



# Buchanan County Planning & Zoning

## On-Site Wastewater Permit Application

### Checklist

- Complete soil morphology report from a licensed Missouri Soil Evaluator
  - A current list of evaluators can be found at:  
<http://health.mo.gov/living/environment/onsite/ose/index.php>
- Complete Permit Application
  - Application should be completed by the INSTALLER, not the homeowner.
- Permit and Inspection Fee

Upon receipt of the above, a plan review and pre-installation inspection will be completed. After this is complete, a permit will be issued and construction may commence.

**Installation may NOT begin until a permit has been issued by Planning & Zoning. Installation without a permit may result in administrative penalties, criminal charges, and revocation of a professional installer's license by the State of Missouri.**

Homeowners may install their own system. They must comply with all ordinances including permitting. No use of outside labor may be used by a homeowner installing their own on-site wastewater system. Failure to comply with this requirement may result in the revocation of an installation permit. Installation by homeowners without professional knowledge of on-site wastewater system design and installation is highly discouraged.

**A minimum of 24 Hours notice (excluding weekends) is required for inspection requests. Inspections will be scheduled based upon inspector availability. Installations may not be covered prior to inspection without the express consent of the inspector or zoning administrator.**



# Buchanan County Planning & Zoning

411 Jules St. Room 204  
St. Joseph, MO 64501

(816)271-1409  
email: rpummell@buchmo.org

(Office Use Only)
PERMITS: _____
DATE ISSUED: _____
TYPE: _____
INSPECTOR: _____

Property Owner Name (Last, First, MI): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Site Address (911/ESN): \_\_\_\_\_

Co Parcel #: _____
Subdivision: _____
Lot #: _____
Township: _____ Range: _____ Section: _____

Directions to Site: \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

System Serves:  Residence  Business (On-site systems for businesses are licensed by the Health Dept or DNR-See Zoning Administrator)

Residence is:  Multi-Family  Singly Family No. Bedrooms: \_\_\_\_\_ No. Baths: \_\_\_\_\_ No. Stories: \_\_\_\_\_

Daily Sewage Flow GPD: \_\_\_\_\_ Water District: \_\_\_\_\_

Lot Size: \_\_\_\_\_ acres or \_\_\_\_\_ square feet \_\_\_\_\_% Slope (Indicate direction of slope on Site Layout)

Soil Evaluator Name: _____	License Number: _____
Soil Evaluator Address: _____	
Soil Evaluator Phone Number: _____	
Suitable For: <input checked="" type="radio"/> Conventional <input type="radio"/> Advanced Type: <input type="radio"/> Lagoon	
Application Rate ( GPD/FT <sup>2</sup> ) _____ Conventional: _____ Advanced / LPP: _____	

# Proposed System Design

<input type="radio"/> Wastewater Lagoon	Lagoon Seal
Dimensions Length x width or diameter: _____ Total Water Surface Area: _____ FT <sup>2</sup> Working Depth: _____	<input checked="" type="radio"/> Native Clay <input type="radio"/> Imported Clay <input type="radio"/> Synthetic

<input type="radio"/> Septic Tank	<input type="radio"/> Conventional Absorption Field
Liquid Capacity: _____  Manufacturer: _____  Material / Construction: _____	Length, Width Depth of Trenches: _____ Number of Trenches: _____ If using other manufactured absorption devises please specify: _____ _____ _____
Distance from: Well: _____ House: _____ Property lines: _____ Water Lines: _____ Stream, river, pond, or lake: _____ Neighbor's well: _____	Distance from: Well: _____ House: _____ Property lines: _____ Water Lines: _____ Stream, river, pond, or lake: _____ Neighbor's well: _____

**Advanced / Alternative System (Include Stamped Drawing with application)**

All advanced/alternative systems (including LPP) require a design approved and stamped by an engineer licensed by the State of Missouri. All advanced / alternative systems are subject to plan review, and may require modifications to be agreed upon the inspector and designing engineer. Installation of an advanced / alternative system may only be completed by an installer with an advanced installation license issued by the State of Missouri.

**An application for an Advanced / Alternative System without a stamped engineered drawing will be considered an incomplete application, and will not be reviewed until a stamped drawing is received.**

Installer Name: _____	License Number: _____
Address: _____ _____	Phone Number: _____

Site Diagram

Include location of all system components, all setbacks including property lines, wells, ponds, streams & structures. Include slope, location of proposed swales and/or curtain drains. An attached drawing is acceptable.

All of the information contained herein is complete and accurate to the best of my knowledge. I agree to comply with ordinances of Buchanan County, and the Statutes of the State of Missouri, in the installation and operation of any on-site wastewater system. I understand that failure to comply with applicable ordinances and statutes carry significant administrative and criminal penalties.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_