Lafayette County Planning and Zoning

ONSITE WASTEWATER TREATMENT SYSTEMS
CONSTRUCTION PERMIT APPLICATION

Introduction

Thank you for contacting us concerning plans for your onsite wastewater treatment system (OWTS). Lafayette County Planning and Economic Development (LCPED) regulates onsite systems in accordance with the Missouri Department of Health and Senior Services(Green Book). These regulations include design, construction, and operation of all OWTS on less than 20 acres in accordance with the adopted Lafayette County Land Development Code.
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.". 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.

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 Lafayette County Planning and Zoning

C. **Upon receipt of the completed application, Lafayette County 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.

D. Upon completion of the OWTS construction, the contractor must contact the LCPED inspector to schedule a final inspection of the exposed OWTS components at least 24 hours prior to completion. 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 the inspector. If the results of the final inspection are satisfactory the LCPED inspector 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.

LCPED 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 LCPED. If the results of the final inspection are satisfactory the LCPED inspector 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.

Lafayette 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 LCPED.

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, email address for the owner of the property.

☐ 2. Site Address: The address of the actual construction site of the system. Complete the subdivision name, lot number, and lot size in acres. 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, addition or replacement of present OWTS), tank replacement (only replacing the current septic tank with a new one) 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 by soil morphology evaluation or perk testing.
Soil morphology evaluations must be performed by an onsite soil morphology evaluator.

OWTS absorption field or lagoon must be installed where the soil testing 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 and/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 LCPED.**

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LAFAYETTE COUNTY PLANNING AND ECONOMIC DEVELOPMENT ONSITE WASTEWATER TREATMENT SYSTEM PERMIT APPLICATION

Date:	Office use only	Case #
IR Complaint ☐ Yes ☐ No	IR Complaint#	
Check #	Credit Card ☐	
Permit Fee	Late Fee:	
Approved Date:	State ID#	
Inspector Signature		

1. PROPERTY OWNER(S) NAME (Last, First, MI)

2. SITE ADDRESS

PARCEL ID	Lot #	Acres

City	Zip code	Property owner Day phone #	Property owner Evening phone #
		( ) -	( ) -

Directions to Site from nearest Highway:

3. MAILING ADDRESS (if different from above) City State Zip Code

4. OWTS IS **New Construction** ☐ **Major Modification** ☐ **Tank Replacement** ☐

5. OWTS SERVES **Residence** ☐ **Business** ☐ **Daily Sewage Flow** (gallons per day)

Single Family ☐	# Bedrooms:	Whirlpool Bath ☐	Food Service ☐	
Multi-Family ☐	# Bedrooms/Unit:	Garbage Disposal ☐	Lodging ☐	
	# Units:	Dishwasher ☐	Child Care ☐	
		Auto. Clothes Washer ☐	Other (specify):	

Are there any other homes or outbuildings located on the property? ☐ Yes ☐ No
If yes, do they or will they have plumbing installed? ☐ Yes ☐ No
Please describe below and draw locations on site layout.

Is this property located within a 100/500 Year FEMA Classified Floodplain? ☐ Yes ☐ No
If yes, approval is required from the Lafayette County Assessor Office prior to home/OWTS construction.

6. WATER SUPPLY ☐ **Public** Name: ☐ **Private** Well Type: ☐ Dug well ☐ Drilled well ☐ Other (specify):

Are there any vertical ground source heat pump wells deeper than 10 feet located on the property? ☐ Yes ☐ No
Are there any other wells or cisterns located on the property? ☐ Yes ☐ No
If Yes, are the wells or cisterns abandoned*? ☐ Yes ☐ No
Please describe below and draw location(s) on site layout.

**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.*

7. SOIL INFORMATION % Slope: Indicate direction of slope on Site Layout

☐ **Percolation Test** Percolation Rate (min/inch): ☐ **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.) _____

☐ **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) _____

☐ **Chambers**:
Width (in.) _____
Length (in.) _____
Manufacturer _____

☐ **Gravelless Pipe**:
Diameter. _____
Length (in.) _____
Manufacturer_____

☐ **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 _____
Length x width or diameter square feet

Liquid Operating Depth (ft.): _____

Seal: ☐ Native soil ☐ Clay from another source

Type of equipment used to compact soil: _____

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: ☐ Basic ☐ 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

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 Lafayette County OWTS Required Setback Distances Table

SCALE
(1/4 inch = 10 feet)

NORTH

Lafayette County Planning & Economic Development

1001 Main Street, Lexington,MO 64067
Email: planning@lafayettecountymo.gov
Phone: 660-259-4439
Website: www.lafayettecountymo.gov

ACKNOWLEDGEMENT:
I / we state that we have the authority to initiate and process this application and that we are the primary contact for all information relating to this application. I / we acknowledge that this application cannot be processed unless and until all required information is submitted, including proof of ownership the appropriate fee. I / we certify that the foregoing information is true and accurate to the best of our knowledge. I / we acknowledge that the Lafayette County Planning and Economic Development Commission, Board of Zoning Adjustment and/or County Commission shall have authority to impose such conditions as it deems necessary in order to protect the public health, safety, and general welfare.
Be further advised that any approval of any individual system by the Planning Administrator does not hold him or any other public agency responsible in the event of its failure. Full acknowledgment is made that the Zoning Administrator is directed by law to seal or padlock the system herein applied for in the event of system failure and absence of correctional on the part of the owner in addition to a fine to be prescribed by his office in accordance with the law. THE ENTIRE BURDEN OF CONSTRUCTION, INSPECTION AND MAINTENANCE OF ANY AND ALL SYSTEMS SHALL NEVER BECOME A BURDEN OR OBLIGATION OF THE GENERAL PUBLIC.

Signature:_____

Date:_____