



# CASS COUNTY, MISSOURI

## Building Codes, Environmental Health, And Zoning Department

30508 S. West Outer Road, Harrisonville, MO 64701  
P- (816) 380-8134 F- (816) 380-8130

Last Updated September 26, 2025

### **Cass County On-Site Sewage disposal system repair/replacement permit application**

In order to process your application for an On-Site Sewage disposal system repair/replacement permit the following information, is required to be submitted at the time of application. Applications cannot and will not be accepted electronically, by mail or by machine. Completed application and all associated information must be made at the Cass County building codes department by the applicant/permit Holder.

**Before making application, please check with the Building Codes, Environmental Health, and Zoning office for any changes or revisions to this application packet.**

1. A completed permit application questionnaire provided as a part of this packet. All information requested on the application questionnaire is required to be answered. It is the applicant's responsibility to provide the following information as our staff are unable to assist in obtaining the information.
  - Fire District
  - Water District
  - School District
2. The complete legal description of the property on which the system is to be constructed.
3. A Plot plan showing all information required below.
4. Site Evaluation form.
5. Soil Data at site location. Soil Morphology must be performed by a soil scientist.
6. Details showing the typical cross section dimensions of the absorption trench including but not limited to depth, width, size, type, and depth of gravel; size, type and depth of pipe or chamber; depth of fill; type of restrictive layer (landscaping fabric, fiberglass, paper, etc.)
7. Completed Application
8. Application fee in the amount of \$300.00 (exact cash, check, Money Order or credit/debit card. All card transactions will be subject to an additional service fee) is due upon making application.

NOTE: All plans, specifications and other information which is required to be submitted will be retained by the Cass County, Missouri Building Codes, Environmental Health, and Zoning Department as a part of the public record concerning a building permit or building permit application and **will not be returned** to an applicant. If any of the documents, which are submitted, are needed for an applicants use, copies should be made before submitting the documents to the building codes office.

**Work shall not be started until a permit has been issued!**

By being the permit applicant/ permit holder you are taking full responsibility for the Onsite Sewage project. You being the permit applicant/ permit holder will be the point of contact for all issues regarding the project from start to finish. Incomplete plans and specifications may not be accepted or if plans are incomplete and require more than one hour of review time additional fees may be assessed at the rate of \$122.00 per hour with a minimum of one-half hour charge being assessed. The information which is being requested in this letter is a part of the building codes department plan review check list and plans which do not contain all requested information may be rejected and a delay in issuance of your building permit may result.

Major changes made to plans after a plan review has been completed are subject to an additional plan review fee of \$122.00 per hour minimum of one half hour.

## PLAN REQUIREMENTS:

1. Plans will **NOT** be accepted by electronic means. All plans for the project shall be of the same size.
2. Details showing the typical cross section dimensions of the absorption trench including but not limited to: depth, width, size, type, and depth of gravel; size, type and depth of pipe or chamber; depth of fill; type of restrictive layer (landscaping fabric, fiberglass, paper, etc. )
3. Soil Data / site evaluation at site location. Soil Morphology must be provided by a soil scientist.
4. Soil test must correlate with Septic system design.
5. In-ground Septic Systems must have area for proposed system to be installed as well as a replacement area equal to or greater than current proposed system absorption area.
6. Evaporation ponds must meet County setback regulations.
7. Evaporation ponds cannot be located on properties less than 5 acres in size.
8. Evaporation ponds shall not be located in front of a residence and must indicate distance from neighboring residence (minimum of 200 feet).
9. Class 1 NSF approved aeration tanks are required for Evaporation Ponds.
10. We reserve the right to require a Soil Morphology test be performed at our discretion.
11. We reserve the right to require plans to be designed and sealed by a Missouri Registered Engineer.
12. Plans must indicate existing utility lines and easements.
13. Plans must indicate all road and ingress / egress easements.
14. Plans must indicate existing or proposed swimming pools.
15. Plans must indicate existing or proposed drives, parking lots or other paved or gravel surfaced areas.
16. Systems shall be designed at 150 gallons per bedroom per day.
17. A Septic System Design prepared by the installer or Missouri Registered Engineer to include all of the following information:
  - a) Lot lines, dimensions and total lot area or acres
  - b) North arrow
  - c) Any easements shall be shown with their established dimensions.
  - d) Show planned location of new building and septic system provide setback dimensions between proposed building and all property lines and any existing buildings. For setback requirements please contact our office.
  - e) Indicate location of: Tank(s)      Absorption Field      Serial Dist (land Block)      Flat lot Layout  
Total Absorption Area      Easements      No. of Trenches      Trench Width  
Trench Depth      Tank Geological Features      Soil Morphology Pits or Percolation Holes  
Indicate direction of surface drainage      Springs, sinkholes and caves
  - f) Proposed and/or existing wells (in use or abandoned)
  - g) Flowing or intermittent streams or watercourses, ponds, lakes and floodplain boundaries
  - h) Any other conditions which may affect the design or performance of the system
  - i) Slope of ground surface across absorption field area. Spot elevations or topographic contours may be used. Show Grade to nearest ½ percent.

