



Application for a Permit to Install or Modify an Onsite Sewage Disposal System

Property Owner _____ Phone (H) _____ (W) _____
Address _____ City _____ State _____ Zip Code _____
Property Location _____

Has this property ever been previously denied for a permit? Yes No Date _____

Facility is New Existing Lot Size _____ Acres /Sq. Ft. Water Source _____

Type Facility Residence Other _____

Number of Bedrooms _____ Number Individuals Served _____ Design Daily Flow _____ gpd

Deed Recorded in Deed Book _____ Page _____ County Tax Map _____ Parcel No. _____

Subdivision Name _____ Approval No. _____ Section _____ Lot _____

The minimum lot size or area reserved for a sewage disposal system in a subdivision may vary based on the date the subdivision was created. On lots created after July 1, 1970, permits for individual sewage disposal systems shall be withheld until a subdivision approval has been granted which indicates that such systems may be expected to comply with applicable design standards on all proposed building lots contained within the original tract.

To the best of my knowledge, the information provided on this application is true and I understand that I am responsible for informing the sewage system installer of the existing or proposed locations of sewage systems and water sources including wells. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing or proposed sewage systems or wells if presently unknown to me.

Date: _____ Signature of Owner: _____

Sewage Disposal System Information

Application is for a permit to: Install Modify

Check all that apply: Septic Tank Absorption Field Holding Tank Pit Privy Vault Privy

Alternative System (attach detailed plans) Chemical/Composting Toilet Other _____

Percolation Test: Test Holes #1 _____ mins. #2 _____ mins. #3 _____ mins. #4 _____ mins.
Total Minutes = _____ Divided by 24= _____ Average time for water to fall one inch.

Six-foot hole is free of water or solid rock? Yes No Test conducted on (date) _____

I hereby certify that the percolation test was conducted in accordance with the procedures outlined in the Sewage Treatment and Collection System Design Standards, 64CSR47. Notice: all homeowner installers must pass a certification examination administered by the Local Health Department prior to conducting perc testing.

Date: _____ Signature of Certified Installer: _____

For Health Department Use: Coordinates N _____ W _____ Date Rec'd _____

Site Eval _____ By _____ Date Fee Pd _____ Rec'd From _____

Permit Issued Denied Permit # _____ Comments _____

Septic Tank: Capacity (gallons) _____ Material _____ Top Seam or Mid Seam
Manufacturer _____ Outlet Filter Used? Yes No Manufacturer _____

Drain Field: Materials: Gravel Gravelless Pipe Chambers Other _____ Brand _____
300 ft²/BR 400 ft²/BR Other _____ No. Bedrooms _____ X _____ ft²/BR = _____ total ft²
No. Lines _____ Length of Lines (ft) _____
Trench Width (ft) _____ Average Depth _____ Max Depth _____ Pipe ASTM No. _____
Effluent distribution (check all that apply): Distribution Box Serial Pump dosed Siphon dosed
If Absorption Bed: Length (ft) _____ Width _____ If chambers: # Used _____ Brand _____

Separation Distances (ft) Septic tank to: Bldg Foundation _____ Property Line _____ Water Supply _____
Absorption field to: Bldg Foundation _____ Property Line _____ Water Supply _____

Draw a sketch of the property showing any existing or proposed well locations, the location of all structures, property line locations, and the proposed sewage system as it is to be installed. Show all structures and facilities to be served by on-site sewage on the lot.

Design Sketch:

Certified Installer _____ Telephone _____
Business Address _____
Certification No. _____ Exp. Date _____
Contractor's License No. _____ Exp. Date _____ Issued to _____

I hereby certify that the installation or modification of all parts of the sewage disposal system, including required material standards, will be done in compliance with the Sewage Treatment and Collection System Design Standards Rule, 64CSR47, and appropriate manufacturer's recommended procedures and practices.

Date: _____ Signature of Certified Installer: _____