

## 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 _____ OWNERSHIP
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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**

**\*\*\*INFORMATION REGARDING PUBLIC IMPROVEMENTS\*\*\***

Please read carefully to be sure you understand the information provided concerning damage(s) to public improvements.

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: \_\_\_\_\_

**INFORMATION REGARDING PUBLIC IMPROVEMENTS**

By my signature below I certify that I understand the following:

- 1. Public Improvements (sidewalks, curbs, driveways, and/or driveway entrances, streets and all other public improvements on right-of way property) must be installed, inspected and approved by Greene County in accordance with adopted design standards.
- 2. Should any damage(s) occur to any of these improvements during construction, it is my responsibility as the permittee to repair these damage(s) in accordance with the Greene County Design Standards.
- 3. Greene County Highway Department **MUST be notified twenty-four (24) hours BEFORE:**
  - a. Any concrete pour for driveway and/or sidewalks on right-of-way
  - b. Installation of any culverts on right-of-way. **Phone number for Highway Department is 417-831-3591.**
- 4. Any damage(s) must be repaired and accepted by Greene County Highway Department or the utility owner before a final inspection will be conducted.
- 5. A Certificate of Occupancy will not be issued until all damage(s) are repaired and approved.

By my signature below, I certify that I am the permittee or his/her legally authorized representative and I am in agreement with the above.

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_