

**DES MOINES COUNTY**  
**APPLICATION FOR SEWAGE DISPOSAL SYSTEMS PERMIT**

City \_\_\_\_\_ Township \_\_\_\_\_

Address or Legal Description of Septic Location: \_\_\_\_\_

Property Owner Name/Address/Phone: \_\_\_\_\_

Applicant Name/Address/Phone: \_\_\_\_\_

STATUS OF DWELLING: Proposed \_\_\_\_\_ Under Construction \_\_\_\_\_ Existing \_\_\_\_\_ Lot Size \_\_\_\_\_

Basement \_\_\_\_\_, Slab \_\_\_\_\_, Crawl Space \_\_\_\_\_, Number of Units \_\_\_\_\_, Number of Occupants \_\_\_\_\_

Number of: Bedrooms \_\_\_\_\_, Toilets \_\_\_\_\_, Bathtubs/showers \_\_\_\_\_, Lavatories \_\_\_\_\_

Other Items: Dishwasher \_\_\_\_\_, Garbage Grinder \_\_\_\_\_, Water Softener \_\_\_\_\_, Hot Tub/Jacuzzi \_\_\_\_\_

OTHER STRUCTURES ON PROPERTY: \_\_\_\_\_

WATER SUPPLY: Private \_\_\_\_\_, Semi-Private \_\_\_\_\_, Public \_\_\_\_\_

**ATTACH: Scale drawing showing layout of proposed structure/alteration, including all building. Soil percolation analysis or Soil analysis. Site map.**

I certify that to the best of my knowledge, the above information is correct, that all proposed work as indicated will be completed in accordance with the Des Moines County regulations before the facilities are placed in operation, and that adequate maintenance procedures will be followed. It is understood that the local board of health may require a connection to a public sewer when one becomes available in the future. Des Moines County, by issuance of this permit and performance of related inspections, does not warrant the performance of this sewage disposal system, nor that it be free from defects. Permits expire one year (six months if complaint based) from date issued.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*FOR OFFICE USE ONLY*

DATE PERMIT ISSUED \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

SEPTIC TANK SIZE \_\_\_\_\_ gallon minimum \_\_\_\_\_ gallon **RECOMMENDED**

Conventional Trench/Chamber: \_\_\_\_\_ lineal feet @2 foot wide **OR** \_\_\_\_\_ lineal feet at 3foot wide **OR**

Sand filter: \_\_\_\_\_ square feet undosed **OR** \_\_\_\_\_ square feet siphon dosed **OR** \_\_\_\_\_ Square feet Pump dose **OR**

Trench Mound \_\_\_\_\_ lineal feet **OR** Graveless Pipe \_\_\_\_\_ lineal feet **OR** Advantex system \_\_\_\_\_ **OR**

Peat Moss Biofilter, \_\_\_\_\_ **OR** Other \_\_\_\_\_

Contractor Name & Phone Number: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing above, I the contractor certify that I have installed this system per Iowa Code Chapter 69 and Des Moines County Regulations.**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Des Moines County Authorized Representative

Final Inspection done by: \_\_\_\_\_ Date: \_\_\_\_\_

Des Moines County Authorized Representative

ATTACH SCALE DRAWING SHOWING LAYOUT INCLUDING BUILDINGS, DISTRIBUTION BOX, ABSORPTION FIELD, LATERAL LAYOUT AND WELL LOCATION. TRIANGULATE TO AT LEAST TWO POINTS FOR THE LOCATION OF THE DISTRIBUTION BOX.

**PERMIT FEE: \$500.00**

**PAYABLE TO: DES MOINES COUNTY TREASURER**

**DES MOINES COUNTY BOARD OF HEALTH**

**MAIL TO: Des Moines County Public Health, 505 Curran St. Burlington, IA 52601**

**Telephone: 319-753-8290**

**IMPORTANT: CALL 24HRS IN ADVANCE BEFORE YOU START EXCAVATION, COMPLETE INSTALLATION, KEEP ALL EXCAVATION OPEN UNTIL FINAL INSPECTION.**