

DES MOINES COUNTY
APPLICATION FOR SEWAGE DISPOSAL SYSTEMS PERMIT

City _____ Township _____

Address or Legal Description of Septic Location: _____

Property Owner Name/Address/Phone: _____

Applicant Name/Address/Phone: _____

STATUS OF DWELLING: Proposed _____ Under Construction _____ Existing _____ Lot Size _____

Basement _____, Slab _____, Crawl Space _____, Number of Units _____, Number of Occupants _____

Number of: Bedrooms _____, Toilets _____, Bathtubs/Showers _____, Lavatories _____

Other Items: Dishwasher _____, Garbage Grinder _____, Water Softener _____, Hot Tub/Jacuzzi _____

OTHER STRUCTURES ON PROPERTY: _____

WATER SUPPLY: Private _____, Semi-Private _____, Public _____

ATTACH: Scale drawing showing layout of proposed structure/alteration, including all building. Soil percolation analysis or Soil analysis. Site map.

I certify that to the best of my knowledge, the above information is correct, that all proposed work as indicated will be completed in accordance with the Des Moines County regulations before the facilities are placed in operation, and that adequate maintenance procedures will be followed. It is understood that the local board of health may require a connection to a public sewer when one becomes available in the future. Des Moines County, by issuance of this permit and performance of related inspections, does not warrant the performance of this sewage disposal system, nor that it be free from defects. Permits expire one year (six months if complaint based) from date issued.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

DATE PERMIT ISSUED _____ PERMIT NUMBER: _____

SEPTIC TANK SIZE _____ gallon minimum _____ gallon **RECOMMENDED**

Conventional Trench/Chamber: _____ lineal feet @2 foot wide **OR** _____ lineal feet at 3foot wide **OR**

Sand filter: _____ square feet undosed **OR** _____ square feet siphon dosed **OR** _____ Square feet Pump dose **OR**

Trench Mound _____ lineal feet **OR** Graveless Pipe _____ lineal feet **OR** Advantex system _____ **OR**

Peat Moss Biofilter, _____ **OR** Other _____

Contractor Name & Phone Number: _____

Contractor Signature: _____ Date: _____

By signing above, I the contractor certify that I have installed this system per Iowa Code Chapter 69 and Des Moines County Regulations.

Approved by: _____ Date: _____

Des Moines County Authorized Representative

Final Inspection done by: _____ Date: _____

Des Moines County Authorized Representative

ATTACH SCALE DRAWING SHOWING LAYOUT INCLUDING BUILDINGS, DISTRIBUTION BOX, ABSORPTION FIELD, LATERAL LAYOUT AND WELL LOCATION. TRIANGULATE TO AT LEAST TWO POINTS FOR THE LOCATION OF THE DISTRIBUTION BOX.

PERMIT FEE: \$500.00

PAYABLE TO: DES MOINES COUNTY TREASURER

DES MOINES COUNTY BOARD OF HEALTH

MAIL TO: Des Moines County Public Health, 522 North 3rd St. Burlington, IA 52601

Telephone: 319-753-8290

IMPORTANT: CALL 24HRS IN ADVANCE BEFORE YOU START EXCAVATION, COMPLETE INSTALLATION, KEEP ALL EXCAVATION OPEN UNTIL FINAL INSPECTION.