

**On-Site Sewage Disposal System Permit Application
Marion County Health Department**

3105 Route W / P.O. Box 1378

Hannibal, MO 63401

Permit # _____

Phone 573-221-1166 Fax 573-221-1214 *Expires one year from application date*

Owner/Applicant _____ Phone Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Site Address _____ City _____ Zip Code _____

Directions to site from Hwy 61 stop light by Tom Boland Ford

Number of People Served _____ Lot Size _____ Ground Slope _____

Number of Bedrooms _____ Number of Full Bathrooms _____ Basement Drain Yes ___ No ___

Water Supply (Circle One) Public Private

Installer _____ Phone Number _____

By signing the applicant agrees that the on-site sewage disposal system shall be constructed and installed in accordance with Marion County On-Site Wastewater Treatment Systems Ordinance #79-061295 and the State of Missouri Minimum Construction Standards for On-Site Sewage Disposal Systems 19 CSR 20-3.060. The Marion County Health Department does not guarantee that permitted systems will function as designed and is not liable for damages.

Applicant (Print) _____ Signature _____ Date _____

Below to be filled out by a representative of the Marion County Health Department

Soil Evaluation

Conducted by _____ Date _____ Curtain Drain Yes ___ No ___

System Type (Conventional, Class 1, Lagoon, depth to trench bottom, septic tank size, etc.)

MCHD Representative _____ Date _____