

STONE COUNTY HEALTH DEPARTMENT  
ONSITE WASTEWATER TREATMENT SYSTEM  
CONSTRUCTION PERMIT APPLICATION

Parcel ID # 14-1.0-01-000-000-004.001

Date 3/22/16 ex# cc Payee Copley Amt. \$206.00

Permit # 21011

Reviewed By Todd Fickelohm

EPHS # 1135

EPHS Signature Todd Fickelohm

Subdivision

Lot #

1. Property Owner Name (Last, First, MI)

Hamelg Cole

2. Site Address (911/ENS)

2866 E State Hwy DD

City County Zip Code

Branson West Stone 65737

Map Code

Final Inspection Date

4-15-16  
Completed 17

Is repair/replacement due to sale of property? (Please check applicable box) ☐ Yes ☐ No

Directions to Site East on DD from 13 go approx 3 miles to property on left, Gates with letter "H" on it

3. Mailing Address (if different from above)

Day Phone Number

Night Phone Number

(SAME)

City State Zip Code

4. System Is New Construction ☒ System Replacement ☐ System Repair and/or Modification ☐

5. System Serves

Residence ☒

Business ☐

Single Family ☒

No. Bedrooms: 10

Basement ☒

Food Service ☐

1,200

No. Bathrooms:

Whirlpool Bath ☒

Lodging ☐

Daily Sewage Flow  
(gallons per day)

Multi-Family ☐

Laundry Facility ☐

Garbage Disposal ☒

Other (specify):

Dishwasher ☒

No. Served:

Water Softener ☒

6. Water Supply

Public ☐

Private ☒ Date of Last Water Test not drilled yet

Name of Supply

Type Supply

Bored Well ☐ Dug Well ☐ Driven Well ☐

Drilled Well ☒ Other (specify):

7. Lot Size # acres 106 +/-  
# square feet

% Slope 4%

Indicate direction of slope on Site Layout

8. Soil Information

Include soil morphology report with the application

Soil Morphology ☐

Application Rate (gpd/sq. ft.)

9. Name of Soil Evaluator

Tester Identification Number

Address

Phone Number

City State Zip Code

**10. Proposed System**

Complete information only for the system you plan to construct.

Indicate location of discharge pipe, fence, gate, and all setback distances on Site Layout.

| A. <input type="checkbox"/> Sewage Tank |                                                 | <input type="checkbox"/> Absorption Field |                                                                         |
|-----------------------------------------|-------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------|
| Septic Tank                             | <input type="checkbox"/> Liquid Capacity gal.   | Distribution Box                          | <input type="checkbox"/> Pipe & Gravel-width <input type="checkbox"/>   |
| Manufacturer:                           | Material/Construction                           | Serial Distribution                       | <input type="checkbox"/> Chamber-width <input type="checkbox"/>         |
| NSF Class I Aeration Unit               | <input type="checkbox"/> Treatment Capacity gpd | Flat Lot Layout                           | <input type="checkbox"/> Gravelless Pipe-dia. <input type="checkbox"/>  |
| Manufacturer:                           | Material/Construction                           | Dosed                                     | <input type="checkbox"/> Other (specify) <input type="checkbox"/>       |
| Pump Tank                               | <input type="checkbox"/> Liquid Capacity gal.   | Pressure Distribution                     | <input type="checkbox"/> Total Absorption Area <input type="checkbox"/> |
| Manufacturer:                           | Material/Construction                           | Trench Length(s)                          | No. of Trenches                                                         |
|                                         |                                                 | Trench Width                              | Trench Depth                                                            |
| Distance from: Well 300'                | House                                           | Distance from: Well 300'                  | House                                                                   |
| Property Lines 500'                     | Water Lines                                     | Property Lines 500'                       | Water Lines                                                             |
| Stream, River, Pond, or Lake 600'       | Neighbor's Well 300'                            | Stream, River, Pond, or Lake 600'         | Neighbor's Well 300'                                                    |

Show location of house, tank, absorption field, wells, water lines, bodies of water, geological features, easements, and all setback distances on the Site Layout.

**B. ☒ Alternative System**

|                          |                                     |             |                          |                 |                          |
|--------------------------|-------------------------------------|-------------|--------------------------|-----------------|--------------------------|
| Low Pressure Pipe System | <input type="checkbox"/>            | Sand Filter | <input type="checkbox"/> | Mound System    | <input type="checkbox"/> |
| Drip Irrigation          | <input checked="" type="checkbox"/> | Wetlands    | <input type="checkbox"/> | Other (specify) | <input type="checkbox"/> |

Include supporting data, calculations, and drawings with the packet.

|                                                 |                                                                                                                                                     |                                     |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 11. Installer <u>Gary Cooley</u>                | Registered/Basic Y <input type="checkbox"/> N <input type="checkbox"/><br>Registered/Advanced Y <input type="checkbox"/> N <input type="checkbox"/> | Identification Number <u>527-17</u> |
| Name <u>Cooley's Plumbing &amp; Backhoe Inc</u> | Phone Number <u>(417) 767-1199</u>                                                                                                                  |                                     |
| Address <u>P.O. Box 529</u>                     | cell# <u>838-2089</u>                                                                                                                               |                                     |
| City <u>Progersville</u>                        | State <u>MO</u>                                                                                                                                     | Zip Code <u>65742</u>               |

All information contained in and with this application packet is true and accurate to the best of my knowledge.

12. Signature \_\_\_\_\_

Please circle appropriate title:

