



**Warren County Health Department**

*Office of Environmental Public Health*

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**REQUEST FOR EXISTING ON-SITE SEWAGE INSPECTION**

\*\*\*Please complete in full\*\*\*

Date: \_\_\_\_\_

Receipt/Permit # \_\_\_\_\_ / \_\_\_\_\_

Parcel ID #: \_\_\_\_\_

**Present Owner:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

**Site address and exact directions** from Warrenton for property (landmarks on property as seen from the road):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Information** #Bedrooms:\_\_\_\_\_ #Baths:\_\_\_\_\_ Basement Drain: yes/no  
Automatic Dishwasher: yes/no Garbage Disposal: yes/no Size of Lot: \_\_\_\_\_ Acre/s

**Well Information** County Water: yes/no Well: yes/no Cistern: yes/no  
Number of homes served by well: \_\_\_\_\_

**Individual Waste Water System** Last Date Septic was pumped:\_\_\_\_\_ Year Constructed \_\_\_\_\_  
Size of tank:\_\_\_\_\_ Length/Size of drain-field:\_\_\_\_\_ Contractor/Installer: \_\_\_\_\_

**All information contained in this request is true and accurate to the best of my knowledge.  
(DO NOT sign unless notarized or witness by employee of this office).**

Signature of Owner or Agent: \_\_\_\_\_

Witness: \_\_\_\_\_

**Office Use Only: Inspection Site Visit Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* If your sewage system does not pass inspection, you will be issued a sewage violation. Based on**

**Ordinance 2003-03, Section 19, paragraphs 19.2 and 19.3, you will have from 30 days (minor**

**repair) to 180 days (major repair) to correct the violation.**