



JOHNSON COUNTY COMMUNITY HEALTH SERVICES

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Onsite Wastewater Treatment Systems (OWTS)

Construction Permit Application Instructions

Introduction

Thank you for contacting Johnson County Community Health Services (JCCHS) regarding your onsite wastewater treatment system (OWTS).

Per Section 3.2 of the Johnson County Code of Health Regulations, JCCHS is responsible for regulating the design, construction, and operation of all OWTS in the county.

Before you begin, please review this packet carefully. It includes:

1. The OWTS Permit Application Form
2. Application Instructions and a Checklist
3. Information on required steps and fees. Permit fee is \$250. Tank replacement only fee is \$100.

⚠ Important: *Construction of your OWTS may **NOT** begin until JCCHS has issued a permit.*

Step-by-Step Instructions

Step 1: Hire a Registered Contractor (Strongly Recommended)

- Missouri law requires all OWTS installers to be registered with the Missouri Department of Health and Senior Services.
- Johnson County regulations also requires installers to be licensed with JCCHS.
- You may install the system yourself, but a certified soil morphology evaluation by a qualified professional is still required.
- A registered licensed contractors can assist with selecting a system, completing paperwork, submitting required documents and communicate with JCCHS staff.

Step 2: Complete and Submit the Application Packet

Use the enclosed **“OWTS Instructions and Check Off List”** to ensure you have all the required documents.

Submit the following items to JCCHS:

- Completed OWTS Permit Application
- Soil morphology report
- Site layout and all required drawings
- Supporting documents (e.g., parcel card, deed copy)
- Permit fee: \$250 (non-refundable) – New or Modification , \$100 Tank replacement only

Payment may be made by cash, check, or credit card payable to: Johnson County.

Applications will not be processed until all required documents and the permit fee have been received.

Step 3: Pre-Construction Site Visit

- Once JCCHS receives your completed application and permit fee, a JCCHS Environmental Public Health Specialist will contact you to schedule a pre-construction site visit (typically within 3–5 business days).
- If the site visit and plan review are satisfactory, JCCHS will issue the Construction Permit.

Reminder: *Per Section 3.2.7.16 of the Johnson County Health Code, you must notify JCCHS before beginning OWTS installation.*

Step 4: Final Inspection

- After the system has been installed, the installer or property owner must contact JCCHS to schedule a final inspection of the exposed system:
 - **Registered Installers** must give **24-hour notice**
 - **Non-registered (Homeowners)** must give **48-hour notice**
- The system must remain fully exposed and accessible until **3:00 PM** on the day of inspection unless otherwise approved by JCCHS.
- The final inspection must be approved before the system is covered or used.

Note: Lagoon fences, pumps, filters, and alarms must be installed before final inspection approval and home occupancy.

Checklist for Application Submission

Please type or clearly print all information. Incomplete applications will be returned. Ensure the following items are complete:

☐ 1. Property Owner

- Name as shown on the current warranty deed
- Daytime and evening phone numbers
- Include a **non-certified copy of the warranty deed**

☐ 2. Site Address

- Include subdivision name, lot number, and lot size
- Attach a **parcel card and aerial photo** from the Johnson County Assessor's Office

☐ 3. Mailing Address

- Address for receiving permits, notices, and correspondence

☐ 4. Type of System Work

- Select: New Construction, Major Modification, Minor Modification, or Tank Replacement

☐ 5. System Will Serve

- Check: Residence or Business (include residential info if combined)

☐ 6. Water Supply

- Check: Public or Private
- Show all wells and water lines on your site layout

☐ 7. Soil Information

- Provide percent slope, direction of slope, and loading rate
- Attach the soil evaluator's report

☐ 8. Soil Evaluator Info

- Provide the name and ID number of the evaluator

☐ **9. Proposed OWTS Type**

- Describe the type of system (Conventional, Lagoon, Alternative, etc.)
- Include full design details, especially if designed by a Professional Engineer (with seal)

☐ **10. Installer Information**

- Provide name, phone number, and license number
- Indicate Basic or Advanced registration

☐ **11. Signature**

- Application must be signed and dated by the property owner or authorized agent

☐ **12. Site Layout Drawing**

- Must include all required features and setbacks as outlined

☐ **13. Copies for Your Records**

- Keep copies of the application, reports, and drawings for your files

Submitting Your Application

Once all boxes are checked and your documents are complete, submit your full packet and \$200 fee to:

**Johnson County Community Health Services
Environmental Public Health Division
723 PCA Road**

Warrensburg, MO 64093

 (660) 747-6121 X 258

jccsenvironmental@gmail.com

Office Hours: Monday–Friday, 8:00 AM–4:30 PM

If you or your contractor have questions or need assistance, please contact our Environmental Public Health Division. We are here to help ensure your OWTS is properly designed, permitted, and installed in compliance with county and state regulations.