Property Owner

Installer

Builder

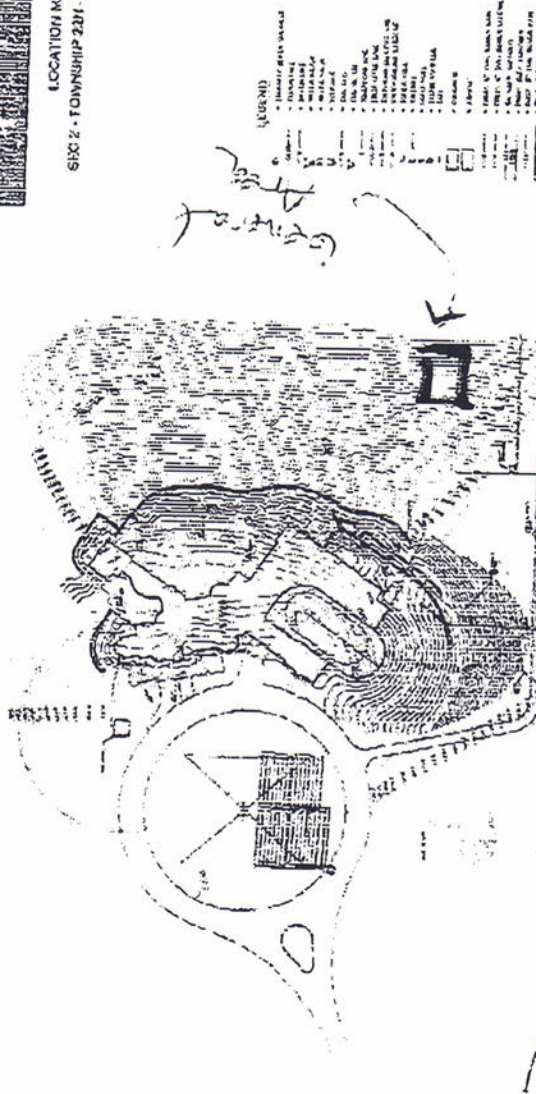
Date \_\_\_\_\_



# LEOPARD RIDGE SEPTIC SYSTEM IMPROVEMENT PLANS STONE COUNTY, MISSOURI



LOCATION MAP  
SEC 2 - TOWNSHIP 23N - RANGE 23W



**SHEET INDEX**  
C-1 COVER  
C-2 OVERALL SITE PLAN  
C-3 CORRUPTION DETAILS

DD Hwy

SEPTIC SYSTEM IMPROVEMENT PLANS  
LEOPARD RIDGE  
STONE COUNTY, MISSOURI  
H. E. STALLER & ASSOCIATES  
CONSULTING ENGINEERS  
1000 N. 10TH ST.  
ST. LOUIS, MO 63104  
PHONE: (314) 433-1111  
FAX: (314) 433-1112

SEPTIC SYSTEM IMPROVEMENT PLANS



|          |               |
|----------|---------------|
| DATE     | 10/1/16       |
| BY       | JS            |
| CHECKED  | JS            |
| APPROVED | JS            |
| SCALE    | AS SHOWN      |
| PROJECT  | LEOPARD RIDGE |
| SHEET    | 5 OF 7        |

|          |               |
|----------|---------------|
| DATE     | 10/1/16       |
| BY       | JS            |
| CHECKED  | JS            |
| APPROVED | JS            |
| SCALE    | AS SHOWN      |
| PROJECT  | LEOPARD RIDGE |
| SHEET    | 5 OF 7        |

|          |               |
|----------|---------------|
| DATE     | 10/1/16       |
| BY       | JS            |
| CHECKED  | JS            |
| APPROVED | JS            |
| SCALE    | AS SHOWN      |
| PROJECT  | LEOPARD RIDGE |
| SHEET    | 5 OF 7        |

DATE: 10/13/2018

TIME: 10:13 AM

PROJECT: 1413756031

CLIENT: COULLEYS PLUMBING

LOCATION: 41/76711198

DESCRIPTION: SEPTIC SYSTEM IMPROVEMENT PLANS

DESIGNED BY: K.E. STALDER & ASSOCIATES

CHECKED BY: K.E. STALDER

APPROVED BY: K.E. STALDER

SCALE: AS SHOWN

NOTES: SEE SHEET 101 FOR GENERAL NOTES

**Specifications**

1. **GENERAL**  
a. All work shall be in accordance with the latest edition of the Uniform Plumbing Code (UPC) and the latest edition of the International Building Code (IBC).  
b. All materials and workmanship shall be of the highest quality and shall be approved by the local health department.  
c. All work shall be completed within the specified time frame.  
d. The contractor shall be responsible for obtaining all necessary permits and for complying with all local, state, and federal regulations.  
e. The contractor shall be responsible for protecting all existing structures and utilities on the site.  
f. The contractor shall be responsible for maintaining access to all adjacent properties at all times.  
g. The contractor shall be responsible for cleaning up all debris and waste at the completion of the project.  
h. The contractor shall be responsible for providing a final inspection report to the local health department upon completion of the project.

2. **SEPTIC SYSTEM**  
a. The septic system shall consist of a 1,000-gallon septic tank and a 1,000-gallon aerobic treatment unit (ATU).  
b. The septic tank shall be constructed of heavy-duty polyethylene and shall have a minimum depth of 4 feet.  
c. The ATU shall be constructed of heavy-duty polyethylene and shall have a minimum depth of 4 feet.  
d. The septic tank and ATU shall be installed in a trench that is at least 12 inches wide and 12 inches deep.  
e. The trench shall be backfilled with a minimum of 12 inches of compacted fill.  
f. The septic tank and ATU shall be vented to the exterior of the building through a 4-inch diameter vent pipe.  
g. The vent pipe shall be installed in accordance with the latest edition of the International Mechanical Code (IMC).  
h. The vent pipe shall be capped with a weather-resistant cap.  
i. The septic tank and ATU shall be installed in a location that is accessible for inspection and maintenance.  
j. The septic tank and ATU shall be installed in a location that is not subject to flooding or water damage.

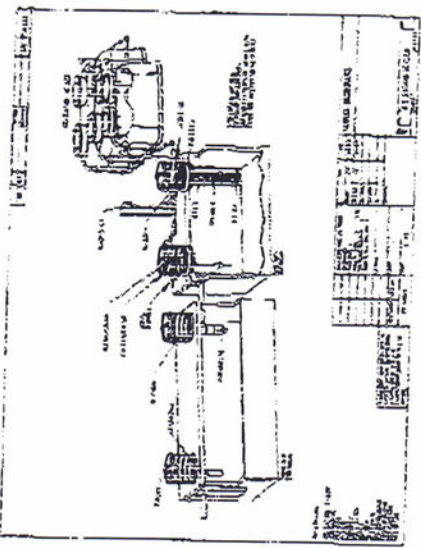
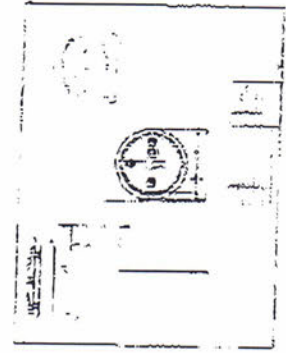
3. **WATER SUPPLY**  
a. The water supply shall be provided by a 1/2-inch diameter copper pipe.  
b. The water supply pipe shall be installed in a trench that is at least 12 inches wide and 12 inches deep.  
c. The trench shall be backfilled with a minimum of 12 inches of compacted fill.  
d. The water supply pipe shall be installed in a location that is accessible for inspection and maintenance.  
e. The water supply pipe shall be installed in a location that is not subject to flooding or water damage.

