



Columbia/Boone County Department of Public Health Onsite Wastewater Treatment System Construction Permit

Owner _____ Owner Contact Phone _____

Site Address _____ Lot # _____ City/State/Zip _____

SPECIFIC DIRECTIONS TO PROPERTY: _____

New Construction Existing Home Building Permit # _____ Health Department Permit # _____

Mailing Address _____ City/Zip _____

Parcel # _____ - _____ - _____ - _____ - _____ Lot size _____ # of Bedrooms _____

Contact Person _____ Phone _____

Applicant Signature _____ Date _____

Date Fee Paid _____ Amount Paid _____ Receipt # _____

HEALTH DEPARTMENT USE ONLY BELOW THIS LINE:

Water supply:	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Additional plumbed building:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Sinkhole area:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Flood plain:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Stream buffer:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	VARIANCE <input type="checkbox"/>	(see notes page if box checked)	

INSPECTIONS:

Site evaluation date _____ EPHS _____

Const. inspection date _____ EPHS _____

Final inspection date _____ EPHS _____

Certified Installer: _____

LAGOON: LAGOON ONLY LAGOON W/SEPTIC

Required **Built**

Minimum size ≥ _____ ft² _____ ft²

Effluent to property line ≥ _____ ft _____ ft

Nearest property line ≥ _____ ft _____ ft

Nearest home ≥ _____ ft _____ ft

Setbacks from home ≥ _____ ft _____ ft

Pond/lake/stream ≥ _____ ft _____ ft

Open ditch ≥ _____ ft _____ ft

SEPTIC TANK (IF INSTALLED):

Minimum size _____ gallons

Type installed _____

Date inspected _____ Inspector _____

SOILS EVALUATION:

Results _____ gal/ ft²/day

Conducted by _____

Date _____

SECONDARY TREATMENT:

Lateral field: _____ ft² _____ linear ft

Number of lines _____ length _____

Curtain drain required: YES NO

ALTERNATIVE DESIGN:

Engineer _____

Type of system _____

THIS SYSTEM WILL BE CONSTRUCTED IN ACCORDANCE WITH THE ATTACHED SPECIFICATIONS AND REGULATIONS GOVERNING SEWAGE SYSTEMS WITHIN BOONE COUNTY. THE SPECIFICATIONS AS SHOWN ARE APPROVED.

NOTES:

PLOT PLAN - HEALTH DEPARTMENT



**THE ABOVE SYSTEM HAS BEEN INSPECTED AND FOUND TO COMPLY WITH THE PLANS AND SPECIFICATIONS.
THIS PERMIT IN NO WAY GUARANTEES THE CONTINUED PERFORMANCE OF THE SYSTEM.**