



Warren County Health Department

Office of Environmental Public Health

Phone: 636-456-7169 / Fax:636-456-9024

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System Design

To be complete by installer and returned prior to excavation.

1. Installer		Registered: Y <input type="checkbox"/> N <input type="checkbox"/>		
Name:		Phone # () -		
Address:				
City:		State:	Zip:	
2. Property Owner				
Name:		Phone # () -		
3. Site Address:				
Street/Lot#:		City:	State:	Zip:
Directions To Site:				
4. Mailing Address:				
Street/Lot#:		City:	State:	Zip:
5. System is:		New Construction <input type="checkbox"/>	Repair existing system <input type="checkbox"/>	
6. System Serves:				
A. Residence <input type="checkbox"/>	Single Family <input type="checkbox"/>	No. Bedrooms _____	Multi Family <input type="checkbox"/>	
B. Business <input type="checkbox"/>	Food Service <input type="checkbox"/>	Lodging <input type="checkbox"/>	Other (specify):	
7. Water Supply:				
Public <input type="checkbox"/>		Private <input type="checkbox"/>		
Type of supply:		Bored well <input type="checkbox"/>	Dug well <input type="checkbox"/>	Driven well <input type="checkbox"/>
Drilled well <input type="checkbox"/>		Other (specify):		
8. Lot:		No. of acres:	Slope:	Indicate direction of slope on Site Layout
9. Name of Soil Scientist:				

10. Proposed System:

Complete information only for the system you plan to construct.

A. Sewage tank Manufacturer: _____ Type of construction: _____ Capacity (gal): _____

Septic Aerated NSF Class I:Y N Distance from: Well _____ House _____

Pump tank Manufacturer: _____ Type of construction: _____ Capacity (gal): _____

B. Secondary Treatment

Boring/Pit No. _____

1) Soil Absorption Trench

_____ Total absorption area

a. Ten inch gravelless

_____ No. of trenches

b. Chamber

_____ Trench length

c. Conventional

_____ Trench width

d. Low pressure pipe

_____ Trench depth

e. Drip soil absorption

_____ Other

f. Other _____

Curtain drain length _____ width _____ depth _____

2) Other treatment

a. Wetlands

_____ Dimensions (length x width or diameter)

b. Lagoon

_____ Working depth

c. Sand mound

_____ Total water surface area (square feet)

d. Sand filter

_____ Type of equipment to compact soil

e. Other _____

Pond seal: Native soil Artificial liner

Bentonite clay Transported clay

Include supporting data, calculations, and drawings, with the packet.

C. Pump Size: _____ Manufacturer: _____ Total Head: _____

Hole Size: _____ No. Holes: _____ Distance Pumped: _____ Size of Manifold Pipe: _____

11. Distances from secondary treatment:

Well: _____ House: _____ Property lines: _____ Water lines: _____

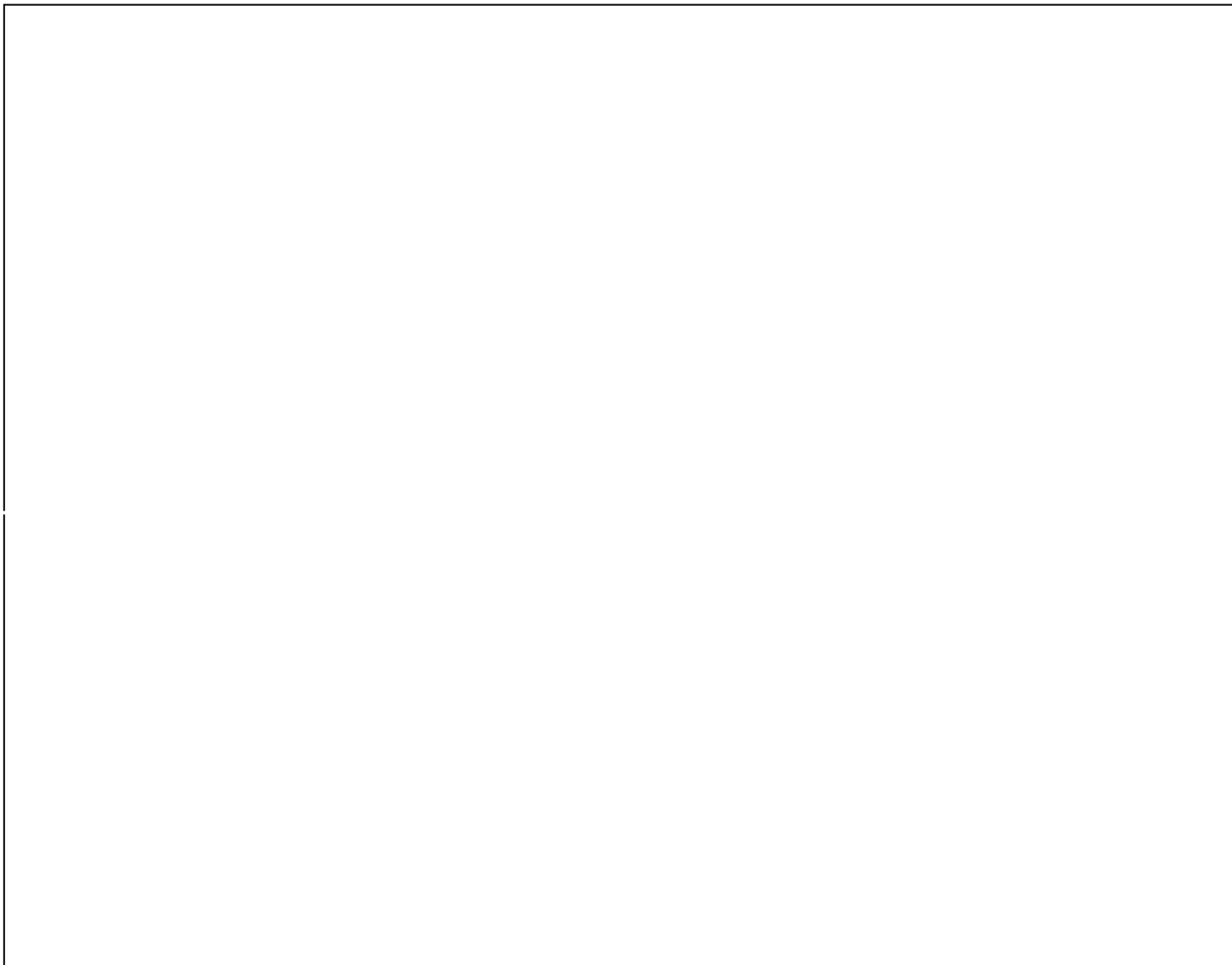
Stream, river, pond, or lake: _____ Neighbors well: _____

Neighbors Home: _____

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

12. Signature of Owner or Installer: _____

Date: _____



1. Show property lines and dimensions to reflect the shape
And size of the property.
2. Diagram proposed system. Show appropriate elevations
to indicate proper fall for system. System must be staked
on the property for the Site Elevation.
3. Show distances to house, well, water lines, property lines,
Geological features such as sinkholes, rock outcrops,
Lakes, ponds, streams, rivers, etc.
4. Show distances to neighbors wells, homes, and sewage
Disposal systems.
5. Show locations of all soil morphology test pits. Holes
Must be flagged on the property for site evaluation.
6. Show fence location around waste stabilization pond.
7. Indicate any known easements that exist for utilities, roads,
Private driveways, or other easements.