SAINT LOUIS COUNTY
Transportation and 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: ___ _____