



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

**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: \_\_\_\_\_

Date: \_\_\_\_\_



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Drawn By: \_\_\_\_\_ For: \_\_\_\_\_  
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