

Permit #	<b>TAMA COUNTY PUBLIC HEALTH &amp; HOME CARE</b> 129 West High Street - Toledo, IA 52342 (641) 484-4788 Toll Free: 1-866-484-4788 Fax: (641) 484-5447 Email: <a href="mailto:tapfel@tamacounty.org">tapfel@tamacounty.org</a>	Bill To: (Check One)
Permit Fee: \$175.00		<input type="checkbox"/> Home Owner <input type="checkbox"/> Contractor

**PRIVATE SEWAGE DISPOSAL SYSTEM PERMIT**

A permit is required prior to conducting any change that affects the treatment or disposal of the waste, including replacement of the primary or secondary components, or a change in the design of the permitted private sewage disposal system from the design that was originally installed and approved by the administrative authority. This non-transferable permit is valid for ONE YEAR.

**APPLICANT INFORMATION**

TITLE HOLDER:	PHONE:
MAILING ADDRESS:	
SITE ADDRESS:	PARCEL NUMBER:
APPLICANT:	
<b>LEGAL DESCRIPTION:</b>	

¼ of the	¼ of the	¼ of Section	Township	N	Range W	Township, Tama County, Iowa
Subdivision:	Lot(s):	Lot Acreage or Dimensions:	Zoned As:			

**PRIVATE SEWAGE DISPOSAL SYSTEM INFORMATION**

<b>BUILDING TYPE:</b> <input type="checkbox"/> Residential – Single <input type="checkbox"/> Mobile Home Other: <input type="checkbox"/> Under Construction <input type="checkbox"/> Proposed <input type="checkbox"/> Grease Interceptor <input type="checkbox"/> Residential – Multiple <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Existing <input type="checkbox"/> Basement Drains to Septic	<b>DESIGN DATA:</b>		
	# Occupants	#Bedrooms	#Sinks
	#Stools	#Lavatories	#Whirlpools
	#Bathtubs	#Showers	#Hot Tubs
	Dishwasher <input type="checkbox"/> Y <input type="checkbox"/> N	Garbage Disposal <input type="checkbox"/> Y <input type="checkbox"/> N	
Auto Washing Machine <input type="checkbox"/> Y <input type="checkbox"/> N		Sump Pump <input type="checkbox"/> Y <input type="checkbox"/> N	

**REQUIREMENTS**

Type of Septic System:	Manufacturer:				
Tank Capacity:	#Compartments:	Pumps to D Box:	Material:		
Depth Tank:	Risers:	Filter:	Clean out:		
Distance from Property Lines:	Front:	Rear:	Side:	Side:	Rural Water:
Distance from Well	Proposed		Existing		
Absorption Unit – Total Lineal Feet:		Type/Size:			
Site Analysis/Soil Survey Report:					
NPDES General Permit No. 4					
Septic System Contractor:					Phone:

**Mailing Address**

I certify that, to the best of my knowledge, the information submitted with this application is correct and that all proposed work will be completed in accordance with Tama County Board of Health Rules & Regulations before the facilities are put into operation, and that adequate maintenance procedures will be followed – it is highly recommended to pump the tank on a regular basis (every 3 to 5 years) and to clean the filter a minimum of every two years. Tama County Public Health & Home Care may require access to the property for the purpose of monitoring the system. It is understood that the Tama County Board of Health may require connection to public sewer when one becomes available. An inspection must be conducted by Tama county Public Health & Home Care prior to covering the system. Contact this department at least eight (8) working hours (8:00 AM to 4:30 PM, Monday through Friday) in advance to schedule a final inspection.

Approved by Tama County Zoning Administration: YES NO Date:

Applicant (or applicant's agent or tenant) signature & title: \_\_\_\_\_ Date:

Approved by (representing Tama County Public Health & Home Care): \_\_\_\_\_ Date:

Final inspection by (representing Tama County Public Health & Home Care): \_\_\_\_\_ Date:

Notes: