

APPLICATION FOR ON-SITE PRIVATE SEWAGE DISPOSAL SYSTEM

UNION COUNTY ENVIRONMENTAL HEALTH
Phone: (641)-782-7803
unioncountyeh@gmail.com

Amanda Husband, Environmental Specialist
705 East Taylor Street Ste.#2
CRESTON, IA 50801

PLEASE PRINT CLEARLY. Incomplete Application will not be approved

Applicant Information:

_____	_____	_____	_____	_____
First Name	Last Name	Home Phone	Cell Phone	Email
_____		_____	_____	_____
Mailing Address		City	State	Zip Code
_____		_____	_____	_____
E911 Address of Site		City	State	Zip Code

Property Location:

Section: _____ Township Name: _____

Type of Construction:

Building Type: Home Garage or Shop Business Other: _____ Bedroom No.: _____ Bathroom No.: _____
Basement with Shower, Sink, Toilet, Washer: Yes No Water serving the home: Private Well SIRWA

Additional items served by this septic system:

Garbage Disposal Hot Tub Whirlpool Daycare Other (describe) _____

Heat & Cooling System: Well Permit is required
Ground Source Heat: Yes No

Existing Wells: Yes No
Location of well: _____

System Type: New home site Existing home

Septic Contractor: _____

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. EH Health office must be notified 24 hours in advance for final inspection.

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

Fees Payable To: Union County Environmental Health
Septic System Construction Permit: \$200.00 *Non Refundable or Transferable

(Official Use Only)

Check No: _____ Receipt No: _____
Permit Issue Date: _____ Permit No.: _____

Site and Soil Analysis/Perc Test	System Requirements
Date: _____ Tested By: _____	Septic Tank Gallons: _____
Soil Name & Symbol: _____	Type of System: _____
Depth and Kind of Limiting Layers: _____	System Notes: _____
Seasonal High Water Table _____	Easement Needed: Yes No
Loading Rate (g/sq/ft): _____	Maintenance Agreement: Yes No

Permit Approved: Yes No _____
County Official _____ Date _____

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ON-SITE WASTEWATER PERMITS provides the following: (\$ 200.00)

1. Grants permission for construction of on-site wastewater system for home or business site with less than 1500 gallons per day water usage.
2. Includes 2 inspections during construction. ADDITIONAL CHARGE IS AT \$ 50.00 FOR EACH ADDITIONAL INSPECTION REQUIREMENT.
3. Includes a record with drawing of system with inspection details of system during construction.

Homeowner Self Installation Statement

If a home or other property owner wishes to construct an on-site wastewater system without using one of the listed registered contractors in Union County, THEY MUST SIGN THE FOLLOWING STATEMENT.

THE OWNER OF PROPERTY AGREES TO THE FOLLOWING CONDITIONS:

1. THE OWNER OF PROPERTY ASSUMES LIABILITY AND RESPONSIBILITY OF THE NEW CONSTRUCTED ON-SITE WASTEWATER SYSTEM.
2. THE OWNER MUST FOLLOW ALL STATE CODE REQUIREMENTS OF IAC 567, CHAPTER 69.
3. THE OWNER MUST ALSO FOLLOW ALL LOCAL POLICIES OF THE BOARD OF HEALTH.
4. THE OWNER ALSO AGREES TO PAY ADDITIONAL INSPECTION FEE, IF MORE THAN TWO INSPECTIONS ARE REQUIRED, AS MENTIONED ABOVE UNDER PERMITS.
5. ALL PARTS OF THE WASTEWATER SYSTEM UNDER CONSTRUCTION ARE REQUIRED BY THE LOCAL BOARD OF HEALTH TO BE EXPOSED AT TIME OF INSPECTION.
6. IF OWNER PLANS TO INSTALL THEIR OWN SYSTEM, YOU MUST SHOW PROOF OF AT LEAST 6 CREDIT HOURS IN ON-SITE WASTEWATER SYSTEMS TAKEN WITHIN THE LAST 12 MONTHS BEFORE CONSTRUCTION BEGINS.

I the owner of the property listed on the attached permit agree to the six items listed above.

Signature: _____ Date: _____