NOTE: Actions or representatives of the administrative authority engaged in the evaluation and determination of measures required to effect compliance with the provisions of this rule shall in no way be taken as a guarantee or warranty that sewage treatment and disposal systems approved and permitted will function in a satisfactory manner for any given period of time.

This information may or may not be all that is required for each individual Onsite Sewage design. If additional information is required during the review process the permit applicant or designated design professional will be contacted.



**CASS COUNTY BUILDING CODES,  
ENVIRONMENTAL HEALTH  
AND ZONING DEPARTMENT**

Permit #. _____ OFFICE USE ONLY
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**ON-SITE SEWAGE PERMIT  
APPLICATION QUESTIONNAIRE**

Date of Application: \_\_\_\_\_

**All information must be complete before making application.**

**Property Information**

911-Address					
Post Office		Sec/Twn/Rng		Property Area	(acres)
Lot #		Subdivision			
Fire District		Water District		School District	
Electrical Supplier		Electrical Service Rating	(amps)		

**Property Owners Information**

Owner's Name					
Owner's Address					
City / State / Zip					
Contact #		E-Mail			

**On-Site Sewage Disposal System Information**

System is	Replacement		Repair			
System Serves		# of Bedrooms		# of Bathrooms	Full	Half
Percolation Rate						(min/inch)
Soil Morphology	Soil Type		Soil Texture		% Clay	
Application Rate		System to be used				
Sewage Tank Type		Liquid Capacity	(gal/GPD)			
Square Footage of Lateral Field		Septic		Aerated		
NSF Class I	Yes		No		Distance From	House
					Well	
Waste Stabilization Pond	Dimensions( length x width or Diameter)					
Total water surface Area Square ft			Working Depth			
Pond Seal			Equip Used			

Percolation Tester / Soil Scientist \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Alternate Number \_\_\_\_\_  
 E-mail \_\_\_\_\_

On-Site Sewage System Installer \_\_\_\_\_ Registered  Yes  No  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_ Installer ID # \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Alternate Number \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 \_\_\_\_\_  
 Design Professional/ Discipline \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Alternate Number \_\_\_\_\_  
 E-mail \_\_\_\_\_

**Permit Applicant Information**

Applicant Tax ID # / Drivers License #			
Applicant Name			
Applicant Address			
City / State / Zip			
Phone		Mobile	
Fax		Alternate Phone	
Applicant's Position	Installer <input type="checkbox"/>	Owner <input type="checkbox"/>	Authorized Agent <input type="checkbox"/>

By signing this form you are taking FULL Responsibility for On-Site Swage System Installation as well as the Property owner confirms and agrees that the Locations of proposed system components and any conditions described may not be altered without prior written approval of the Flood Plain Administrator, and that the county is hereby granted authorization to enter upon the subject property, following reasonable notification to the Owner and/or agent, to confirm the conditions of this permit.

Signature of Installer or Authorized Agent

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

**OFFICE USE ONLY BELOW**

This property has been reviewed by the County Flood Plain Administrator to evaluate the relationship of the project to any potential flood issues as indicated in the current NFIP mapping system. The results are:

The  Residence  septic system appears to be located in the area designated as subject to a 1% Annual Chance of Flooding.

The  Residence  septic system DOES NOT appear to be located in the area designated as subject to a 1% Annual Chance of Flooding.

Conditions: \_\_\_\_\_

\_\_\_\_\_  
Cass County Flood Plain Administrator

\_\_\_\_\_  
Date

Construction Inspection Approval		Pump Tank Inspection		Lagoon Fence Inspection	
Date	EPHS Initial	Date	EPHS Initial	Date	EPHS Initial