

ENVIRONMENTAL HEALTH

ON-SITE WASTE WATER TREATMENT AND DISPOSAL SYSTEM APPLICATION

<p><u>Decatur County Public Health</u> 1502 NE Poplar St. Leon, IA 50144 641-446-6518 Web site: www.clarkecountyiowa.org Greg Kent-Field Specialist clarkees2@iowatelecom.net 641-414-2044</p>	<p><u>Ringgold County Public Health</u> 119 South Fillmore Mt Ayr, IA 50854 641-464-0691 Web site: www.ringgoldcoia.org Allan Mathias, Director clarkees1@iowatelecom.net 641-414-0191</p>	<p><u>Clarke County Board of Health</u> 100 S. Main St Osceola, IA 50213 641-342-6654 Web site: www.clarkecountyiowa.org Jessica Ericson- Field Specialist clarkees3@windstream.net 641-203-6545</p>
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Property Information

Owner _____ County _____

Mailing address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

911 address (or address of location of site) _____

Address _____ City _____ State _____ Zip _____

Size of Parcel or Lot _____ Number of Buildings on Parcel or Lot _____

Section _____ Township _____ Parcel Number _____

Best route to get to site _____

Contractor Information

Name of Company _____ Address _____

City _____ State _____ Zip _____ Phone _____

System Information

Type of Treatment System Planned _____ Other Types of Systems: Greywater System _____ Outdoor Privy _____

Public Sanitary Sewer within 200 feet of site Yes _____ No _____

Type of Dwelling _____ New _____ Existing _____

Home _____ Manufactured Home _____ Commercial (type) _____ Other _____

If Commercial or some structure other than a home, attach an Application for a Business Site

Any Easements Yes _____ No _____ Unnecessary _____

Number of Bedrooms _____

Requirements:

_____ I understand that surface discharge systems, to waters of the state, require effluent sampling and that a Notice of Intent for a NPDES Permit shall be completed and submitted to the DNR. Frequency of sampling depends on the type of system installed. Some systems also require maintenance agreements. It is currently the homeowner's responsibility to see that their systems are sampled and that maintenance agreement is in current and recorded.

_____ Soil Analysis or Percolation Test Result (Required for Absorption Systems): A copy of the soil analysis or percolation test showing the location, depth, results of each hole, and required footage shall accompany this application, if laterals are planned.

_____ I certify that the information provided on this application is correct and that all work will be completed in accordance with the Board of Health Rules and Regulations. The County does not represent nor warrant the operation or proper functioning of any system for any period of time.

Fees – (Non-Refundable):

First and second permit-\$175.00 (Ringgold subsequent permits-\$500.00) **FEES ARE NON-REFUNDABLE**

Checks payable to the county to which you reside, as listed below: - FEES ARE NON-REFUNDABLE

Decatur County Public Health -- Ringgold County Public Health -- Clarke County Environmental Health

Application Signature		Date		
For Official Use Only				3-10-11
Permit Number	Permit Issued	Issued Date	Fees Paid	Check Number