

# LYON COUNTY ENVIRONMENTAL HEALTH SEPTIC PERMIT

**ATTENTION: CONTACT ENVIRONMENTAL HEALTH AT 712-472-8200 BEFORE CONSTRUCTION  
PERMIT APPLICATION FEE \$225.00 DUE AT TIME OF APPLICATION**

Permit Number \_\_\_\_\_ Date paid \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Applicant/Owner \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_  
Site Address: \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_  
GPS Latitude \_\_\_\_\_ GPS Longitude \_\_\_\_\_  
Contractor/Installer \_\_\_\_\_  
Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

## BUILDING TYPE

- NEW       EXISTING  
 HOME      Number of Bedrooms \_\_\_\_\_  
 BUSINESS      Number of Employees \_\_\_\_\_  
Other \_\_\_\_\_

## SEPTIC SYSTEM

Proposed/New      Replace/Repair

## WATER SUPPLY

- PUBLIC      Distance of well to septic tank \_\_\_\_\_  
 PRIVATE WELL      Distance of well to distribution lines \_\_\_\_\_

SEPTIC TANK - MANUFACTURER \_\_\_\_\_ Phone \_\_\_\_\_

Construction Material \_\_\_\_\_ Number of Compartments \_\_\_\_\_

Type of Lid \_\_\_\_\_ Capacity \_\_\_\_\_

Type/Diameter of line between building and septic tank \_\_\_\_\_

Distance between building and septic tank (**10'MIN**) \_\_\_\_\_

## ABSORPTION FIELD

Type, Diameter, Size of Distribution Lines \_\_\_\_\_

Length of Distribution Lines (**100'MAX**) \_\_\_\_\_ Width of Trenches \_\_\_\_\_

Amount of Fall in Distribution Lines \_\_\_\_\_

Depth of Trenches (**3'MAX**) \_\_\_\_\_ Distance from Property Lines \_\_\_\_\_

## GRAVELSYSTEM - IF APPLICABLE

Description \_\_\_\_\_

Type of Barrier between rock and backfill \_\_\_\_\_

**Attach Sketch Layout of System- Must Include: House, Tank, Lines, Locations, and Distances.**

All construction shall conform to the State of Iowa On-Site Wastewater Treatment and Disposal Systems Chapter 69.

**Construction/installation is not to begin until permit is approved. Closing of construction is not to be completed until inspected and final approval is given by Lyon County Sanitarian.**

**Issuance of this permit and related inspections does not guarantee the performance of this on-site wastewater treatment system or guarantee that it is free of defects.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Application Approved \_\_\_\_\_ Date \_\_\_\_\_

Lyon County Environmental Health Representative

Final Inspection Approved A \_\_\_\_\_ Date \_\_\_\_\_

Lyon County Environmental Health Representative

**RETURN TO: Health Services Lyon County**

**315 1st Avenue Suite 208**

**Rock Rapids, IA 51246**

**Ph: 712 472 8200**

**Email: envhealth@co.lyon.ia.us**