

GREENE COUNTY BUILDING REGULATIONS

Telephone: (417) 868-4015

940 Boonville Springfield, MO 65802

Fax: (417) 868-4175

SEPTIC SYSTEM APPLICATION

Permit For New System Repair or Replacement

1. Permit Issued To: Installer/Contractor Recorded Property Owner New Property Owner

2. Name of Recorded Property Owner: _____

Mailing Address: _____

City _____ State _____ Zip _____

Day Phone _____ Evening _____ Mobile _____ Pager _____

3. Contractor/Installer Information

Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Day Phone _____ Evening _____ Mobile _____

Installer's Greene County Certification Number _____

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

(Street or Farm Road #) _____ (City) _____ (State) _____ (Zip) _____

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

6. Is system being placed/repared within a subdivision? Yes No

Subdivision Name _____ Lot No. _____

7. Is system being placed/repared on acreage? Yes No If so, how many Acres? _____

8. Repairs will be made to existing? Tank Lateral Lines

9. For EXISTING septic systems:

1. Type of existing septic tank: Metal Concrete

2. Present size of existing septic tank _____ Gallons

3. Present number of existing lateral lines _____ Approximate Length _____ Ft.

4. Approximate date of original installation _____

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

10. List number of rooms with closets in home _____ List number of floors in home _____

11. WATER SOURCE: Private Well: New Existing CU Other _____

If new, give name of company drilling well _____

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 legally authorized representative.

PLEASE PRINT YOUR NAME: _____ Date _____

SIGNATURE: _____

PARCEL NO. _____

PERMIT NO. _____

GREENE COUNTY BUILDING REGULATIONS

PHONE: 417-868-4015

INSPECTIONS CHECK LIST-SEPTIC / SEWER

FAX: 417-868-4175

- _____ 1. SITE EVALUATION REVIEW AND/OR ON-SITE INSPECTION for all construction on sites with **NEW** or **EXISTING** septic systems. This must be done **BEFORE** any excavation is started.
- _____ 2. SEPTIC TANK PUMPED. A receipt showing tank has been pumped must be supplied to this office prior to scheduling a final inspection.
- _____ 3. EXISTING SEPTIC TANK CRUSHED AND FILLED. An inspection must be done after filling and crushing and prior to covering.
- _____ 4. SEPTIC & LATERAL LINES (**before** covering).
- _____ 5. SEWER CONNECTION - **NOTE: No. 2 & 3 as shown above are also applicable if not previously connected to sewer.**
- _____ 6. FINAL APPROVAL

!IMPORTANT NOTES, PLEASE READ!

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

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

REQUESTING AN INSPECTION

If requesting a same day inspection, call must be received by 8:15 A.M. All inspection scheduling is subject to work load and the individual inspector's route.

When requesting a Final inspection, these requests must be called in **before 8:15 a.m., 24 hours** prior to the date of the requested inspection. If a Final inspection is called in **after 8:15 a.m.**, it will be scheduled **48 hours** from the day of the request.

THE FOLLOWING INFORMATION IS REQUIRED 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(S) CAN BE ACCOMPLISHED. I UNDERSTAND THAT A FINAL INSPECTION IS REQUIRED ON ALLWORK.

SIGNATURE _____ DATE _____

PERMIT NO. _____

INFORMATION REGARDING PUBLIC IMPROVEMENTS

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

- a. 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.
- b. 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.
- c. **Greene County Highway Department MUST be notified twenty-four (24) hours BEFORE:**
 1. Any concrete pour for driveway and/or sidewalks on right-of-way
 2. Installation of any culverts on right-of-way**Phone number for Highway Dept. 417-831-3591**
- d. All damage(s) must be repaired and accepted by Greene County Highway Department or the utility owner before a final inspection will be conducted.
- e. 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 legally authorized representative and am in agreement with the above.

(Print Name)

(Date)

(Signature)

Permit Number