**JOHNSON COUNTY COMMUNITY HEALTH SERVICES
ONSITE WASTEWATER TREATMENT SYSTEM
CONSTRUCTION PERMIT APPLICATION**

1. PROPERTY OWNER(S) NAME (Last, First, MI)		Office use only			
		IR Complaint ☐ Yes ☐ No IR Complaint#			
		Permit Number			
		Reviewed By		EPHS #	
2. SITE ADDRESS (911/ENS)		EPHS Signature			
		Subdivision		Lot #	Acres
		City		Zip code	
Property owner <u>Day</u> phone # () -		Property owner <u>Evening</u> phone # () -			
Directions to Site from nearest Highway:					
3. MAILING ADDRESS (if different from above)					
City		State		Zip Code	
4. OWTS IS New Construction ☐ Major Modification ☐ Tank Replacement ☐					
Proposed area flagged/marked for presite ☐			Start Date		
5. OWTS SERVES Residence ☐ Business ☐ Daily Sewage Flow (gallons per day)					
Single Family ☐	# Bedrooms:	Whirlpool Bath ☐	Food Service ☐		
Multi-Family ☐	# Bedrooms/Unit:	Garbage Disposal ☐	Lodging ☐		
	# Units:	Dishwasher ☐	Child Care ☐		
	Washing Machine ☐	Other (specify):			
Are there any other homes or outbuildings located on the property? ☐ Yes ☐ No If yes, do they or will they have plumbing installed? ☐ Yes ☐ No Please describe below and draw locations on site layout.					
Is this property located within a 100/500 Year FEMA Classified Floodplain? ☐ Yes ☐ No If yes, approval is required from the Johnson County Assessor Office [(660) 747-9822] prior to home/OWTS construction.					
6. WATER SUPPLY ☐ Public Name: ☐ Private Well Type: ☐ Dug well ☐ Drilled well ☐ Other (specify):					
Are there any vertical ground source heat pump wells deeper than 10 feet located on the property? ☐ Yes ☐ No Are there any other wells or cisterns located on the property? ☐ Yes ☐ No If Yes, are the wells or cisterns abandoned**? ☐ Yes ☐ No Please describe below and draw location(s) on site layout.					
<i>*Abandoned wells and cisterns must be properly plugged or brought into compliance according to the Missouri Department of Natural Resources regulations before OWTS final inspection is granted.</i>					
7. SOIL INFORMATION % Slope: Indicate direction of slope on Site Layout					
☐ Soil Morphology Application Rate (gpd/sq. ft.):		☐ Percolation Test Percolation Rate (min/inch)			
8. NAME OF SOIL EVALUATOR				DHSS Onsite Soil Evaluator ID#:	

9. PROPOSED OWTS

COMPLETE INFORMATION ONLY FOR THE OWTS YOU PLAN TO CONSTRUCT

A. ☐ SEWAGE TANK(S) – Septic tank or aerobic treatment unit required for lagoon when lot is less than 5 acres.

☐ Septic Tank Manufacturer: _____ Construction Material: ☐ Concrete ☐ Poly plastic ☐ Fiberglass ☐ Effluent Filter: Manufacturer: _____ Model # _____	Liquid Capacity _____ gal. # of Compartments _____ Liquid Capacity per Compartment: 1 st : _____ gal. 2 nd : _____ gal. ☐ 2 nd Compartment used as Pump Tank
☐ Pump Tank Manufacturer: _____ Construction Material: ☐ Concrete ☐ Poly plastic ☐ Fiberglass ☐ Pressure Filter: Manufacturer: _____ Model # _____	Liquid Capacity _____ gal. # of Compartments _____ Pump Manufacturer: _____ Model # _____ Alarm Manufacturer: _____ Model # _____
☐ NSF Class 1 Aeration Unit: _____ Construction Material: ☐ Concrete ☐ Poly plastic ☐ Fiberglass ☐ Chlorinator: Manufacturer: _____ Model # _____	Treatment capacity _____ gpd. # of Compartments _____ Manufacturer: _____ Model # _____ Alarm Manufacturer: _____ Model # _____

B. ☐ ABSORPTION FIELD – Absorption field proposed location must be protected from vehicle traffic and disturbance.

☐ **Serial Distribution**
 ☐ **Flat Lot Layout**
 ☐ **Dosed**
 ☐ **Pressure Manifold Distribution**

