

APPLICATION FOR ON-SITE WASTEWATER TREATMENT SYSTEM

ADAMS COUNTY ENVIRONMENTAL HEALTH Fax: (641)-322-3747 **COURTHOUSE 500 9th St**
Carl Goodson, Environmental Specialist Phone: (641)-322-3744 **CORNING, IA 50841**

PLEASE PRINT CLEARLY

Applicant Information: (Property or Business Owner)

Last Name First Name Home Phone Work Phone Email

Mailing Address City State Zip Code cell phone

E911 Address of Site City State Zip Code

Property Location:

Lot No. _____ Subdivision Name _____ Parcel No.: _____

Quarter: NW NE Section: _____ Township Name: _____
 SW SE T. _____ N. R. _____ W. Project: _____
No. Name

Type of Construction:

Building Type: Home Garage or Shop Business Other _____ Bedroom No.: _____ Bathroom No.: _____
Gallons per Day: _____ Basement with Shower, Sink or Toilet: Yes No

Heat & Cooling System:

Ground Source Heat: Yes No
Type: Loop Wells

Wells:

Existing Wells within 100 Feet: Yes No

System Type: Proposed or New Replacement or Repair

Contractor: Business Name: _____

Address City State Zip Phone

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 Adams 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.

Applicant

Date

Expected Construction Date

Fees: Payable To: ADAMS COUNTY TREASURER

Septic System Construction Permit & Site Analysis: **\$150**
Soil Analysis: **\$175**

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

(Official Use Only)

Site and Soil Analysis

Map sheet No. _____ Soil Symbol _____
Soil Name: _____
Depth of Limiting Layers (in.): _____ Kind: _____
Kind: _____
Depth of Seasonal High Water Table (ft.): _____
Loading Rate (g/sq/ft.): _____ Perc Test (Min/In.): _____

System Requirements

Septic Tank Size (gal.): _____
Type of System: _____
System Notes: _____
Operational Permit: Yes No Annual Fee: _____
NPDES Permit # 4: Yes No
Easement: Yes No
Maintenance Agreement: Yes No

Permit Approved: Yes No

County Official

Title

Date