4. **WASTEWATER**  
a. The wastewater shall be collected in a 4-inch diameter PVC pipe.  
b. The wastewater pipe shall be installed in a trench that is at least 12 inches wide and 12 inches deep.  
c. The trench shall be backfilled with a minimum of 12 inches of compacted fill.  
d. The wastewater pipe shall be installed in a location that is accessible for inspection and maintenance.  
e. The wastewater pipe shall be installed in a location that is not subject to flooding or water damage.

5. **VENTING**  
a. The venting shall be provided by a 4-inch diameter PVC pipe.  
b. The venting pipe shall be installed in a trench that is at least 12 inches wide and 12 inches deep.  
c. The trench shall be backfilled with a minimum of 12 inches of compacted fill.  
d. The venting pipe shall be installed in a location that is accessible for inspection and maintenance.  
e. The venting pipe shall be installed in a location that is not subject to flooding or water damage.

6. **INSULATION**  
a. The septic tank and ATU shall be insulated with a minimum of 2 inches of rigid foam insulation.  
b. The insulation shall be installed in a trench that is at least 12 inches wide and 12 inches deep.  
c. The trench shall be backfilled with a minimum of 12 inches of compacted fill.

7. **FINISHES**  
a. The septic tank and ATU shall be finished with a minimum of 1/2-inch of concrete.  
b. The concrete shall be finished with a minimum of 1/2-inch of sand and gravel.  
c. The septic tank and ATU shall be finished with a minimum of 1/2-inch of sand and gravel.



**Notes**

1. All work shall be in accordance with the latest edition of the Uniform Plumbing Code (UPC) and the latest edition of the International Building Code (IBC).

2. All materials and workmanship shall be of the highest quality and shall be approved by the local health department.

3. All work shall be completed within the specified time frame.

4. The contractor shall be responsible for obtaining all necessary permits and for complying with all local, state, and federal regulations.

5. The contractor shall be responsible for protecting all existing structures and utilities on the site.

6. The contractor shall be responsible for maintaining access to all adjacent properties at all times.

7. The contractor shall be responsible for cleaning up all debris and waste at the completion of the project.

8. The contractor shall be responsible for providing a final inspection report to the local health department upon completion of the project.

9. The septic tank and ATU shall be installed in a location that is accessible for inspection and maintenance.

10. The septic tank and ATU shall be installed in a location that is not subject to flooding or water damage.

11. The water supply pipe shall be installed in a trench that is at least 12 inches wide and 12 inches deep.

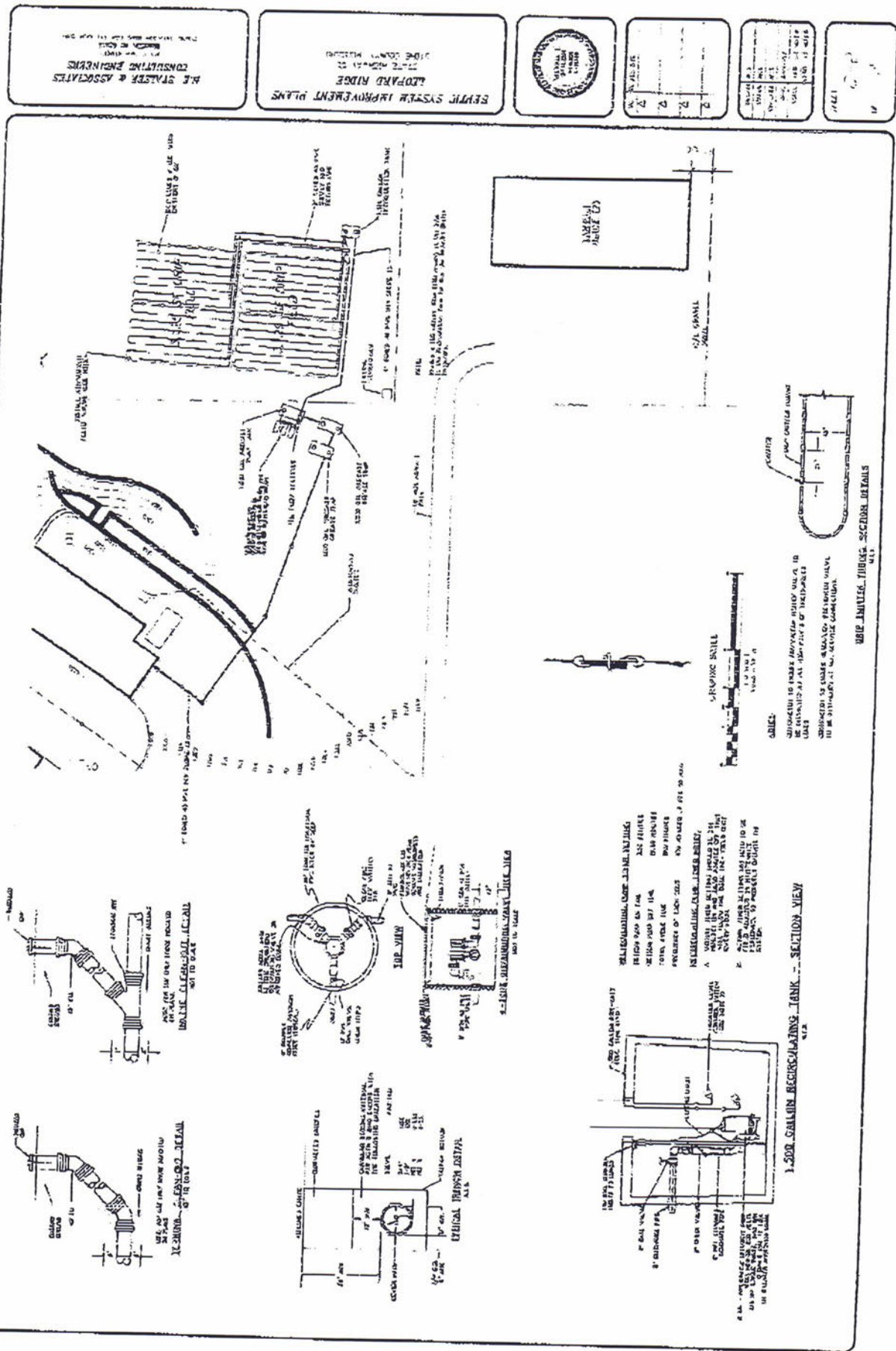
12. The wastewater pipe shall be installed in a trench that is at least 12 inches wide and 12 inches deep.

