

APPLICATION FOR PRIVATE SEWAGE DISPOSAL SYSTEM
Dickinson County Board of Health

Date _____

Name of Owner _____ Phone: _____

Address of Owner _____

Site Address _____

Lot Description/Legal Description Qtr. _____ Section _____ Twp. _____ N. Range _____ W _____

Total Number of Bedrooms _____

Name of Contractor _____ Phone: _____

Type of System Planned _____ Width of Trench (Ft.) _____

PERCOLATION REPORT-Attached the Percolation Test Procedure-Complete the following if this method was utilized

Date _____ Minutes Per Inch _____ By Whom _____

Soil Characteristics Analysis _____
(Done by County Office)

Attach a site plan of the site showing the planned area of the sewage disposal system.

It is the responsibility of the installer and owner of the property that all construction will conform to Chapter 69 Private Sewage Disposal Systems, Iowa Administrative Code. Installation will not begin until a permit is issued. The county office will be contacted at (712) 336-2770 ext. #2, within 48 hours in advance of installation to schedule a site visit.

Fee of \$150.00 attached hereto, payable to Dickinson County Treasurer.

Owner Signature _____ Date _____

Construction Completed _____ Sanitarian _____

An as-installed drawing of the system WILL BE DONE BY Dickinson County Environmental Health Office upon completion of the project. Photos are recommended but not required.

Minimum Requirements:

- (Completed by County Office) _____ Gal. Septic Tank
- _____ Distribution Box
- _____ Drainfield Type & Feet
- _____ Width of Trench