On-Site Sewage Disposal System Permit Application
Marion County Health Department
3105 Palmyra Rd / 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 _________________

# of occupants _______ # of Acres _______ Ground Slope _______ # of Bedrooms _______

# of Full Bathrooms _______ Basement Drain Yes ___ No ___ Water Supply (Circle One) Public Private

Installer ___________________________________________ Phone Number __________________________

Draw a sketch of home, driveway, outbuildings, ponds, landmarks, slope of land, and property lines

Applicant (Print) ___________________________ Signature ___________________________ Date ___________

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. The Marion County Health Department does not guarantee that permitted systems will function as designed and is not liable for damages.

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.

3-28-2023