13. The venting pipe shall be installed in a trench that is at least 12 inches wide and 12 inches deep.

14. The insulation shall be installed in a trench that is at least 12 inches wide and 12 inches deep.

15. The finishes shall be installed in a trench that is at least 12 inches wide and 12 inches deep.







STONE COUNTY HEALTH DEPARTMENT  
OWTS CONSTRUCTION PERMIT/FINAL INSPECTION

|                    |        |
|--------------------|--------|
| PERMIT NUMBER      | COUNTY |
| 21011              | Stone  |
| APPLICATION NUMBER |        |
| 21011              |        |

|                                                                                                                           |                   |                                                                                                                                                            |                                 |
|---------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| OWNER NAME                                                                                                                |                   | Parcel ID#                                                                                                                                                 | LONGITUDE (DECIMAL DEGREES)     |
| Hamels, Colbert & Heide                                                                                                   |                   | 14-1.0-01-000-000-004.001                                                                                                                                  |                                 |
| SITE ADDRESS                                                                                                              |                   | CITY                                                                                                                                                       | ZIP CODE                        |
| 2866 E. State Hwy DD                                                                                                      |                   | Branson West                                                                                                                                               | 65737                           |
| SYSTEM IS                                                                                                                 |                   | INSTALLER ID NUMBER                                                                                                                                        | INSTALLER NAME                  |
| <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> REPAIR/MODIFICATION |                   | 36853                                                                                                                                                      | Brent Wade w/ Cooley's Plumbing |
| SERVES                                                                                                                    |                   | INSTALLER REGISTERED?                                                                                                                                      |                                 |
| <input checked="" type="checkbox"/> RESIDENCE - NUMBER OF BEDROOMS <u>10</u>                                              |                   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO BASIC <input checked="" type="checkbox"/> ADVANCED <input checked="" type="checkbox"/> |                                 |
| BUSINESS - NUMBER / UNITS _____                                                                                           |                   | NOTIFICATION OF SYSTEM COMPLETION BY INSTALLER *                                                                                                           |                                 |
| <input type="checkbox"/> FOOD SERVICE <input type="checkbox"/> LODGING <input type="checkbox"/> OTHER _____               |                   | NOTIFICATION DATE                                                                                                                                          | TIME                            |
|                                                                                                                           |                   | 4/15/16                                                                                                                                                    | 8:00am                          |
| DAILY FLOW                                                                                                                |                   | COMPLETION DATE                                                                                                                                            |                                 |
| 1,200 GAL                                                                                                                 | SOIL LOADING RATE | 4/15/16                                                                                                                                                    |                                 |
|                                                                                                                           | .2 GPD/SQ.FT.     |                                                                                                                                                            |                                 |
|                                                                                                                           | PERCENT SLOPE     |                                                                                                                                                            |                                 |
|                                                                                                                           | 4%                |                                                                                                                                                            |                                 |
| SOIL TESTER ID NUMBER                                                                                                     |                   | NOTES                                                                                                                                                      |                                 |
| SOIL TESTER NAME                                                                                                          |                   |                                                                                                                                                            |                                 |

CONSTRUCTION PERMIT

FINAL INSPECTION

|                                                                                                                         |           |                             |            |                          |                                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| PERMITTED SYSTEM SPECIFICATIONS                                                                                         |           |                             |            |                          | Check box(es) below if installed component meets permit requirements. If not, list deficiencies. (Attach additional pages if needed.)                                 |  |
| LENGTH OR DIAMETER                                                                                                      | WIDTH     | WASTEWATER DEPTH            | POND SEAL  |                          |                                                                                                                                                                       |  |
| FT.                                                                                                                     | FT.       | FT.                         |            |                          |                                                                                                                                                                       |  |
| <input type="checkbox"/> SEPTIC TANK (LIQUID CAP. - GAL.) <input type="checkbox"/> AERATION UNIT (TREATMENT CAP. - GPD) |           |                             |            |                          | <input type="checkbox"/>                                                                                                                                              |  |
| MANUFACTURER                                                                                                            |           | LIQUID / TREATMENT CAPACITY |            | CONSTRUCTION / MATERIALS |                                                                                                                                                                       |  |
|                                                                                                                         |           |                             |            |                          |                                                                                                                                                                       |  |
| PUMP TANK                                                                                                               |           |                             |            |                          | <input checked="" type="checkbox"/>                                                                                                                                   |  |
| MANUFACTURER                                                                                                            |           | LIQUID / TREATMENT CAPACITY |            | CONSTRUCTION / MATERIALS |                                                                                                                                                                       |  |
|                                                                                                                         |           | 1,500 GAL.                  |            | Concrete                 |                                                                                                                                                                       |  |
| ALTERNATIVE TREATMENT COMPONENT SPECIFICATIONS (TYPE / SIZE ....)                                                       |           |                             |            |                          | <input checked="" type="checkbox"/>                                                                                                                                   |  |
| ATS-SCAT-886-BC-C1250                                                                                                   |           |                             |            |                          |                                                                                                                                                                       |  |
| DISTRIBUTION                                                                                                            |           |                             |            |                          | <input checked="" type="checkbox"/>                                                                                                                                   |  |
| <input type="checkbox"/> D-BOX <input type="checkbox"/> SERIAL <input type="checkbox"/> FLATLOT LAYOUT                  |           |                             |            |                          |                                                                                                                                                                       |  |
| <input checked="" type="checkbox"/> DOSED <input checked="" type="checkbox"/> PRESSURE                                  |           |                             |            |                          |                                                                                                                                                                       |  |
| NOTES:                                                                                                                  |           |                             |            |                          |                                                                                                                                                                       |  |
| TYPE OF ABSORPTION SYSTEM                                                                                               |           |                             | TOTAL AREA |                          | <input checked="" type="checkbox"/>                                                                                                                                   |  |
| Drip Irrigation                                                                                                         |           |                             | 6,000sqft. |                          |                                                                                                                                                                       |  |
| LATERALS                                                                                                                |           |                             |            |                          |                                                                                                                                                                       |  |
| NUMBER                                                                                                                  | LENGTH(S) | TOTAL LENGTH                | WIDTH      | DEPTH                    |                                                                                                                                                                       |  |
| 60                                                                                                                      | 50 FT.    | 3,000 FT.                   | 2 IN.      | 12 IN.                   |                                                                                                                                                                       |  |
| CURTAIN DRAIN                                                                                                           |           |                             |            | DEPTH                    | <input checked="" type="checkbox"/>                                                                                                                                   |  |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                     |           |                             |            | IN.                      |                                                                                                                                                                       |  |
| SETBACK VARIANCES (ATTACH ADDITIONAL PAGES, DRAWINGS, ETC., IF NEEDED)                                                  |           |                             |            |                          | <input type="checkbox"/>                                                                                                                                              |  |
| COMMENTS                                                                                                                |           |                             |            |                          | <input type="checkbox"/> AN INSTALLER'S "AS BUILT" DRAWING IS ATTACHED SHOWING ALL APPROVED CHANGES.                                                                  |  |
|                                                                                                                         |           |                             |            |                          | <input type="checkbox"/> IN ACCORDANCE WITH 701.043.3 AND 701.050 RSMo., A FINAL INSPECTION WAS NOT CONDUCTED. A CERTIFICATION WITHOUT ONSITE INSPECTION IS ATTACHED. |  |
| PERMIT DATE                                                                                                             |           |                             |            |                          | FINAL INSPECTION                                                                                                                                                      |  |
| 3/22/16                                                                                                                 |           |                             |            |                          | APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                          |  |
| PERMIT EXPIRES                                                                                                          |           |                             |            |                          | DATE                                                                                                                                                                  |  |
| 3/22/17                                                                                                                 |           |                             |            |                          | 4/15/16                                                                                                                                                               |  |
| EPHS SIGNATURE                                                                                                          |           |                             |            |                          | EPHS SIGNATURE                                                                                                                                                        |  |
| <i>[Signature]</i>                                                                                                      |           |                             |            |                          | <i>[Signature]</i>                                                                                                                                                    |  |
| EPHS NUMBER                                                                                                             |           |                             |            |                          | REINSPECTION                                                                                                                                                          |  |
| 1135                                                                                                                    |           |                             |            |                          | APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                     |  |
| *NOTE: INSTALLERS AND HOMEOWNER READ IMPORTANT INFORMATION ON BACK OF FORM                                              |           |                             |            |                          | DATE                                                                                                                                                                  |  |
|                                                                                                                         |           |                             |            |                          | EPHS SIGNATURE                                                                                                                                                        |  |
|                                                                                                                         |           |                             |            |                          | EPHS NUMBER                                                                                                                                                           |  |

