

PERMIT FOR PRIVATE SEWAGE DISPOSAL SYSTEMS

LYON COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

PERMIT APPLICATION FEE: \$225.00

APPLICANT _____ TOWNSHIP _____ SECTION _____

SITE ADDRESS _____ GPS LAT _____ LONG _____

CITY, ST, ZIP _____ PHONE # _____

MAILING ADDRESS (IF DIFFERENT) _____

BUSINESS OR PERSON INSTALLING OR REPAIRING SYSTEM _____

BUILDING TYPE

- NEW EXISTING REFURBISH COMMERCIAL
- SINGLE FAMILY HOME _____ NUMBER OF BEDROOMS
- MULTI FAMILY HOME _____ NUMBER OF UNITS AND BEDROOMS
- COMMERCIAL TYPE _____ NUMBER OF EMPLOYEES

WATER SUPPLY

- PUBLIC _____ DISTANCE OF WELL TO SEPTIC TANK
- PRIVATE WELL _____ DISTANCE OF WELL TO DISTRIBUTION LINES

SEPTIC TANK

CONSTRUCTION MATERIAL _____ NUMBER OF COMPARTMENTS _____

TYPE OF LID _____ TOTAL LIQUID CAPACITY _____

TYPE AND DIAMETER OF LINE BETWEEN BUILDING AND SEPTIC TANK _____

DISTANCE BETWEEN BUILDING AND SEPTIC TANK _____

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 _____

IF A GRAVEL SYSTEM

AMOUNT OF ROCK ABOVE AND BELOW DISTRIBUTION LINES _____

TYPE OF BARRIER MATERIAL BETWEEN ROCK AND BACKFILL _____

PERCOLATION TEST

RESULTS _____

SKETCH OF LAYOUT OF SEPTIC SYSTEM

ON THE BACK OF THIS APPLICATION SKETCH THE LAY OUT OF THE SYSTEM SHOWING HOUSE, TANK, LINES, LOCATIONS AND DISTANCES

APPROX START DATE _____ CONTACT THIS OFFICE PRIOR TO START OF CONSTRUCTION

SIGNATURE OF APPLICANT _____ DATE _____

APPROVED BY _____ DATE _____

RETURN COMPLETED FORM TO: HEALTH SERVICES OF LYON COUNTY

315 1ST AVENUE, SUITE 208

ROCK RAPIDS, IA 51246

PHONE 712-472-8200 FAX 712-472-4039