



TANNEY COUNTY REGIONAL SEWER DISTRICT

PO Box 206, 207 David Street
 Forsyth, MO 65653
 P: 417-546-7221 F: 417-546-4837
 Website: www.tcrsd.org

OFFICIAL USE ONLY

FEES PAID

IMPACT	GRINDER PUMP IMPACT	CAPACITY
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PERMIT

NUMBER	DATE	SPECIFICATIONS
INSPECTOR	INSP. INITIAL	FINAL INSP. DATE

ADMINISTRATIVE APPROVAL

SIGNATURE	DATE
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SEWER EXTENSION APPLICATION

NOTE: PLEASE READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1.0 APPLICATION INFORMATION (Note – If any of the questions in this section are answered NO, this application may be considered incomplete and returned.)

1.1 IS A COPY OF THE APPROPRIATE PLANS* AND SPECIFICATIONS* INCLUDED WITH THIS APPLICATION?
 YES, DENOTE WHICH FORM IS SUBMITTED HARD COPY (1 MINIMUM) ELECTRONIC COPY NO

1.2 IS A SUMMARY DESIGN* INCLUDED WITH THIS APPLICATION YES NO

*MUST BE AFFIXED WITH A MISSOURI REGISTERED PROFESSIONAL ENGINEER'S SEAL, SIGNATURE AND DATE.

2.0 PROJECT INFORMATION

2.1 NAME OF PROJECT _____ COUNTY _____

PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

2.2 LEGAL DESCRIPTION

SUBDIVISION	LOT	BLOCK
COUNTY ROAD NAME	STATE HWY ACCESS	
PARCEL NO.	TYPE OF STRUCTURE	<input type="checkbox"/> FRAME <input type="checkbox"/> MODULE <input type="checkbox"/> RV
SECTION	TRACT SIZE	ACREAGE SQ. FT
TOWNSHIP	RANGE	
COUNTY ROAD NAME	STATE HWY ACCESS	

2.3 PROJECT COMPONENTS (CHECK ALL THAT APPLY)

GRAVITY SEWERS PUMPING STATIONS FORCE MAINS ALTERNATIVE SEWER SYSTEM

OTHER (DESCRIBE BELOW)

2.4 DESIGN INFORMATION

A. POPULATION OR NUMBER OF LOTS TO BE SERVED BY THIS EXTENSION:

B. ESTIMATED FLOW TO BE CONTRIBUTED BY THIS EXTENSION:

DESIGN AVERAGE FLOW:	GPD	DESIGN PEAK FLOW:	GPD	GPM
C. INDUSTRIAL WASTES:	TYPE:	FLOW:	GPD	
D. RECEIVING SEWER:	SIZE	INCHES	CAPACITY	GPD

2.5 UTILITIES

RESIDENTIAL COMMERCIAL **REQUIRED:** TYPE OF COMMERCIAL USE: AND, PLEASE NOTE, AN ENGINEERING EVALUATION MAY BE REQUIRED.

WATER SUPPLY PRIVATE WELL IF PRIVATE WELL, PLEASE SPECIFY WITH SKETCH PRIVATE SUBDIVISION

ELECTRIC COMPANY WHITE RIVER EMPIRE ELECTRIC PRIVATE

IS CONTRACTOR'S BOND OR PROOF OF LIABILITY ON FILE? YES NO

2.6 CAPACITIES & ESTIMATED FLOW

	AVERAGE GALLONS PER DAY FROM CAPACITY FEE SCHEDULE
	CAPACITY FEE CALCULATION

3.0 PROJECT OWNER

LAST NAME	FIRST NAME	MI
CONTRACTOR NAME		
ADDRESS/POB	CITY	STATE
PRIMARY PHONE (AREA CODE REQUIRED)	CELL PHONE	ADD'L
EMAIL		

4.0 ENGINEER

LAST NAME	FIRST NAME	MI
ADDRESS/POB		
ADDRESS/POB	CITY	STATE
PRIMARY PHONE (AREA CODE REQUIRED)	CELL PHONE	ADD'L
EMAIL		

5.0 RECEIVING WASTEWATER TREATMENT FACILITY

NAME		
PHONE (AREA CODE REQUIRED)	FAX	EMAIL
MISSOURI STATE OPERATING PERMIT #	DESIGN AVERAGE FLOW (GPD)	REMAINING CAPACITY (GPD)

5.1 HAS THE RECEIVING TREATMENT FACILITY AGREED TO ACCEPT THE ADDITIONAL WASTEWATER FLOW?

 YES NO5.2 A LETTER FROM THE RECEIVING WASTEWATER TREATMENT FACILITY OR THE CONTINUING AUTHORITY AND RECEIVING WASTEWATER TREATMENT FACILITY ACCEPTANCE FORM, IF DIFFERENT THAT THE CONTINUING AUTHORITY, IS INCLUDED WITH THIS APPLICATION? YES NO NA**6.0 PROJECT OWNER CERTIFICATION**

I HEREBY CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE, AND ACCURATE, AND IF GRANTED THIS PERMIT, I AGREE TO ABIDE BY THE MISSOURI CLEAN WATER LAW AND ALL DISTRICT RULES, REGULATIONS, ORDERS, AND DECISIONS. I HEREBY, CERTIFY I AM FAMILIAR WITH THE REQUIREMENTS OF THE DISTRICT DEVELOPMENT GUIDE.

OWNER SIGNATURE

PRINTED NAME	TITLE	D A T E
PHONE (AREA CODE REQUIRED)	EMAIL	

MAIL COMPLETED COPY TO: TANNEY COUNTY REGIONAL SEWER DISTRICT
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FORSYTH, MO 65653