

**STONE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL SERVICES
109 E. 4TH ST. GALENA, MO. 65656 / 417-357-8200/FAX 417-357-6031**

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.