

**CEDAR COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
 CEDAR COUNTY COURTHOUSE
 400 CEDAR STREET, TIPTON, IOWA 52772
 (563) 886-2248**

Permit Number: _____
 Soil Test Number: _____
 Soil Test Results: _____

\$300.00 fee due upon return of application.

APPLICATION FOR PERMIT
 PRIVATE SEWAGE DISPOSAL SYSTEM

OWNER _____ MAILING ADDRESS _____

911 ADDRESS OF SITE _____ PHONE NUMBER _____

LOCATION: ____ ¼, : ____ ¼, : ____ ¼, SEC. _____, T- _____ IN _____, R- _____ W, TOWNSHIP _____

SUBDIVISION _____ LOT NUMBER(S) _____

LATITUDE _____ LONGITUDE _____

NEW EXISTING OTHER _____ PROPERTY SIZE: _____

NO. OF BEDROOMS _____ APPLICATION RATE _____ Gal./Sq. Ft. REQUIRED TANK SIZE: _____

SYSTEM TYPE: GRAVEL CHAMBER OTHER _____

TOTAL LINEAL FEET REQUIRED: 2' TRENCH _____; 3' TRENCH _____

Make drawing showing proposed system including well location.

Please indicate north the drawing.

*This application for a
 permit does not insure
 any form of guarantee.*

Contractor's Name _____

Address _____

Signature _____

I certify that, to the best of my knowledge, the above information is correct, that all proposed work as indicated will be complete in accordance with the Cedar County Regulations before the facilities are placed in operation, and the adequate maintenance procedures will be followed. I will also comply with regulations that require the Health Department be notified at least seven and one-half working hours in advance, between 8:00 a.m. and 4:00 p.m., that the site is ready for final inspection prior to covering any part of the system.

It is understood that the local board of health may require a connection to a public sewer when one becomes available in the future.

DATE _____

SIGNED _____

(Signature of Applicant)

DATE APPLICATION APPROVED _____

BY _____

(Representing the Cedar Co. Board of Health)

DATE OF FINAL INSPECTION _____

BY _____

(Representing the Cedar Co. Board of Health)