

TANEY COUNTY REGIONAL SEWER DISTRICT

6733 E State Highway 76 Kirbyville, MO 65679

TANEY COUNTY REGIONAL P: 417-544-0655 F: 417-544-0654

SEWER DISTRICT Website: www.tcrsd.org

OFFICIAL USE ONLY							
FEES PAID							
INSPECTION		DATE					
PERMIT							
NUMBER		DATE					
INSPECTOR	INSP. INITIAL	FINAL INSP. DATE					
ADMINISTRATIVE APPROVAL							
SIGNATURE			DATE				

CENTRAL SEWER EXTENSION APPLICATION

NOTE: PLEASE READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECTION 1 - PROJECT INFORMATION									
1.1 NAME OF PROJECT		COUNTY							
PHYSICAL ADDRESS	CITY	STATE	ZIP						
1.2 LEGAL DESCRIPTION									
SUBDIVISION	LOT	BLOCK							
COUNTY ROAD NAME	STATE HWY ACCESS								
PARCEL NO.	TYPE OF STRUCTURE ☐ FRAME ☐ MOBILE HOME ☐ RV								
TRACT SIZE	ACREAGE SQ. FT								
1.3 PROJECT COMPONENTS (CHECK ALL THAT APPLY)									
☐ GRAVITY SEWERS ☐ PUMPING STATIONS ☐ FORCE MAINS	☐ ALTERNATIVE SEWER SYSTEM ☐ C	THER							
IF OTHER, PLEASE DESCRIBE HERE									
1.4 DESIGN INFORMATION									
POPULATION OR NUMBER OF LOTS TO BE SERVED BY THIS EXTENSION	1								
ESTIMATED FLOW TO BE CONTRIBUTED BY THIS EXTENSION									
DESIGN AVERAGE FLOW GPD	DESIGN PEAK FLOW	GPD	GPM						
INDUSTRIAL WASTES TYPE	FLOW		GPD						
RECEIVING SEWER SIZE INCHES	CAPACITY		GPD						
1.5 UTILITIES									
RESIDENTIAL COMMERCIAL REQUIRED: TYPE OF COMMERCIAL USE: AND, PLEASE NOTE, AN ENGINEERING EVALUATION MAY BE REQUIRED.									
WATER SUPPLY ☐ PWSD #1 ☐ PWSD #2 ☐ PWSD #3 ☐ AMERICAN WATER ☐ LIBERTY WATER ☐ PRIVATE SUBDIVISION									
PRIVATE WELL (IF PRIVATE WELL, PLEASE SPECIFY WITH SKETCH)									
ELECTRIC COMPANY] PRIVATE								
1.6 CAPACITIES & ESTIMATED FLOW									
AVERAGE GALLONS PER DAY FROM CAPACITY FEE SCHEDULE									
SECTION 2 - PROJECT	OWNER INFORMATION								
LAST NAME	FIRST NAME		MI						
ADDRESS/POB	CITY	STATE	ZIP						
PRIMARY PHONE (AREA CODE REQ'D)	CELL	ADD'L							
CURRENT EMAIL									
CONTACT PERSON COMPANY	TITLE								
LAST NAME FIRST NAME	ΛΕ F	PHONE							
SECTION 3 - ENGINEER INFORMATION									
COMPANY NAME									
LAST NAME	FIRST NAME		MI						
ADDRESS/POB	CITY	STATE	ZIP						
PRIMARY PHONE (AREA CODE REQ'D)	CELL	ADD'L							
CURRENT EMAIL									

SECTION 4 - CONTRACTOR INFORMATION									
COMPANY NAME									
LAST NAME		FIRST NAME				MI			
ADDRESS/POB		CITY		STA	TE	ZIP			
PRIMARY PHONE	(AREA CODE REQ'I) CELL		ADD)'L				
CURRENT EMAIL									
IS THE CONTRACTOR'S BOND AND PROOF OF LIABILITY INSURANCE ON FILE? PROOF OF GENERAL LIABILITY CONTRACTORS BOND									
	N 5 - RECEIVING WAS	TEWATER TREA	ATMENT FACIL	ITY					
NAME									
PHONE (AREA COD	7 1763		EMAIL						
MISSOURI STATE OPERATING PERMIT #	DESIGN AVERAG	SE FLOW (GPD)	REMAINING CA	APACITY (GPD)					
5.1 HAS THE RECEIVING TREATMENT FACILITY	AGREED TO ACCEPT TI	HE ADDITIONAL V	VASTEWATER FI	_OW? ☐ YES	s \square	NO			
5.2 HAS A LETTER FROM THE RECEIVING WASTEWATER TREATMENT FACILITY OR THE CONTINUING AUTHORITY AND RECEIVING WASTEWATER TREATMENT FACILITY ACCEPTANCE FORM, IF DIFFERENT THAN THAT OF THE CONTINUING AUTHORITY, INCLUDED WITH THIS APPLICATION?									
S	SECTION 6 - PROJECT	OWNER CERTI	FACATION						
I HEREBY CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION PROVIDED IN THIS APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS ACCURATE, COMPLETE, AND TRUE. IF THIS PERMIT IS GRANTED, I AGREE TO COMPLY WITH THE MISSOURI CLEAN WATER LAW AND ALL REGULATIONS, RULES, ORDERS, AND DECISIONS OF THE DISTRICT. ADDITIONALLY, I AFFIRM MY FAMILIARITY WITH THE REQUIREMENTS OUTLINED IN THE DISTRICT DEVELOPMENT GUIDE.									
OWNER SIGNATURE									
PRINT NAME	TITLE]	DATE					
PHONE (AREA CODE REQ'D)	EMAIL		1						
TANEY COUNTY REGIONAL SEWER DISTRICT 6733 E STATE HIGHWAY 76 KIRBYVILLE, MO 65679									