## STONE COUNTY HEALTH DEPARTMENT ENVIRONMENTAL SERVICES

 $109 \text{ E. } 4^{\text{TH}} \text{ ST. GALENA, MO. } 65656 \text{ / } 417\text{-}357\text{-}8200 \text{/FAX } 417\text{-}357\text{-}6031$ 

## PROPERTY TRANSFER CERTIFICATE APPLICATION FORM

\*\*Please include the following items\*\*

- ✓ Parcel ID#
- ✓ Statement from the current property owner regarding the present operational status of the onsite wastewater system.
- ✓ Onsite Wastewater Treatment System (OWTS) Pumping Receipt. (If report requires pumping.)
- ✓ \*OWTS Inspection Report Form (from a certified inspector)
- ✓ Name & phone number of inspector
- ✓ Maintenance contract/agreement for advanced OWTS.
- ✓ A non-refundable certificate fee of \$25.00.

PLEASE PRINT ALL INFORMATION:

## Seller's Name: Buyer's Name: Property Address: City: Zip Contact Phone #: Parcel ID#: Name & Phone # of Inspector Size of the property in acres (rounded to the nearest tenth acre 1/10): Type of water supply: Type of existing building or structure (if commercial, list all uses or tenants): Number of bedrooms in the dwelling, including one bedroom per every 600 sq. ft. of unfinished living area:

\*The inspection report must be filed with The Stone County Health Department within 90 days to acquire a property transfer certificate.