

Saint Louis
COUNTY
TRANSPORTATION
PUBLIC WORKS

Building Permit # _____

Drainlaying Permit # _____

Plumbing & Sewer Inspection
41 South Central St. Louis, MO 63105-1719 314 615-3723 Fax 314 615-8268

APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
MSD AUTHORIZATION REQUIRED TO CONSTRUCT SEWAGE DISPOSAL SYSTEM
Installer Must Be A St. Louis County Licensed Drainlayer Holding a Mo DHSS Installer Certification

Address of construction Site:			
Describe how to locate:			
Intended Building Use:			
Subdivision:		Plat No:	Lot No:
Locator No:		Municipality:	
Owner's Name:		Phone No:	
Owner's Present Address:		City:	State: Zip:
I intend to install a sewage disposal system in accordance with all requirements of the St. Louis County Missouri Plumbing Code:			
Owner's or Owner's Signature		Date	
Builder's Name:		Phone No:	
Builder's Address:		City	State Zip
Engineer's Name:		MO Registration No:	Phone No:
Engineer's Address:		City:	State: Zip:

RESIDENTIAL INFORMATION

New Residence
 Addition to existing residence
 New System
 Repair Addition to Existing System

Type Water Supply
 Public
 Well
 Are Storm Sewers available?
 Yes
 No

Lot Size: _____
 Total number of Rooms: _____
 Number of Bedrooms: _____

COMMERCIAL INFORMATION

Maximum number of people employed: _____	Water Usage (Gallons per day) _____
Industrial Waste (if any). Describe: _____	

TO BE COMPLETED BY PLUMBING & SEWER INSPECTION DIVISION

Septic Tank Size _____ Gallons _____ Filter _____
 _____ Lineal Feet
 Absorption Trench
 Evaporation & Irrigation
 Gravel less Piping

Drip Irrigation
 LPP
 Other _____

Additional Treatment provided: _____

Pipe Effluent to: _____

Sewerage System Approved: _____ Date: _____