☐ **Distribution Box:** Manufacturer: _____ Construction Material: ☐ Concrete ☐ Poly plastic ☐ Fiberglass

Absorption Laterals: # of Laterals _____ Lengths (ft.) _____ Width (in.) _____ Depth (in.) _____

☐ Pipe & Gravel: Rock Size (in.) _____ Depth of Rock Below Pipe (in.) _____ Depth of Rock Above Pipe (in.) _____ Pipe Diameter. (in.) _____ Pipe Schedule _____ Barrier Material (No straw) _____	☐ Chambers: Width (in.) _____ Length (in.) _____ Manufacturer _____ ☐ Other (specify): _____	☐ Gravel less Pipe: Diameter. _____ Length (in.) _____ Manufacturer _____
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☐ **Curtain Drain:** Length (ft.) _____ Width (in.) _____ Depth (in.) _____ Rock Size (in.) _____ Pipe Dia. (in.) _____ Pipe Schedule _____

C. ☐ WASTEWATER STABILIZATION POND (LAGOON) – 50-foot setback required from all trees to lagoon's liquid edge.

Dimensions _____ Water Surface Area _____ Length x width or diameter square feet Liquid Operating Depth (ft.): _____	Seal: ☐ Native soil ☐ Clay from another source Type of equipment used to compact soil: _____
Lagoon Fence: Height (ft.): _____ Materials: Posts _____ Fence: ☐ Woven Wire ☐ Cattle Panels ☐ Chain link Fence Builder: _____ Fence must be properly installed within 30 days of lagoon construction.	

Setback Distances from:	Septic Tank	Class 1 Unit	Pump Tank	Absorption Field	Lagoon
Owner's Well					
Neighbor's Well					
Public/Community Well					
Property lines					
House ☐ FOUNDATION ☐ BASEMENT					
Stream, River, Pond or Lake					
Water Lines					
Other (Specify) _____					

D. ☐ ALTERNATIVE SYSTEM (Requires Professional Engineer's Design & Seal)

☐ Low Pressure Pipe ☐ Drip Irrigation ☐ Other (specify) _____
Include supporting data, calculations, and drawings with the Application.

10. INSTALLER	DHSS Registration Classification: ☐ Basic ☐ Advanced	DHSS Registered Installer ID#
Name		Phone number () -
<i>All information contained in and with this application packet is true and accurate to the best of my knowledge.</i>		
11. SIGNATURE OF OWNER OR AGENT:		Date

12. SITE LAYOUT – Site layout may be submitted using a modified scale on separate prints.

- ☐ SHOW PROPERTY LINES NEAREST TO THE PROPOSED OWTS. SHOW EXISTING OWTS LOCATION (IF APPLICABLE).
- ☐ DRAW PROPOSED SYSTEM. SHOW APPROPRIATE ELEVATIONS TO INDICATE PROPER FALL FOR SYSTEM. **SYSTEM MUST BE STAKED, FLAGGED OR PAINTED ON THE PROPERTY PRIOR TO THE PRE-CONSTRUCTION SITE VISIT.**
- ☐ SHOW LOCATION AND SETBACK DISTANCE TO HOUSE, OUTBUILDINGS, WELLS AND CISTERNS, WATER LINES, NEAREST PROPERTY LINES, GEOLOGICAL FEATURES SUCH AS ROCK OUTCROPS, LAKES, PONDS, STREAMS, RIVERS, ETC.
- ☐ SHOW DISTANCES TO NEIGHBORS' WELLS, HOMES, AND OWTS.
- ☐ SHOW LOCATIONS OF ALL PERCOLATION TEST HOLES OR SOIL MORPHOLOGY TEST PITS. *HOLES MUST BE FLAGGED ON THE PROPERTY FOR THE PRE-CONSTRUCTION SITE VISIT.*
- ☐ SHOW LOCATIONS OF ALL CLEANOUTS. SHOW LOCATION OF LAGOON (IF APPLICABLE) WITH FENCE, GATE AND DISCHARGE PIPE LOCATIONS.
- ☐ SHOW PERCENT SLOPE. USE ARROWS ON THE SITE LAYOUT TO INDICATE THE DIRECTION OF SLOPE.
- ☐ INDICATE ANY KNOWN EASEMENTS THAT EXIST FOR UTILITIES, ROADS, PRIVATE DRIVEWAYS, OR OTHER EASEMENTS.

DRAW SITE LAYOUT HERE – Refer to Johnson County OWTS Required Setback Distances Table

SCALE
(1/4 inch = 10 feet)

