

GREENE COUNTY BUILDING REGULATIONS

Telephone: 417-868-4015 940 N. Boonville, Springfield, MO 65802 Fax: 417-868-4175
ResourceManagement@greencountymo.gov

ONSITE WASTEWATER SYSTEM PERMIT APPLICATION

FOR OFFICE USE ONLY

RECEIVED BY: _____

PERMIT # _____
PERMIT COST _____
____ APPLICATION
____ SITE PLAN
____ WASTEWATER DESIGN/SOILS
____ FLOOR PLANS
____ OWNERSHIP

- 1. Permit for: New System Repair or Replacement-- Tank Laterals Tank & Laterals
- 2. Permit Issued To: Property Owner Contractor/Installer

3. Name of Recorded Property Owner: _____
Mailing Address: _____
Work/Day Phone: _____ Mobile/Evening Phone: _____
Email Address: _____

4. Contractor/Installer (If other than Owner) Name: _____
Mailing Address: _____
Work/Day Phone: _____ Mobile/Evening Phone: _____
Email Address: _____

5. Work Site Address: (Must be approved by the Greene County Addressing Office – Room 305)

6. EXACT Directions to Work Site: (Must furnish nearest intersection of county and/or state roads).

7. Is the system being placed/repaired within a Subdivision? Yes No
If yes, Subdivision Name: _____ Lot Number: _____

8. Is system being placed/repaired on acreage? Yes No If yes, how many acres? _____

9. List the number of rooms with closets in the home: _____ List the number of floors in the home: _____

- 10. For EXISTING Onsite Wastewater Systems:
1. Type of tank: Metal Concrete
2. Present size of existing tank: _____ Gallons
3. Number of existing lateral lines _____ Approximate length _____ Ft
4. Approximate date of original installation: _____

11. UTILITY PROVIDER (For Services at this Location) List all that apply to this project:
Electricity Provider: _____ Office Location: _____
 Natural Gas Propane Gas Gas Supplier: _____

NAME (LAST, FIRST):

DATE CALLED:

INITIALS:

*****NOTE*** Soil Analysis AND detailed site plan must be submitted with application**

***** IMPORTANT NOTES, PLEASE READ *****

DISCLAIMER: Individual signing application is responsible for accuracy of information submitted. Information provided on the application has been furnished for the purpose of issuance of permit. Errors and/or omissions of information submitted with the application for permit are not the responsibility of Greene County or this office. By my signature below, I affirm that I am the property owner or his/her authorized representative.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

GREENE COUNTY BUILDING REGULATIONS

PHONE: 417-868-4015

INSPECTIONS CHECK LIST-ONSITE WASTEWATER SYSTEM

FAX: 417-868-4175

- _____ 1. SITE EVALUATION REVIEW AND ON-SITE INSPECTION for all construction on sites with **NEW** or **EXISTING** onsite wastewater treatment systems, or on **VACANT** lot. This review and on-site inspection must be done **BEFORE** any excavation is started.
- _____ 2. ONSITE WASTEWATER TREATMENT SYSTEM TANK PUMPED. A receipt showing tank has been pumped must be supplied to this office prior to scheduling final inspection.
- _____ 3. EXISTING ONSITE WASTEWATER TREATMENT SYSTEM TANK CRUSHED AND FILLED. An inspection must be done after filling and crushing and prior to covering.
- _____ 4. ONSITE WASTEWATER TREATMENT SYSTEM & LATERAL LINES (**Before** covering.)
- _____ 5. FINAL APPROVAL

***** IMPORTANT NOTES, PLEASE READ *****

- _____ 1. **Permit number must remain clearly posted at site address until construction is complete. Failure to do so could result in inspection(s) not being conducted.**
- _____ 2. **No Final Occupancy will be scheduled for any permit until all required inspections and documents have been completed and approved.**
- _____ 3. **THIS PERMIT WILL EXPIRE SIX (6) MONTHS FROM DATE OF ISSUANCE IF WORK HAS NOT COMMENCED. PERMIT WILL EXPIRE IF INSPECTION FOR COMPLETED WORK IS NOT CONDUCTED AT LEAST EVERY SIX (6) MONTHS.**
- _____ 4. **Any request for refund must be in writing to Resource Management Department, 940 N. Boonville, Room 305, Springfield, MO 65802 and no refunds will be granted after one hundred and eighty (180) days from issuance of permit.**

****NOTE: OWNER RESPONSIBLE FOR ALL DEED RESTRICTIONS AND COVENANTS****

PLEASE GIVE THE FOLLOWING INFORMATION WHEN SCHEDULING INSPECTIONS:

- 1. Permit Number
- 2. Address of Inspection Site
- 3. Type of Inspection Needed
- 4. Caller's Name and Phone Number

I HAVE REVIEWED THESE STATEMENTS AND AGREE TO ABIDE BY THE CODES ADOPTED BY THE GREENE COUNTY COMMISSION. FAILURE TO HAVE AN INSPECTION CONDUCTED COULD RESULT IN UNCOVERING WORK SO THAT THE REQUIRED INSPECTION CAN BE ACCOMPLISHED. I UNDERSTAND THAT A FINAL INSPECTION MUST BE APPROVED BEFORE THE BUILDING IS TO BE OCCUPIED.

SIGNATURE: _____

DATE: _____