STONE COUNTY HEALTH DEPARTMENT  
ONSITE WASTEWATER TREATMENT SYSTEM  
CONSTRUCTION PERMIT APPLICATION

#0375 Gate Entry

Parcel ID # 14-1.0-01-00-000-004.001  
Date 10/18/12 Ck# 3909 Payee Pepe Entrop Amt. \$ 200-  
Permit # 19597

1. Property Owner Name (Last, First, MI)

Hamels Cole

Reviewed By

EPHS #

EPHS Signature

2. Site Address (911/ENS)

2866 E State Hwy DD.

Subdivision

Lot #

City

County

Zip Code

Map Code

Final Inspection Date

Branson West Stone 65737

Is repair/replacement due to sale of property? (Please check applicable box)

☐ Yes

☒ No

Directions to Site

Easton DD from I3 go approx 3 mi to property on left - Gates w/ letter "H" on it.

3. Mailing Address (if different from above)

Day Phone Number

Night Phone Number

City

State

Zip Code

4. System Is

New Construction ☒

System Replacement ☐

System Repair and/or Modification ☐

5. System Serves

Residence ☒

Business ☐

Single Family ☒

No. Bedrooms: 10

No. Bathrooms:

Basement ☒

Whirlpool Bath ☒

Garbage Disposal ☒

Dishwasher ☒

Water Softener ☒

Food Service ☐

Lodging ☐

Other (specify):

No. Served:

1,200

Daily Sewage Flow  
(gallons per day)

Multi-Family ☐

Laundry Facility ☒

Public ☐

Private ☒

Date of Last Water Test not Drilled yet.

6. Water Supply

Name of Supply

Type Supply

Bored Well ☐

Dug Well ☐

Driven Well ☐

Drilled Well ☒

Other (specify):

7. Lot

Size

# acres 100 +-  
# square feet

% Slope

4%

Indicate direction of slope on Site Layout

8. Soil Information

Include soil morphology report with the application

Soil Morphology ☐

Application Rate (gpd/sq. ft.)

9. Name of Soil Evaluator

Tester Identification Number

Address

Phone Number

City

State

Zip Code

*Didn't install under this permit - see permit # 21011*

## 10. Proposed System

Complete information only for the system you plan to construct.

Indicate location of discharge pipe, fence, gate, and all setback distances on Site Layout.

| A. <input type="checkbox"/> Sewage Tank            |                                                 | <input type="checkbox"/> Absorption Field      |                                                |
|----------------------------------------------------|-------------------------------------------------|------------------------------------------------|------------------------------------------------|
| Septic Tank <input type="checkbox"/>               | Liquid Capacity gal. <input type="checkbox"/>   | Distribution Box <input type="checkbox"/>      | Pipe & Gravel-width <input type="checkbox"/>   |
| Manufacturer: <input type="checkbox"/>             | Material/Construction <input type="checkbox"/>  | Serial Distribution <input type="checkbox"/>   | Chamber-width <input type="checkbox"/>         |
| NSF Class I Aeration Unit <input type="checkbox"/> | Treatment Capacity gpd <input type="checkbox"/> | Flat Lot Layout <input type="checkbox"/>       | Gravelless Pipe-dia. <input type="checkbox"/>  |
| Manufacturer: <input type="checkbox"/>             | Material/Construction <input type="checkbox"/>  | Dosed <input type="checkbox"/>                 | Other (specify) <input type="checkbox"/>       |
| Pump Tank <input type="checkbox"/>                 | Liquid Capacity gal. <input type="checkbox"/>   | Pressure Distribution <input type="checkbox"/> | Total Absorption Area <input type="checkbox"/> |
| Manufacturer: <input type="checkbox"/>             | Material/Construction <input type="checkbox"/>  | Trench Length(s) <input type="checkbox"/>      | No. of Trenches <input type="checkbox"/>       |
|                                                    |                                                 | Trench Width <input type="checkbox"/>          | Trench Depth <input type="checkbox"/>          |
| Distance from: Well <u>300'</u>                    | House <input type="checkbox"/>                  | Distance from: Well <u>300'</u>                | House <input type="checkbox"/>                 |
| Property Lines <u>500'</u>                         | Water Lines <input type="checkbox"/>            | Property Lines <u>500'</u>                     | Water Lines <input type="checkbox"/>           |
| Stream, River, Pond, or Lake <u>600'</u>           | Neighbor's Well <u>300'</u>                     | Stream, River, Pond, or Lake <u>600'</u>       | Neighbor's Well <u>300'</u>                    |

Show location of house, tank, absorption field, wells, water lines, bodies of water, geological features, easements, and all setback distances on the Site Layout.

