



Barry County Health Department
65 Main P.O. Box 207
Cassville, MO 65625
417-847-2114 FAX 417-847-2116
www.barrycountyhealth.com

Permit Application Part-2
(As installed diagram)

Date Evaluated: _____

Permit NO. _____

Installer: _____

The wastewater treatment system installed/repared for this location is in compliance with the Barry County Onsite Wastewater Treatment System Ordinance

Parcel ID: _____

Owner Name: _____ Phone # _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

911 Address: _____ City: _____ State: _____ Zip Code: _____

Legal desc. _____ 1/4 _____ 1/4 S _____ T _____ R _____

As-Installed/As-Repaired Drawing. Permit to Use is invalid without the appropriate drawing (diagram). As accurate sketch of the wastewater treatment system should be properly drawn on the back of this form.

***The Barry County Health Department does not guarantee proper functioning of any onsite wastewater treatment system.**

Signature: _____
(Environmental Public Health Specialist)

Date: _____



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Drawn By: _____ For: _____

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