

PERMIT NUMBER: \_\_\_\_\_

FEE \$150

POWESHIEK COUNTY BOARD OF HEALTH  
APPLICATION FOR PERMIT TO CONSTRUCT, RECONSTRUCT OR ALTER  
A PRIVATE SEWAGE DISPOSAL SYSTEM

GENERAL INFORMATION:

OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY, STATE & ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
SECTION \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ LAKE \_\_\_\_\_ UNIT \_\_\_\_\_ LOT \_\_\_\_\_  
TENANT'S NAME IF PROPERTY IS RENTAL \_\_\_\_\_  
CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY, STATE & ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF STRUCTURE TO BE SERVED BY SYSTEM: RESIDENTIAL \_\_\_\_\_ OTHER \_\_\_\_\_  
WEEKEND & VACATIONS \_\_\_\_\_ OTHER \_\_\_\_\_  
NUMBER OF BEDROOMS \_\_\_\_\_ STOOLES \_\_\_\_\_ LAVATORIES \_\_\_\_\_ BATHTUBS \_\_\_\_\_  
SHOWERS \_\_\_\_\_ SINKS \_\_\_\_\_ AUTOMATIC WASHER \_\_\_\_\_ DISHWASHER \_\_\_\_\_  
IF WATER TREATMENT EQUIPMENT IS TO BE USED, WHAT TYPE \_\_\_\_\_  
TYPE OF WATER SUPPLY \_\_\_\_\_ IF PRIVATE: DATE TESTED \_\_\_\_\_  
IS SYSTEM TO SERVE A NEW STRUCTURE: YES NO RESULT ON FILE: YES NO  
IS SYSTEM TO SERVE A MOBILE HOME: YES NO  
IS SYSTEM NEW OR ALTERATION OF AN EXISTING \_\_\_\_\_  
IF ANY PART OF SYSTEM LEAVES THE LEGALLY DESCRIBED PROPERTY, HAS AN EASEMENT BEEN  
SIGNED AND LEGALLY RECORDED? YES NO  
ABSORPTION FIELD: NUMBER OF LINES \_\_\_\_\_ LENGTH OF LINES \_\_\_\_\_  
MAKE OF TANK & CAPACITY \_\_\_\_\_

PERCOLATION TEST REPORT

MINIMUM NUMBER OF THREE TEST HOLES SPACED IN THE AREA OF THE SUB-SURFACE  
ABSORPTION FIELD.

TEST HOLE NO. 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

AVERAGE TIME FOR ALL TEST HOLES: \_\_\_\_\_ MINUTES

LINEAL FEET OF ABSORPTION LINE REQUIRED \_\_\_\_\_ FEET

I HEREBY CERTIFY THAT THE PERCOLATION TEST WAS PERFORMED IN ACCORDANCE  
WITH THE INSTRUCTIONS FOUND IN CHAPTER 69

\_\_\_\_\_  
SIGNATURE OF PERSON WHO PERFORMED PERCOLATION TEST

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT ALL PROPOSED  
WORK WILL BE COMPLETED IN ACCORDANCE WITH THE POWESHIEK COUNTY  
REGULATIONS

\_\_\_\_\_  
SIGNATURE OF APPLICANT

DATE APPROVED \_\_\_\_\_

FINAL INSPECTION DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR

\_\_\_\_\_  
POWESHIEK COUNTY SANITARIAN