

**ENVIRONMENTAL HEALTH**  
**RINGGOLD & DECATUR**  
**ON-SITE WASTE WATER TREATMENT AND DISPOSAL SYSTEM APPLICATION**

Greg Kent gkent@clarkecountyiaowa.org	<b>Clarke County Board of Health</b> 144 West Jefferson St. Osceola, IA 50213 641-223-8299 Web site: <a href="http://www.clarkecountyiaowa.org">www.clarkecountyiaowa.org</a>	Jessica Conley jconley@clarkecountyiaowa.org
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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):**

**Homeowner Install: \$500.00/ Contractor Install: \$400.00 FEES ARE NON-REFUNDABLE**

**Checks payable to Clarke County Health Department**

Application Signature	Date			
For Official Use Only <span style="float: right;">06/2017</span>				
Permit Number	Permit Issued by:	Issued Date	Fees Paid	Check Number