

Calhoun County Environmental Health  
501 Court Street • Rockwell City, Iowa 50579  
Telephone 712-297-8323 • Fax 712-297-7530

**Application for a permit to install or repair a private waste water treatment system. Complete ALL areas of the application before submission to the Department. Incomplete applications will not be approved.**

Permit fee is \$ 150.00 due prior to installation  Paid

New System  Repair Existing System  Time of transfer Permit \_\_\_\_\_ (valid for 1 year)

Name of Owner: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Description: 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_

Installer \_\_\_\_\_ Phone \_\_\_\_\_

### Building Information

#### Residential Dwelling:

Number of Bedrooms  Number of Bathrooms  Garbage Disposal  
 Whirlpool  Water Softener  Walk-out Basement  
 Basement Fixtures? If yes, is drainage by gravity or pump? \_\_\_\_\_

**ALL GREY WATER MUST GO INTO THE SEPTIC SYSTEM!** A licensed plumber must do all work within the house. If a separate plumber is doing this work, please name here: \_\_\_\_\_

#### Commercial Building:

Building Type \_\_\_\_\_ Number of Employees \_\_\_\_\_ Design Flow \_\_\_\_\_ gallons/day  
List fixtures in building \_\_\_\_\_

#### Water Supply

Public  New Private Well  Existing Private Well  Heat Pump Well  
If private well, distance from well to septic tank? \_\_\_\_\_  
Distance from well to distribution lines? \_\_\_\_\_

#### Soil Evaluation \_\_\_\_\_ or

Percolation test results (minimum of 3 required)

Date \_\_\_\_\_ Min/inch average: \_\_\_\_\_ 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

#### Septic Tank

Tank manufacturer: \_\_\_\_\_ Tank capacity: \_\_\_\_\_ gallons

Distance between building and septic tank \_\_\_\_\_ Tank is 2 compartment and treated

Watertight risers installed to surface  Secured by \_\_\_\_\_ Filter \_\_\_\_ yes \_\_\_\_ no

How will old tank be abandoned if one exists?  pumped then filled  removed  pumped and caved in

Pumped by: \_\_\_\_\_ License # \_\_\_\_\_ Location: \_\_\_\_\_

**Absorption Field**

Type of leech field:  Gravel  Graveless  Chamber T installed in D Box   
Width of pipe/chamber \_\_\_\_\_ Depth of Trenches \_\_\_\_\_  
Length of each distribution line (must be equal) \_\_\_\_\_ Number of Lines \_\_\_\_\_  
Total footage of lines \_\_\_\_\_ Distance from property lines \_\_\_\_\_

**Contractor**

I certify that, to the best of my knowledge, the above information is correct, that all proposed work will be completed in accordance with Chapter 69 of the Iowa Administrative Code, and that maintenance procedures will be given to the property owner. **The Env. Health Manager will be notified at least 8 working hours in advance, between 8:30 am and 4:30 pm, that the site is ready for final inspection prior to being covered.** The Board of Health may require the landowner to connect to a public sewer system when one becomes reasonably accessible. The Calhoun County Board of Health, by issuance of this permit and performance of related inspections, does not warrant the performance of this sewage disposal system, nor that it is free from defects.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: Attach a separate sheet containing a sketch of the site plan showing the following items as applicable: 1)**

**1) Lot and buildings with dimensions 2) yard dimensions around house 3) Road(s) 4) Driveways 5) Outbuildings 6) Streams, ravines 7) Existing or proposed well(s) and water lines 8) Footing or farm drain tiles 9) Location and lay out of proposed sewage system (show tank, fields, pump station, discharge points, etc.) 10) Indicate maximum depth of fields 11) Show wells or septic systems on adjacent properties if known or applicable. **Minimum distances:** 10 feet between house and septic tank; 50 feet between well and septic tank; 100 feet between well and septic absorption field, 10 feet from property lines and any water lines under continuous pressure. See code for more items and distances.**

**FINAL INSPECTION**

Date \_\_\_\_\_ Signature of Inspector \_\_\_\_\_

List any needed changes to the above information as designed: