

**CAMDEN COUNTY WASTEWATER DEPARTMENT**  
**TANK REPLACEMENT**  
**CONSTRUCTION PERMIT APPLICATION**  
**186 HA HA TONKA CUT THRU, CAMDENTON MO 65020**

PERMIT NUMBER \_\_\_\_\_

**INTRODUCTION**

Thank you for contacting us concerning plans for replacing your existing septic tank. As you may know, the Camden County Wastewater Department is required by law to regulate the design, construction and operation of on-site sewage disposal system, including septic tank replacement.

Construction of your on-site sewage disposal system or tank replacement may not begin until the required permit has been issued.

To expedite this process, please follow these steps:

1. Complete the application form and submit it along with the \$150.00 fee.
2. Use the "On-Site Sewage Permit Instructions and Check Off" form to ensure that all of the required information has been gathered. Then, submit the completed forms and all necessary drawings and plans to this office.
3. Upon receipt of the completed application packet, a Wastewater representative will schedule a site visit. If the results of the site visit and plan review are satisfactory and the permit fee received, the permit will be issued and construction may begin, providing there are no variances being applied for. If variances are requested, the permit application is required to be presented to our variance board for approval. The variance board meets every 2<sup>nd</sup> & 4<sup>th</sup> Wednesday of the month.

**\*\* Please note: A hydraulic load test of the laterals/absorption field is required with ALL tank replacement applications. A state registered inspector MUST perform the test and a copy of the report MUST accompany this application. \*\***

Enclosed in this packet you will find the following items:

1. The Permit Application form.
2. The Instruction and Check-Off form.

If you or your contractor need additional information, or if we can help you with this in any way, please feel free to contact our office at (573) 317-3810.

**\*INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT\*\***

<b>CAMDEN COUNTY WASTEWATER DEPT. TANK ONLY CONSTRUCTION PERMIT APPLICATION</b>			<b>OFFICE USE ONLY</b>		
1. Property Owner Name (Last, First MI)			APPROVED YES [ ] NO [ ] DATE		
			PERMIT NUMBER		
2. Site Address (911/ENS)			DATE ISSUED		
			EXPIRATION DATE		
			SIGNATURE		
City	County	Zip Code	Subdivision		Lot #
Email address:					
Parcel ID #					
Directions to Site					
3. Mailing Address (if different from above)			Day Phone Number		Night Phone Number
			( ) -		( ) -
City			State		Zip Code
4. Existing Absorption Field Is: Conventional [ ] Alternative System [ ]					
5. System Serves		Residence [ ]	Garage/Shop [ ]		Commercial [ ]
Single Family [ ]	Vacation Rental [ ]	No. of Beds	Food Service [ ]	Daily Sewage Flow (120 gallons per day/bed or 60 gallons per person)	
Multi-Family [ ]	No. of occupants		Laundry Facility [ ]		
			Other (specify):		
6. Water Supply		Name of Supply		Type Supply Bored well [ ] Dug well [ ] Driven well [ ]	
Public [ ] Private [ ]				Drilled well [ ] Other (specify):	
7. [ ] <u>Sewage/Pump Tank</u>			<u>Tank Distances</u>		
Manufacturer:			Distances from:		
Liquid Capacity (gallons)			Public Well		Private Well
Material			Neighbors well		Bldg Foundation
Septic [ ]			Property Line		Water Lines
Fixed Film/ATU [ ]			Stream, river, pond or lake		
Aerated [ ]			Neighboring Absorption System		
Pump [ ]					

**8. Site Layout**

**Show location of house, tank, wells, water lines, bodies of water, geological features, easements, and all setback distances on the Site Layout**

<b>9. Installer</b>	<b>Registered</b> y [ <input type="checkbox"/> ]    n [ <input type="checkbox"/> ]	
<b>Name</b>	<b>Phone Number (    )    -</b>	
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<i>All information contained in and with this application packet is true and accurate to the best of my knowledge.</i>		
<b>10. Signature of Owner or Agent</b>	<b>Date</b>	