



Public Health
Prevent. Promote. Protect.

TAMA COUNTY APPLICATION AND PERMIT ONSITE SEWAGE DISPOSAL SYSTEM

Owner: _____ Phone #: _____

Site Address: _____ Zip Code: _____

Mailing Address: _____ Zip Code: _____

Lot Size: _____ Sec. _____ T _____ R _____ Residential Non-Residential

Parcel Number: _____

Structure Served: New _____ Existing _____ Time of Transfer _____

Contractors Name _____ Phone # _____

Septic Tank(Manufacturer) _____ No. of bedrooms _____

Tank Capacity _____ System Type _____

Maintenance Contract _____ Easement _____

****Contractor and Sanitarian discussed requirements regarding ALL Black and Gray water lines required to be ran through system as designed per permits specifications.**

Comments: _____

I certify that the above information and all proposed work will be completed in accordance with Board of Health Rules and Regulations, County Ordinances, and 567.69 Iowa Administrative Code by _____ day of _____, _____. Noncompliance by stated date will incur additional permit fees.

Fees are Non-Refundable

Permit Number: _____

Signature of Applicant _____

Signature of Contractor _____

Pre-Site Date: _____

Environmental Health Officer

Final Inspection & Approval Date: _____

Environmental Health Officer

Office Use Only
PAID : CHECK/CASH
Ck #: _____
AMT: _____
DATE: _____