

SEPTIC SYSTEM PERMIT APPLICATION

Henry County Board of Health
 407 S. White, Mt. Pleasant, Iowa 52641
 (319) 385-6724

Date of Contact _____
 Fee Due _____
 Permit Number _____

EXPIRES 12 MONTHS FROM DATE OF PURCHASE

| | | | |
|------------------------|------------|------------------------------|--------------|
| | | HOME | |
| | | WORK | |
| PROPERTY OWNER | | CONTACT PERSON | |
| | | PHONE | |
| CURRENT ADDRESS | | CITY | |
| | | | |
| STATE | ZIP | CONTRACTOR (IF KNOWN) | PHONE |

LOCATION OF STRUCTURE TO BE SERVED: Section _____ Township _____ Range _____ Parcel # _____
 (Indicate if within city limits) Map # _____

| | | |
|---|---|---|
| | | Column below for office use only |
| Number of bedrooms <input type="checkbox"/> 2 = 1250 gallon tank <input type="checkbox"/> 3 = 1250 gallon tank <input type="checkbox"/> 4 = 1500 gallon tank <input type="checkbox"/> 5 = 1750 gallon tank <input type="checkbox"/> 6 = 2000 gallon tank Type of water supply <input type="checkbox"/> rural water <input type="checkbox"/> well <input type="checkbox"/> city | New Construction yes / no Existing Structure yes / no Commercial Use yes / no Easement needed yes / no Discharge ROW yes / no If Commercial Use Name of Licensed Engineer _____ | Time for a 6 inch drop in water level: Hole 1 _____ Hole 2 _____ Hole 3 _____ Hole 4 _____ Hole 5 _____ Total <input style="width: 50px;" type="text"/> Total ÷ 5 = _____ average minutes/hole Ave/hole ÷ 6 inches = _____ min/inch rate DATE: _____ Perc test done by: |

Date and time of presite visit _____

System dimensions: At least a _____ gallon tank and _____ ft sand filter
 Approved by: _____

Rough sketch of site:

Tank Setback Requirements:

- well 50'
- lake 50'
- stream 25'

Field:

- lot line 10'
- water line 10'
- building 10'

- well 100'
- lake 100'
- stream 25'

- lot line 10'
- water line 10'
- building 10'

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