On-Site Sewage Disposal System Permit Application
Marion County Health Department
3105 Route W / P.O. Box 1378
Hannibal, MO 63401
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 Constructions 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 _______________

EOE/AAE Eligibility criteria for acceptance and participating in all programs are administered on a nondiscretionary basis regardless of race, color, nation origin, age, sex religion, genetic information, or disability.

10-16-2020