

**HOWARD COUNTY ENVIRONMENTAL HEALTH
PERMIT APPLICATION
ON-SITE WASTEWATER TREATMENT AND DISPOSAL
SYSTEMS**

Application for permit to install, construct, alter, extend, replace, or reconstruct.

Owner name: _____
Address: _____
Telephone: _____

SITE INFORMATION

Site location: _____
Section: _____ Township: _____

SITE ANALYSIS

Soil type: _____ Flood plain: _____ yes _____ no
DISTANCE FROM:
Nearest well _____ Lot line _____ Lake, Pond, Stream _____
DEPTH TO:
Ground water _____ Bedrock _____

SIZING INFORMATION

Proposed _____ Existing _____
Residential _____ Commercial _____
Single-family _____ Multi-family _____
No. of bedrooms _____
No. of occupants _____

SEPTIC TANK INFORMATION

Capacity _____ gallons
Compartments _____
Type of tank _____ (concrete, plastic, etc.)
Manufacturer _____

SECONDARY TREATMENT

Percolation test _____ yes (see attachment) _____ no
Type of system _____
No. of laterals _____
Length of laterals _____ Total length _____
Trench width _____
Trench depth _____
Depth of rock _____
Reduction applied _____ yes _____ no

CONTRACTOR INFORMATION

Company name _____
Installer _____
Address _____
Telephone _____

Construction date: _____ mo. _____ yr.

A drawing of the on-site wastewater system complete with measured footage is to be provided to Howard County Environmental Health upon completion of the construction project.

I certify that the information provided is true and the system will be constructed in accordance with Iowa Code, Chapter 69 and Howard County Ordinance No. 5, as stated in this application. Any and all changes to the system herein described require approval of the Environmental Health Officer.

Owner signature: _____

Howard County Environmental Health does not warrant or guarantee the use or effectiveness of this residential on-site wastewater treatment system.

Office use only:

Permit no. _____
Date paid _____ Amt. Paid _____

Approved by: _____