

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.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Checks to be made payable to **Dickinson County Zoning** Check # \_\_\_\_\_ Cash \_\_\_\_\_

Construction Completed \_\_\_\_\_ Sanitarian \_\_\_\_\_

***An as-installed drawing of the system WILL BE DONE BY the Contractor or Homeowner upon completion of the project. Photos are recommended but not required.***

Minimum Requirements:

(Completed by County Office) \_\_\_\_\_ Gal. Septic Tank  
\_\_\_\_\_ Distribution Box  
\_\_\_\_\_ Drain field Type & Feet  
\_\_\_\_\_ Width of Trench