B. ☒ Alternative System

|                                                     |                                      |                                          |
|-----------------------------------------------------|--------------------------------------|------------------------------------------|
| Low Pressure Pipe System <input type="checkbox"/>   | Sand Filter <input type="checkbox"/> | Mound System <input type="checkbox"/>    |
| Drip Irrigation <input checked="" type="checkbox"/> | Wetlands <input type="checkbox"/>    | Other (specify) <input type="checkbox"/> |

Include supporting data, calculations, and drawings with the packet.

|                                       |                                                                        |                                                                           |                       |
|---------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------|
| 11. Installer <u>Rob Helms</u>        | Registered/Basic Y <input type="checkbox"/> N <input type="checkbox"/> | Registered/Advanced Y <input type="checkbox"/> N <input type="checkbox"/> | Identification Number |
| Name <u>White River Environmental</u> | Phone Number <u>(417) 335-9290</u>                                     |                                                                           |                       |
| Address <u>20346 St Hwy 4B</u>        |                                                                        |                                                                           |                       |
| City <u>Reeds Spring</u>              | State <u>Mo</u>                                                        | Zip Code <u>65737</u>                                                     |                       |

All information contained in and with this application packet is true and accurate to the best of my knowledge.

12. Signature [Signature]Please circle appropriate title:  
Property Owner ☐ Installer ☐ Builder ☒

Date \_\_\_\_\_

### 13. Site Layout

### TO BE COMPLETED BY THE INSTALLER

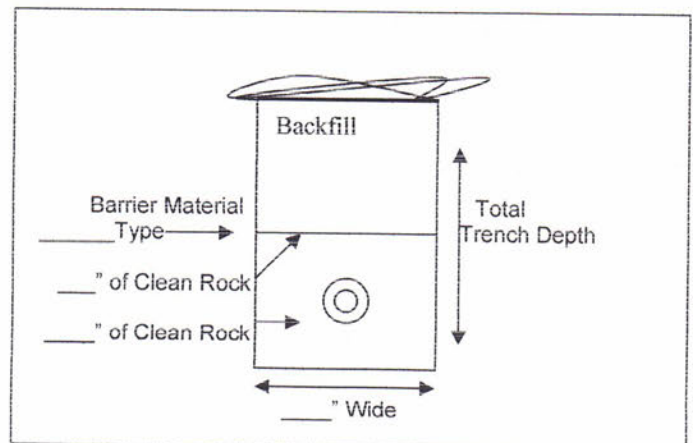
Drawn By:

Property Owner:

Indicate on Drawing the Direction North  
Attach Computer Diagram if Used

1. Show property lines and dimensions to reflect the shape and size of the property.
2. Diagram proposed system. Show appropriate elevations to indicate proper fall for system. System must be staked on the property prior to the site evaluation.
3. Show distances to house, well, water lines, property lines geological features such as sinkholes, rock outcrops, lakes, ponds, streams, rivers, etc.
4. Show distances to neighbors' wells, homes, and sewage disposal systems.
5. Show locations of soil morphology test pits. Holes must be flagged on the property for pre-site evaluation.
6. Indicate any known easements that exist for utilities, roads, private driveways, or other easements.

#### TRENCH DETAILS



This architectural site plan illustrates the layout of the National Stadium and its surrounding infrastructure. The stadium is depicted as a large, irregularly shaped building with a central rectangular area. To the left of the stadium is a large, circular area, likely a plaza or parking lot, featuring a dashed rectangular outline. The plan includes various roads, including a main road labeled 'A10' and a smaller road labeled 'A101'. A large, rectangular area to the right of the stadium is labeled 'Olympic Village'. The plan also shows a large, rectangular area labeled 'National Stadium' and a smaller, rectangular area labeled 'National Stadium'. The plan includes a scale bar indicating 0, 100, and 200 meters. The plan is oriented with North at the top.

C-1.... COVER  
C-2.... OVERALL SITE PLAN  
C-3.... CONSTRUCTION DETAILS



SEC 2 - TOWNSHIP 22N - RANGE - 23W

[illegible]

SHEET C-1 OF 3

STATE HIGHWAY DD  
STONE COUNTY, MISSOURI

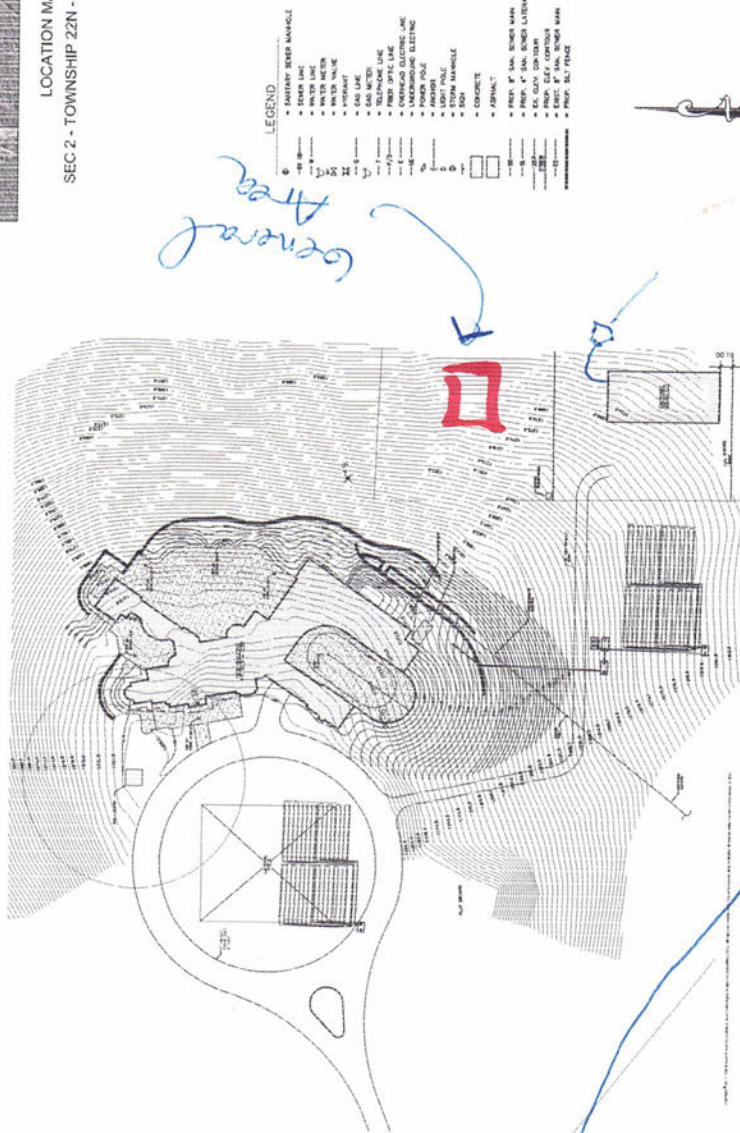
SEPTIC SYSTEM IMPROVEMENT PLANS  
LEOPARD RIDGE



| NO. | REVISIONS |
|-----|-----------|
| Δ   |           |
| Δ   |           |
| Δ   |           |
| Δ   |           |

|         |                |
|---------|----------------|
| DESIGN  | NCS            |
| DRAWN   | NCS            |
| CHECKED | NCS            |
| DATE    | 8/19/02        |
| SCALE   | 100% AS NOTED  |
|         | VERT. AS NOTED |

3  
C-1  
SMET



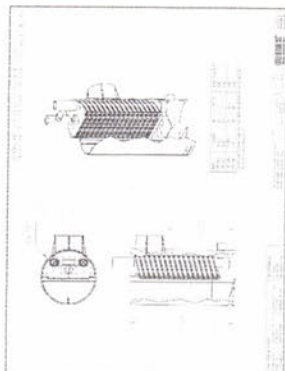
GRAPHIC SCALE

GRAPHIC SCALE  
(30 FEET)  
1 inch = 50 ft.

