APPLICATION FOR ON-SITE WASTEWATER TREATMENT SYSTEM

UNION COUNTY ENVIRONMENTAL HEALTH FAX: (641)-782-6492 1701 COMMERCE RD.
Louis E. Boeckman, Environmental Specialist Phone: (641)-782-7803 CRESTON, IA 50801

PLEASE PRINT CLEARLY

Applicant Information: *(Property or Business Owner)*

_____ _____ _____
Business Name *Business Phone* *Cell Phone*

_____ _____ _____ _____ _____
Last Name *First Name* *Home Phone* *Work Phone* *Email*

_____ _____ _____ _____
Mailing Address *City* *State* *Zip Code*

_____ _____ _____ _____
E911 Address of Site *City* *State* *Zip Code*

Property Location:

Lot No. _____ Subdivision Name _____ Parcel No.: _____

Quarter: ☐ NW ☐ NE ☐ SW ☐ SE Section: _____ T. _____ N. R. _____ W. Township Name: _____ Project: _____ _____
No. *Name*

Type of Construction:

Building Type: ☐ Home ☐ Garage or Shop ☐ Business ☐ Other _____ Bedroom No.: ____ Bathroom No.: ____
Gallons per Day: _____ Basement with Shower, Sink or Toilet: ☐ Yes ☐ No

Additional items served by this septic system:

☐ Garbage Disposal ☐ Water Softener ☐ Hot Tub ☐ Sauna ☐ Whirlpool ☐ None

Heat & Cooling System:

Ground Source Heat: ☐ Yes ☐ No
Type: ☐ Loop ☐ Wells

Wells:

Existing Wells within 100 Feet: ☐ Yes ☐ No

(If yes and wells are used, a Well Permit is required.)

System Type: ☐ Proposed or New ☐ Replacement or Repair

Contractor: *Business Name:* _____

_____ _____ _____ _____ _____
Address *City* *State* *Zip* *Phone*

I hereby certify that the above information is correct to the best of my knowledge and I agree that the system shall be installed in accordance with the rules and regulations of the Union County Board of Health and Iowa Administrative Code, Section 567, Chapter 69. I further acknowledge that the system must remain open so that proper inspection and approval can be made by the local Environmental Health and that the system cannot be put into operation until approved.

_____ _____ _____
Applicant *Date* *Expected Construction Date*

Fees: **Payable To: UNION COUNTY TREASURER**

Septic System Construction Permit & Site Analysis: **$125** Permit Issue Date: _____ Permit No.: _____
Soil Analysis: **$175** Check No: _____ Receipt No: _____

(Official Use Only)

Site and Soil Analysis

Map sheet No. _____ Soil Symbol _____
Soil Name: _____
Depth of Limiting Layers *(in.)*: ____ Kind: _____
____ Kind: _____
Depth of Seasonal High Water Table (ft.): _____
Loading Rate (g/sq/ft.): _____ Perc Test (Min/In.): _____

System Requirements

Septic Tank Size (gal.): _____
Type of System: _____
System Notes: _____
Operational Permit: ☐ Yes ☐ No Annual Fee: _____
NPDES Permit # 4: ☐ Yes ☐ No
Easement: ☐ Yes ☐ No
Maintenance Agreement: ☐ Yes ☐ No

Permit Approved: ☐ Yes ☐ No _____ _____ _____
County Official *Title* *Date*