



**Application for a Permit to Install or Modify an Onsite Sewage Disposal System**

Property Owner \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Property Location \_\_\_\_\_

Has this property ever been previously denied for a permit? Yes  No  Date \_\_\_\_\_  
Facility is New  Existing  Lot Size \_\_\_\_\_ Acres /Sq. Ft.  Water Source \_\_\_\_\_  
Type Facility Residence  Other  \_\_\_\_\_  
Number of Bedrooms \_\_\_\_\_ Number Individuals Served \_\_\_\_\_ Design Daily Flow \_\_\_\_\_ gpd  
Deed Recorded in Deed Book \_\_\_\_\_ Page \_\_\_\_\_ County Tax Map \_\_\_\_\_ Parcel No. \_\_\_\_\_  
Subdivision Name \_\_\_\_\_ Approval No. \_\_\_\_\_ Section \_\_\_\_\_ Lot \_\_\_\_\_

The minimum lot size or area reserved for a sewage disposal system in a subdivision may vary based on the date the subdivision was created. On lots created after July 1, 1970, permits for individual sewage disposal systems shall be withheld until a subdivision approval has been granted which indicates that such systems may be expected to comply with applicable design standards on all proposed building lots contained within the original tract.

To the best of my knowledge, the information provided on this application is true and I understand that I am responsible for informing the sewage system installer of the existing or proposed locations of sewage systems and water sources including wells. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing or proposed sewage systems or wells if presently unknown to me.

Date: \_\_\_\_\_ Signature of Owner: \_\_\_\_\_

**Sewage Disposal System Information**

Application is for a permit to: Install  Modify   
Check all that apply: Septic Tank  Absorption Field  Holding Tank  Pit Privy  Vault Privy   
Alternative System (attach detailed plans)  Chemical/Composting Toilet  Other  \_\_\_\_\_

Percolation Test: Test Holes #1 \_\_\_\_\_ mins. #2 \_\_\_\_\_ mins. #3 \_\_\_\_\_ mins. #4 \_\_\_\_\_ mins.  
Total Minutes = \_\_\_\_\_ Divided by 24= \_\_\_\_\_ Average time for water to fall one inch.

Six-foot hole is free of water or solid rock? Yes  No  Test conducted on (date) \_\_\_\_\_

I hereby certify that the percolation test was conducted in accordance with the procedures outlined in the Sewage Treatment and Collection System Design Standards, 64CSR47. **Notice: all homeowner installers must pass a certification examination administered by the Local Health Department prior to conducting perc testing.**

Date: \_\_\_\_\_ Signature of Certified Installer: \_\_\_\_\_

**For Health Department Use:** Coordinates N \_\_\_\_\_ W \_\_\_\_\_ Date Rec'd \_\_\_\_\_  
Site Eval \_\_\_\_\_ By \_\_\_\_\_ Date Fee Pd \_\_\_\_\_ Rec'd From \_\_\_\_\_  
Permit Issued  Denied  Permit # \_\_\_\_\_ Comments \_\_\_\_\_