoned wells and cisterns must be properly plugged or brought into compliance according to the Missouri Department of Natural Resources regulations before OWTS final inspection is granted.</i>			
7. SOIL INFORMATION		% Slope:	Indicate direction of slope on Site Layout
<input type="checkbox"/> Percolation Test	Percolation Rate (min/inch):	<input type="checkbox"/> Soil Morphology	Application Rate (gpd/sq. ft.):
8. NAME OF PERCOLATION TESTER OR SOIL EVALUATOR		DHSS Onsite Soil Evaluator ID#:	

9. PROPOSED OWTS ***COMPLETE INFORMATION ONLY FOR THE OWTS YOU PLAN TO CONSTRUCT***

A. SEWAGE TANK(S) – Septic tank or aerobic treatment unit required for lagoon when lot is less than 5 acres.

Septic Tank Manufacturer: _____ Liquid Capacity _____ gal. # of Compartments _____
 Construction Material: Concrete Polyplastic Fiberglass Liquid Capacity per Compartment: 1st: _____ gal. 2nd: _____ gal.
 Effluent Filter: Manufacturer _____ Model # _____ 2nd Compartment used as Pump Tank

Pump Tank Manufacturer: _____ Liquid Capacity _____ gal. # of Compartments _____
 Construction Material: Concrete Polyplastic Fiberglass Pump Manufacturer: _____ Model # _____
 Pressure Filter: Manufacturer: _____ Model # _____ Alarm Manufacturer: _____ Model # _____

NSF Class 1 Aeration Unit: _____ Treatment capacity _____ gpd. # of Compartments _____
 Construction Material: Concrete Polyplastic Fiberglass Manufacturer: _____ Model # _____
 Chlorinator: Manufacturer: _____ Model # _____ Alarm Manufacturer: _____ Model # _____

B. ABSORPTION FIELD – Absorption field proposed location must be protected from vehicle traffic and disturbance.

Serial Distribution **Flat Lot Layout** **Dosed** **Pressure Manifold Distribution**
 Distribution Box: Manufacturer _____ Construction Material: Concrete Polyplastic Fiberglass

Absorption Laterals: # of Laterals _____ Lengths (ft.) _____ Width (in.) _____ Depth (in.) _____

<input type="checkbox"/> Pipe & Gravel : Rock Size (in.) _____ Depth of Rock Below Pipe (in.) _____ Depth of Rock Above Pipe (in.) _____ Pipe Diameter (in.) _____ Pipe Schedule _____ Barrier Material (No straw) _____	<input type="checkbox"/> Chambers : Width (in.) _____ Length (in.) _____ Manufacturer _____	<input type="checkbox"/> Gravelless Pipe : Diameter _____ Length (in.) _____ Manufacturer _____
	<input type="checkbox"/> Other (specify): _____	

Curtain Drain: Length (ft.) _____ Width (in.) _____ Depth (in.) _____ Rock Size (in.) _____ Pipe Dia. (in.) _____ Pipe Schedule _____

C. WASTEWATER STABILIZATION POND (LAGOON) – 50-foot setback required from all trees to lagoon's liquid edge.

Dimensions _____ Water Surface Area _____ <small>Length x width or diameter square feet</small>	Seal: <input type="checkbox"/> Native soil <input type="checkbox"/> Clay from another source Type of equipment used to compact soil: _____
Liquid Operating Depth (ft.): _____	

Lagoon Fence: Height (ft.): _____ Materials: Posts _____ Fence: Woven Wire Cattle Panels Chain link
 Fence Builder: _____ **Fence must be properly installed within 30 days of lagoon construction.**

D. ALTERNATIVE SYSTEM (Requires Professional Engineer's Design & Seal)

Low Pressure Pipe **Drip Irrigation** **Other** (specify) _____
 Include supporting data, calculations, and drawings with the Application.

10. INSTALLER	DHSS Registration Classification: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	DHSS Registered Installer ID#
Name	Phone number () -	

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

11. SIGNATURE OF OWNER OR AGENT:	Date
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12. SITE LAYOUT – Site layout may be submitted using a modified scale on separate prints.

- SHOW PROPERTY LINES NEAREST TO THE PROPOSED OWTS. SHOW EXISTING OWTS LOCATION (IF APPLICABLE).**
- DRAW PROPOSED SYSTEM. SHOW APPROPRIATE ELEVATIONS TO INDICATE PROPER FALL FOR SYSTEM. SYSTEM MUST BE STAKED, FLAGGED OR PAINTED ON THE PROPERTY PRIOR TO THE PRE-CONSTRUCTION SITE VISIT.**
- SHOW LOCATION AND SETBACK DISTANCE TO HOUSE, OUTBUILDINGS, WELLS AND CISTERNS, WATER LINES, NEAREST PROPERTY LINES, GEOLOGICAL FEATURES SUCH AS ROCK OUTCROPS, LAKES, PONDS, STREAMS, RIVERS, ETC.**
- SHOW DISTANCES TO NEIGHBORS' WELLS, HOMES, AND OWTS.**
- SHOW LOCATIONS OF ALL PERCOLATION TEST HOLES OR SOIL MORPHOLOGY TEST PITS. HOLES MUST BE FLAGGED ON THE PROPERTY FOR THE PRE-CONSTRUCTION SITE VISIT.**
- SHOW LOCATIONS OF ALL CLEANOUTS. SHOW LOCATION OF LAGOON (IF APPLICABLE) WITH FENCE, GATE AND DISCHARGE PIPE LOCATIONS.**
- SHOW PERCENT SLOPE. USE ARROWS ON THE SITE LAYOUT TO INDICATE THE DIRECTION OF SLOPE.**
- INDICATE ANY KNOWN EASEMENTS THAT EXIST FOR UTILITIES, ROADS, PRIVATE DRIVEWAYS, OR OTHER EASEMENTS.**

DRAW SITE LAYOUT HERE – Refer to Johnson County OWTS Required Setback Distances Table

SCALE
(1/4 inch = 10 feet)