## SHEET INDEX

C-1.....COVER  
C-2.....OVERALL SITE PLAN  
C-3.....CONSTRUCTION DETAILS



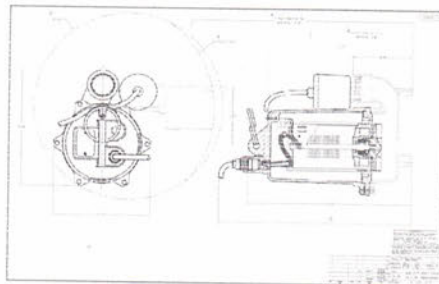


**Specification Data**

**MODEL: HE3/HE12/HE20-S1, High Head Filtered Effluent**

- [illegible]

**HP HYDEOMATIC®**

[illegible]

|     |           |
|-----|-----------|
| NO. | REVISIONS |
| Δ   |           |
| Δ   |           |
| Δ   |           |
| Δ   |           |

|           |               |
|-----------|---------------|
| PERSON    | NCIS          |
| NAME      | NCIS          |
| ORGANIZED | NCIS          |
| DATE      | 08/27/12      |
| SCALE     | NOB AS NOTED  |
|           | UNIT AS NOTED |

M.E. STALZER & ASSOCIATES  
CONSULTING ENGINEERS  
210 S. 2nd STREET  
BRANDON, MO 63046  
PHONE: (417)334-8800 FAX: (417)334-5101

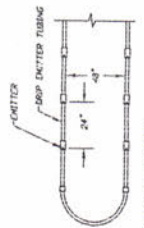
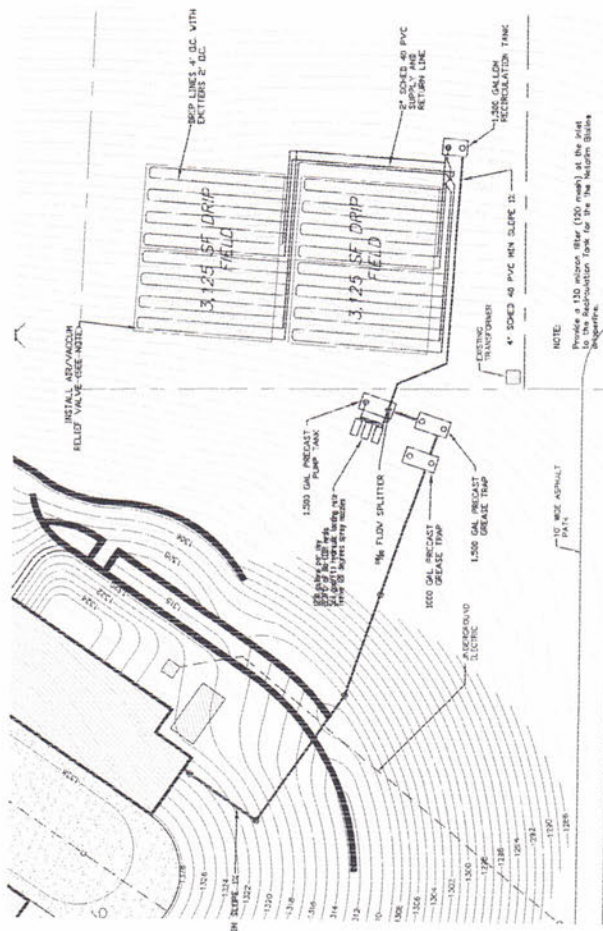
SEPTIC SYSTEM IMPROVEMENT PLANS  
LEOPARD RIDGE  
STATE HIGHWAY 20  
STONE COUNTY, MISSOURI



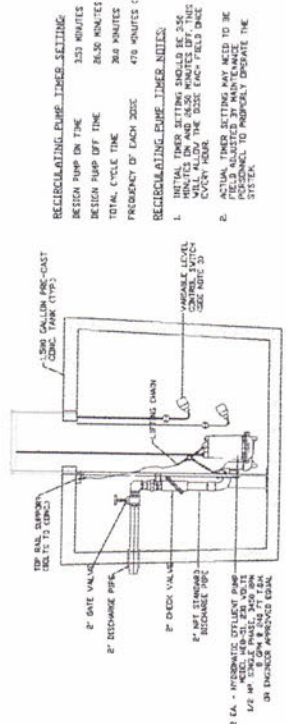
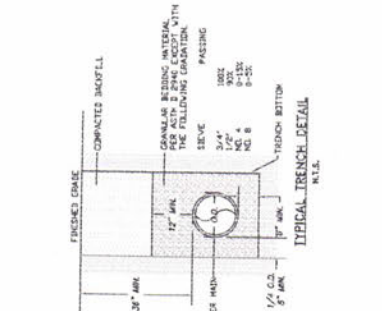
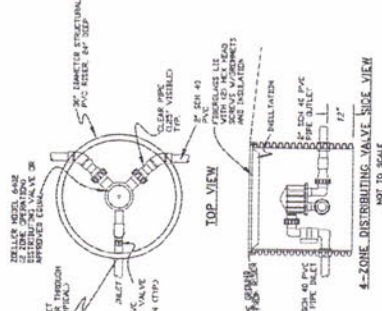
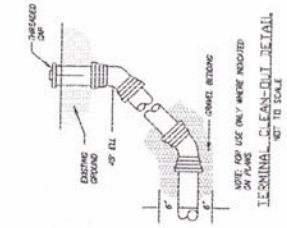
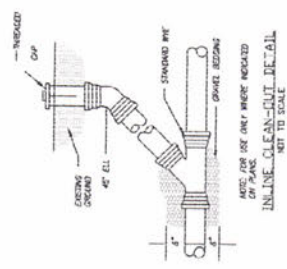
| NO. | REVISIONS |
|-----|-----------|
| 1   | AS SHOWN  |
| 2   | AS SHOWN  |
| 3   | AS SHOWN  |
| 4   | AS SHOWN  |
| 5   | AS SHOWN  |

|            |              |
|------------|--------------|
| DESIGN BY  | MS           |
| CHECKED BY | MS           |
| DATE       | 08/27/02     |
| SCALE      | 1/4" = 1'-0" |
| DATE       | 08/27/02     |

SHEET  
C-2  
OF 3



DRIP EMITTERS TUBING SECTION DETAILS  
N.E.S.



