



Lincoln County HEALTH DEPARTMENT

LINCOLN COUNTY OFFICE OF ENVIRONMENTAL SANITATION
5 HEALTH DEPT DR, TROY MO 63379
(636) 528-6117 | lchdmo.org

File ID:

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On-Site Wastewater Treatment System Permit Application

Installer Name:			Installer Phone:		
Property Owner:			Property Owner Phone:		
Mailing Address of Property Owner:					
Site Address (911 Address or Lot and Subdivision):					
Directions to Site (From Troy – please be detailed):					
System will be:		System will serve:			
<input type="checkbox"/> New Construction <input type="checkbox"/> Repair		<input type="checkbox"/> Single-Family Residence <input type="checkbox"/> Business <input type="checkbox"/> Other (specify): _____			
Number of Bedrooms (or Daily Flow Rate):		Water Supply:			
		<input type="checkbox"/> Public <input type="checkbox"/> DNR Regulated Well <input type="checkbox"/> Private Well <input type="checkbox"/> Other (specify): _____			
Primary Treatment:	Size of Septic Tank:	Septic Tank Material:	<input type="checkbox"/> Septic Tank is Class I or equivalent.	Pump Tank Size:	Pump Tank Material:
<input type="checkbox"/> New Septic Tank <input type="checkbox"/> Existing Septic Tank		<input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Other: _____		Pump HP: _____	<input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Other: _____
Secondary Treatment:	Boring/Pit #:	Absorption Field Type:		Size of Secondary & Tertiary Systems (fill in information applicable to system):	
<input type="checkbox"/> Absorption Field <input type="checkbox"/> Lagoon <input type="checkbox"/> Wetlands * <input type="checkbox"/> Peat Filter* <input type="checkbox"/> Sand Filter * <input type="checkbox"/> Engineer Design Submitted <input type="checkbox"/> Flood Plain Approval Letter		<input type="checkbox"/> 10" Gravelless Pipe <input type="checkbox"/> Gravelless Chamber (Size: _____) <input type="checkbox"/> Conventional (Rock & Pipe) <input type="checkbox"/> Low-Pressure Pipe* <input type="checkbox"/> Mound* <input type="checkbox"/> Drip Irrigation* <input type="checkbox"/> Other: _____		Trench Width: _____ Trench Depth: _____ # of Trenches: _____ Total Linear Ft: _____ <input type="checkbox"/> Curtain Drain Depth of CD: _____ Cells & Lagoons: Total Sq. Ft.: _____ Length: _____ Width: _____ Depth: _____ Liner: Artificial _____ Imported _____ Natural _____	
* Denotes Advanced System with tertiary treatment/discharge required		* Denotes Advanced Systems requiring an Engineer Design			
Measure and list all relevant setback distances:		Additional Installer Comments about this system or layout:		All information in this permit application is true to the best of my knowledge. By signing, I indicate that I am an authorized agent of the property owner, and that I am responsible for compliance with Lincoln County Ordinance 1995-12 and amendments. _____ Installer's Signature _____ Date	
	Primary Secondary	IS SITE READY FOR PRE-INSPECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Water supply wells:	_____ _____				
Building foundations:	_____ _____				
Property lines:	_____ _____				
Streams & open ditches:	_____ _____				
Ponds and lakes:	_____ _____				
Sinkholes:	_____ _____				
Other:	_____ _____				
Elevation of Pump Tank to Field:	_____				
Distance of Pump Tank to Field:	_____				
OES ADMINISTRATIVE USE		Received: _____ Initials: _____ Paid: _____			
PERMIT APPROVED: _____ PERMIT DENIED: _____		Recd Eng Design _____ CONSTRUCTION BEGIN DATE: _____			
INSPECTOR'S COMMENTS: _____					
SIGNATURE: _____			DATE: _____		