

Poweshiek County Board of Health

Permit to Construct, reconstruct, or alter

Permit Number _____ Existing Permit number if not new structure _____

Property Owner _____ Phone _____

Property Address _____

Section _____ Township _____ Lake _____ Unit _____ Lot _____

Legal Description _____

Owner Address(if different) _____

Contractor _____ Phone _____

Contractor Address _____

Type of structure system will serve _____ Water supply _____

Will system serve a mobile home? Yes No. easement needed for any part of the system? Yes NO

Number of Bedrooms _____ Stools _____ Tubs _____ Sinks _____ Showers _____ Dishwasher _____

Washing Machine _____ Garbage disposal _____

Septic Tank 1250 1500 2000 Other _____

Approved for: Lateral Field Sand Filter Mechanical Size of secondary treatment: _____

Soil Analysis: type of soil(s) _____

Groundwater depth _____ Maximum depth for absorption field _____

Applicant Signature

Contractor Signature

Date Approved _____

Final Inspection _____

_____ Sanitarian

Septic Permit Fee \$150 Site Evaluation/Soil Analysis \$150 Total paid _____