

On-site Wastewater Treatment - New System

Application Number: _____

Instructions

The Randolph County Health Department is required by law to regulate the design and construction of on-site sewage treatment systems. This packet contains forms and instructions to assist you in selecting an on-site sewage treatment system that will comply with the state standards.

- Licensed Soil Evaluator and Installer listings can be found at:
<https://health.mo.gov/living/environment/onsite/ose/index.php>
- A copy of the Randolph County On-Site Wastewater Ordinance can be found at www.randolphcountyhealth.org



This QR code will take you to the state site.

Upon receipt of this packet, contact a registered soil evaluator to conduct a soil morphology within the area to be used for on-site sewage treatment. The soil morphology report is the basis for the type of system and its size. **Soil morphologies for wastewater stabilization lagoons will not be required so long as the Randolph County soil survey indicates that the area is compatible with such system and so long as the installer of the lagoon has available clay for lining the lagoon, if necessary.** It is highly recommended that you or your contractor lay out where you intend to place the on-site sewage system prior to ANY construction on the property to assure that there is adequate area to meet required set-back distances and also to assure that heavy equipment will not enter that area.

Once the soil evaluator has submitted their report, complete the On-site Wastewater Treatment New System Packet (your contractor or health department representative can assist you with this) and return it with a copy of the soil report, the payment form and payment, and all necessary drawings to the Randolph County Health Department. Upon receipt and review of the completed application, a health department representative will schedule a site visit. **Your contractor must be present during the site visit.** If the results of the site visit and plan review are satisfactory, a construction permit will be issued to you or your contractor and construction may begin. ***In the event that the plan is not accepted by the regulatory authority, it is your right to request a hearing by the review board. Requests must be submitted in writing, to the regulatory authority, within 10 days of receipt of the report from the regulatory authority stating why the plan was not accepted.***

- Contractors must notify the Health Department 24 hours prior to the planned installation date at 660-263-6643 or in person. If a representative from the Health Department has not arrived at the site prior to 3 p.m. on the scheduled date, the contractor may cover the system and sign a waiver of proper construction provided by the Health Department.

Upon completion of the on-site sewage system a Final Inspection/Approval report will be issued to the homeowner. In the event that the system installed does not adhere to the plan submitted to the Health Department or does not comply with the State Standard, a letter of non-compliance will be issued which will list any and all defects to be corrected. A follow-up inspection will be made upon resolution of the defects, and the Final Inspection/Approval shall be issued.

***NOTE: On-site waste stabilization lagoons are required to be fenced prior to occupancy.

***NOTE: On-site waste stabilization lagoons are recommended to be preceded by a septic or aeration tank.

Construction of On-site Sewage System

Application for: ☐ New Construction ☐ System Repair ☐ System Replacement

Property owner name: _____

Site Address: _____

City Zip Code Latitude Longitude

Legal Description: _____
(1/4 1/4 Section Range Township)

Current Mailing Address _____

City Zip Code Phone Number

Email Address: _____

Treatment System Serves	☐ Residence	Garbage Disposal	Dishwasher	<i>Number of bedrooms</i> _____ <i>Daily Sewage Flow (GPD)</i> _____
	☐ Business	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Part time usage	Whirlpool Tub	Commercial Laundry Facility	
		☐ Yes ☐ No	☐ Yes ☐ No	

Water Supply	☐ Public _____ <i>Name of Supply</i>
	☐ Private _____ <i>Type</i>

Property Details	Property size: _____ <i>Acres Square Feet Percent of Slope and Direction</i>
	Lender: _____ <i>Name Address</i>
	Insurance Company: _____ <i>Name Address</i>
	_____ <i>Agent Telephone Number</i>

Please note: You must attach the soil morphology report with your request for construction.

Proposed System Information

Proposed System: ☐ Waste Stabilization Lagoon ☐ Conventional Septic Tank & Absorption Field System ☐ Alternative System

Complete the below section for your proposed system. Measurements are all in gallons or feet.

Waste Stabilization System	Lagoon size is based on 440 sq. ft./bedroom. Addition of a septic tank allows a 10% reduction in lagoon size. Note: In subdivisions, aeration tank must precede lagoon.				
	Is a tank required? ☐ Yes ☐ No				
	If yes: _____ Size of tank		_____ Tank material and manufacturer		
	_____ Dimensions	_____ Depth	_____ Surface Area		
	_____ Pond Seal				
_____ Type of equipment used to compact soil.					
Conventional Septic Tank and Absorption Field System	_____ Septic Tank Size in Gallons		_____ NSF Aeration Tank in Gallons		
	_____ Manufacturer				
	_____ Construction Material				
	_____ Distribution Box Manufacturer				
	_____ Distribution Box Material				
Type Layout: ☐ Flat ☐ Serial Will system be dosed? ☐ Yes ☐ No					
Trench Information	_____ Chambers				
	_____ Gravel-less Pipe				
	_____ Trench Length(s)	_____ Number of Trenches	_____ Trench Depth	_____ Trench Width	
Distances from	_____ Well	_____ House	_____ Water Line	_____ Property Line	_____ Neighbor's Well
	_____ Stream	_____ Pond	_____ River	_____ Sinkhole	

Proposed System Information, con't.

Alternative System

Attach registered engineer plans with all components of system and layout, supporting data, calculations, and drawings.

☐ Low Pressure Pipe ☐ Sand Filter ☐ Mound ☐ Drip Irrigation ☐ Wetlands

Other

Installer Information

Installer Name

Address

Phone Number

ID Number

Acknowledgement of Terms

All information contain in and with this application packet is true and accurate to the best of my knowledge.

Signature of Owner/Agent

Date

Attachments

Attach a site layout that must include the following information:

1. Property lines and dimensions to reflect shape and size of property.
2. Diagram Proposed system. Show appropriate elevations to indicate proper fall for system.
3. Distances to house, well, water lines, property lines, geologic features (sinkholes, rock outcroppings, lakes, ponds, streams, rivers, etc.)
4. Show distances to neighbor's wells, homes, and sewage treatment systems.
5. Show where soil test was made. These must be flagged on the property for the site evaluation.
6. Show any easements for utilities, roads, private driveways, or other easements.

If applicable, attach a slope diagram showing the percent of slope on the diagram.

Note for Site Evaluation

Be sure to have the proposed system staked out on the property.

Property Layout

Instructions: Show property lines and dimensions. Diagram the proposed system and stake it on the property for the Site Evaluation. Show distances to house, well, waterlines, property lines, geologic features (sinkholes, rock outcroppings, lakes, ponds, streams, etc.) Show where the soil test was made. Show known easements for utilities, roads, private driveways, etc.

Payment Form

Please return this form and the non-refundable application fee to the Randolph County Health Department.

Date: _____ Application number: _____

Property Owner Name: _____

Site Address: _____

Mailing Address: _____

Telephone Number: _____

Fees

Single Residence: \$250

Cluster Systems: \$500

Make checks or money order payable to:

Randolph County Health Department

Attn: Environmental Health Services

1319 E. Highway 24, Suite A

Moberly, MO 65270

Office Use Only

Amount of payment _____ Date payment received _____

☐ Cash ☐ Check* ☐ Credit/Debit ☐ Other _____

Need to have DOB and Social Security # or Driver's License # on check. Provide copy to admin and instructor.

Date Application Received by EPHS: _____ Date EPHS Reviewed: _____

Revision/Notes: _____