Plymouth County Office of Environmental Health
215 4th Ave. SE • LeMars, Iowa 51031
Telephone (712) 546-7516

Application for a permit to install or repair a private waste treatment system. Complete ALL areas of the application before submission to the Sanitarian. Incomplete applications will not be approved. Permit fee is $100.00

☐ New System ☐ Repair Existing System Permit number: _____ (valid for 1 year)

Name of Owner: _____ Home Phone: _____
Site Address: _____ Work Phone: _____
Mailing Address: _____

Legal Description: _____ Township Name _____ Section: ____Township: ____ Range ____

Building Information --

Residential Dwelling:

☐ Number of Bedrooms ☐ Number of Bathrooms ☐ Garbage Disposal
☐ Whirlpool ☐ Water Softener ☐ Walk-out Basement
☐ Basement Fixtures? If yes, is drainage by gravity or pump? _____

Commercial Building:

Building Type _____
Number of Employees _____ Design Flow _____ gallons/day
Fixtures in building? _____

Water Supply

☐ Public ☐ New Private Well ☐ Existing Private Well
If private well, distance from well to septic tank? _____
Distance from well to distribution lines? _____

Septic Tank

Tank manufacturer: _____
Tank capacity: _____ gallons
Distance between building and septic tank _____

Absorption Field

Type of leach field: ☐ Gravel ☐ Graveless ☐ Chamber
Width of Trenches _____ Depth of Trenches _____
Diameter and lengths of distribution lines _____ Number of Lines _____
Total footage of lines _____ Distance from property lines _____

See page 2

Contractor
I certify that, to the best of my knowledge, the above information is correct, that all proposed work will be completed in accordance with Chapter 69 of the Iowa Administrative Code, and that maintenance procedures will be followed. The Board of Health may require the landowner to connect to a public sewer system when one becomes reasonably accessible. The Plymouth County Board of Health, by issuance of this permit and performance of related inspections, does not warrant the performance of this sewage disposal system, nor that it be free from defects.

Applicant's Signature Date

Director-Environmental Health Date of Approval

NOTE: Attach a separate sheet containing a sketch of the site plan showing the following items as applicable: **1)** Lot dimensions and building with dimensions **2)** yard dimensions around house **3)** Road(s) **4)** Driveways **5)** Outbuildings **6)** Streams, ravines **7)** Existing or proposed well(s) and water lines **8)** Footing or farm drain tiles **9)** Location and lay out of proposed sewage system (show tank, fields, pump station, discharge points, etc.) **10)** Indicate maximum depth of fields **11)** Show wells or septic systems on adjacent properties if applicable

Minimum distances: 10 feet between house and septic tank; 50 feet between well and septic tank; 100 feet between well and septic absorption field.

Name of Contractor _____

Address _____

_____

Phone _____ E-mail _____

NOTICE --

Prior the beginning of construction the contractor must meet at the site with the County Sanitarian to inspect & review the area of the proposed system. All perc tests must be complete, include a test of the confining layers and be done by an independent contractor.

All septic systems must be constructed in accordance with Chapter 69 of the Iowa Code. Copies on Chapter 69 are available on the Iowa DNR website.

ALL NEW SEPTIC SYSTEM INSTALLATIONS MUST BE INSPECTED BEFORE BEING BACK-FILLED.

Contact the Plymouth County Sanitarian at 712-546-1259 (Office)
If no answer, leave a message or email sanitarian@plymouthcountyiowa.gov

(Sanitarian's office is open on Tuesdays & Wednesdays ONLY)