1,500 GALLON RECIRCULATING TANK - SECTION VIEW  
N.E.S.

RECIRCULATING PUMP-TIMER SETTING:  
DESIGN PUMP ON TIME 320 MINUTES  
DESIGN PUMP OFF TIME 26.50 MINUTES  
TOTAL CYCLE TIME 346.50 MINUTES  
FREQUENCY OF EACH ZONE 470 MINUTES @ 1/2\"/>

RECIRCULATING PUMP-TIMER SETTING:  
1. INITIAL TIMER SETTING SHOULD BE 2.5%  
2. ACTUAL TIMER SETTING MAY NEED TO BE  
ADJUSTED TO MAINTAIN ADEQUATE FLOW  
TO EACH ZONE

4\"/>

2\"/>

2\"/>

2\"/>

2\"/>

2\"/>

## Property Number

14-1.0-01-000-000-004.001

## Owner - Mailing Address

HAMELS, COLBERT & HEIDE  
C/O

## Situation Address

53 MILLS LANE REEDS SPRING, MO 65737

Property Name (DBA):

Total Assessed Value 48,960

Index:

2.3

Lot Size:

Deeded Acres:

0

Calculated Acres:

3.66

## Property Description:

TRACT (A PART OF TRACT1) 3,4,7FT, NW 100 FT TO PT ON R/W OF EXISTING RD, TH ALONG R/W 123.2 FT, N 160.9 FT TO POB EXCEPT A PART OF THE NW 1/4, BEG @ THE SE CORNER OF THE W 1/2 OF LOT 2 TO A POINT ON THE NORTHERLY RIGHT OF WAY, OF MO STATE HWY "DD" EXCEPT OUT

SEC, TWP, RNG: 1 - 22 - 23

Type Code: RL

Permits:

 UTIL  
ROAD  
TOPO

Zoning:

Land Use Code:

School Fire City Juco Year:

4 5 0 0 2016

Appr By:

Appr Date:

Review By:

Review Date:

Information By:

Date Printed: 6/13/2016

Book

2009

Page

11406

Acquired

06-29-09

COMMENTS:

## APPRAISED VALUE

|     | IMPROVEMENTS | LAND  | TOTAL   | ASSESSED TOTAL | AG ACRES | GRADE | \$ PER ACRE | VALUATION |
|-----|--------------|-------|---------|----------------|----------|-------|-------------|-----------|
| RES | 250,000      | 7,500 | 257,500 | 48,920         | 2.07     | 7     | 79          | 164       |
| AGR | 0            | 300   | 300     | 40             | 0.59     | 6     | 158         | 93        |
| COM | 0            | 0     | 0       | 0              |          |       |             |           |

## LAND DATA

| CLASS | TYPE | LOC | OF | SFF | FF / ACRES | DEPTH | UNIT PRICE | DEPTH FAC. | ADJ. FAC | ADJ. AMOUNT | VALUATION |
|-------|------|-----|----|-----|------------|-------|------------|------------|----------|-------------|-----------|
| RES   |      |     |    |     | 1.00 Acres |       | 7,500      |            |          |             | 7,500     |

## IMPROVEMENT DATA

| Bldg No. | Struct | Yr Built | Yr. Rem | Eff.Yr. | Bd Stor |   | Rm Class | Rate Cd | UNITS |       |       | Base Rate | Adj Rate | Index | Sq Ft Cost | Base Area | Adj Area | Base Cost | Extra Feat. | Replace Cost | Phy Cond | Adj Cond | Appraised Value | R%   | A%   | C%   |
|----------|--------|----------|---------|---------|---------|---|----------|---------|-------|-------|-------|-----------|----------|-------|------------|-----------|----------|-----------|-------------|--------------|----------|----------|-----------------|------|------|------|
|          |        |          |         |         |         |   |          |         | Class | Const | Total |           |          |       |            |           |          |           |             |              |          |          |                 |      |      |      |
| 1-1      | RES    | 2013     | 0       | 0       | 0       | 0 | C-       | H       | 0.10  | 1.18  | 1.43  | 17.76     | 25.40    | 2.25  | 57.14      | 3000      | 4150     | 237,143   | 12870       | 250,013      | 1.00     | 0.00     | 250,013         | 1.00 | 0.00 | 0.00 |
| 1-       |        | 0        | 0       | 0       | 0       |   |          |         | 0.00  | 0.00  | 0.00  | 0.00      | 0.00     | 2.3   | 0.00       | 0         | 0        | 0         | 0           | 0            | 0.00     | 0.00     | 0               | 0.00 | 0.00 | 0.00 |
| 1-       |        | 0        | 0       | 0       | 0       |   |          |         | 0.00  | 0.00  | 0.00  | 0.00      | 0.00     | 2.3   | 0.00       | 0         | 0        | 0         | 0           | 0            | 0.00     | 0.00     | 0               | 0.00 | 0.00 | 0.00 |
| 1-4      |        | 0        | 0       | 0       | 0       |   |          |         | 0.00  | 0.00  | 0.00  | 0.00      | 0.00     | 2.3   | 0.00       | 0         | 0        | 0         | 0           | 0            | 0.00     | 0.00     | 0               | 0.00 | 0.00 | 0.00 |
| 1-       |        | 0        | 0       | 0       |         |   |          |         | 0.00  | 0.00  | 0.00  | 0.00      | 0.00     | 2.3   | 0.00       | 0         | 0        | 0         | 0           | 0            | 0.00     | 0.00     | 0               | 0.00 | 0.00 | 0.00 |
| 1-       |        | 0        | 0       | 0       |         |   |          |         | 0.00  | 0.00  | 0.00  | 0.00      | 0.00     | 2.3   | 0.00       | 0         | 0        | 0         | 0           | 0            | 0.00     | 0.00     | 0               | 0.00 | 0.00 | 0.00 |
| 1-       |        | 0        | 0       | 0       |         |   |          |         | 0.00  | 0.00  | 0.00  | 0.00      | 0.00     | 2.3   | 0.00       | 0         | 0        | 0         | 0           | 0            | 0.00     | 0.00     | 0               | 0.00 | 0.00 | 0.00 |