Mitchell County Public Health
Environmental Health
415 Pleasant St
Osage, Iowa 50461
641-832-3500

Septic System Construction Application

APPLICATION FOR A PERMIT TO INSTALL, CONSTRUCT, ALTER, EXTEND, REPLACE, OR RECONSTRUCT A RESIDENTIAL ON-SITE WASTEWATER DISPOSAL SYSTEM

IMPORTANT: Please complete Page 1 only and return the completed application to Mitchell County Public Health with the required $200 application fee.

Application # (Assigned by Administrative Authority) _____

Applicant's Name: _____

Property Address: _____

_____

Mailing Address (if different from above): _____

_____

Parcel Number: _____

Lot Size: _____

Section, Township, Range: _____

Telephone Number: _____

Email Address: _____

This Dwelling Is: New Construction _____ Existing Construction _____

Number of Bedrooms: _____

Septic System Construction Is: New_____ *Replacement____ *Repair_____ *Alter_____

(*) Explain: _____

_____

I certify that the above information is true, and that the system will be constructed according to the State Department of Health rules, Mitchell County Board of Health regulations, and as stated in this application. I will request permission of the Mitchell County Sanitarian before making any changes to this system. The Mitchell County Board of Health does not warrant or guarantee the use or effectiveness of this proposed residential on-site sewage disposal system.

_____ _____

Signature of Applicant Date of Signature

Payment Date: _____ Check #: _____

FOR OFFICE USE ONLY

Contractor and/or Business: _____

Telephone #: _____

Septic Tank Details:

Material: _____

Capacity (Gallons): _____

Compartments: _____

Lateral Details:

Number and Length of Laterals: _____

Trench Depth: _____

Type of Installation:

Infiltrator: _____

Tile: _____

Sand Filter: _____

Soil Type: _____

Distance to Groundwater from Surface: _____

Nearest Limiting Layer: _____

Nearest Well: _____

Nearest Lake, Stream, Pond, or Waterway: _____

Nearest Lot Line: _____

Percentage of Slope on Site: _____

Does Site Lie in The Floodplain: _____

Tank GPS Coordinates: _____

Distribution Box GPS Coordinates: _____

Lateral #1 GPS Coordinates: _____

Lateral #2 GPS Coordinates: _____

Lateral #3 GPS Coordinates: _____

Lateral #4 GPS Coordinates: _____

On the back of this application or on a separate sheet, provide a diagram describing the building served, the sewer line, the septic tank, absorption field, and all other relevant parts of the system.

I certify the above information is true and correct.

_____

Sanitarian Signature

_____

Date of Signature

Permit Date Made & Sent: _____

Post Installation Packet Made & Sent: _____