

Warren County Sanitarian 101 Mockingbird Lane, Ste 201 · Warrenton, MO 63383

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REQUEST FOR EXISTING ON-SITE SEWAGE INSPECTION	
Date:	nplete in full*** Receipt/Permit #/ Parcel ID #:
Present Owner:	
Name:	Phone:
Address:	City:
Site address and exact directions from Warrenton for pro	
<u>General Information</u> #Bedrooms: #Baths:_ Automatic Dishwasher: <u>yes/no</u> Garbage Disposal: <u>yes</u>	Basement Drain: <u>yes/no</u>
Well Information County Water: yes/no Well: yes Number of homes served by well:	/no Cistern: <u>yes/no</u>
Individual Waste Water System Last Date Septic was Size of tank: Length/Size of drain-field:	pumped: Year Constructed _ Contractor/Installer:
All information contained in this request is true and a (<u>DO NOT</u> sign unless notarized or witness by employee of t	
Signature of Owner or Agent:	
Witness:	
Office Use Only: Inspection Site Visit Notes	
*** If your sewage system does not pass inspection, yo	u will be issued a sewage violation. Based on
Ordinance 2003-03, Section 19, paragraphs 19.2 and 19.3, you will have from 30 days (minor	
repair) to 180 days (major repair) to correct the violat	ion.