

CLARKE COUNTY ENVIRONMENTAL HEALTH

ON-SITE WASTE WATER TREATMENT AND DISPOSAL SYSTEM APPLICATION

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Property Information

Owner _____ County _____

Mailing address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

911 address (or address of location of site)
 Address _____ City _____ State _____ Zip _____

Size of Parcel or Lot _____ Number of Buildings on Parcel or Lot _____

Section _____ Township _____ Parcel Number _____

Best route to get to site _____

Contractor Information

Name of Company _____ Address _____

City _____ State _____ Zip _____ Phone _____

System Information

Type of Treatment System Planned _____ Other Types of Systems: Greywater System _____ Outdoor Privy _____

Public Sanitary Sewer within 200 feet of site Yes _____ No _____

Type of Dwelling : New _____ Existing _____

Home _____ Manufactured Home _____ Commercial (type) _____ Other _____

If Commercial or some structure other than a home, attach an Application for a Business Site

Any Easements Yes _____ No _____ Unnecessary _____

Number of Bedrooms _____

Requirements: (Please initial the following)

_____ I understand that surface discharge systems, to waters of the state, require effluent sampling and that a Notice of Intent for a NPDES Permit shall be completed and submitted to the DNR. Frequency of sampling depends on the type of system installed.

_____ I understand some systems also require maintenance agreements. It is currently the homeowner's responsibility to see that their systems are sampled and that maintenance agreement is in current and recorded.

_____ Soil Analysis or Percolation Test Result (Required for Absorption Systems): A copy of the soil analysis or percolation test showing the location, depth, results of each hole, and required footage shall accompany this application, if laterals are planned.

_____ I certify that the information provided on this application is correct and that all work will be completed in accordance with the Board of Health Rules and Regulations. The County does not represent nor warrant the operation or proper functioning of any system for any period of time.

Fees – (Non-Refundable):

\$300.00 Payable to Clarke County Health Department

Application Signature		Date		
For Official Use Only				06/2017
Permit Number	Permit Issued by:	Issued Date	Fees Paid	Check Number