

Clay County Environmental Health Department

Application and permit to install on-site wastewater treatment & disposal system.

Permit Fee: \$100.00

Date Paid _____

Permit No. _____

Clay County Environmental Health

300 West 4th Street Suite 6

Spencer, IA 51301

Owner's Name _____ Occupant's Name _____

Address _____ Address _____

Phone No. _____

Name of Contractor _____

Address _____

Lot Description: Quarter _____ Section _____ Twp. _____ Range _____

Type of Building: Home _____ Business _____ New _____ Existing _____

Water Supply _____ No. of Bedrooms _____ No. of Bathrooms _____

Garbage Disposal _____ Water Softener _____ Whirlpool Bath _____

System: Proposed _____ Replacement _____ Repair _____

Tank Manufacturer _____

Capacity _____ Construction Material _____

Please attach a diagram of the proposed system including distances from various buildings, wells, and property lines as shown in Table I on reverse side of this sheet.

Percolation Report

Date _____ Minutes Per Inch _____ By _____

Soil Survey:

Lineal feet of absorption trench from Table III, page 11 of Chapter 69 of the Iowa State Regulations for on-site wastewater treatment & sewage disposal systems _____

All construction shall conform to the Iowa State On-Site Wastewater Treatment and Disposal Systems Chapter 69. DO NOT BEGIN INSTALLATION UNTIL PERMIT IS APPROVED. CLOSE NO CONSTRUCTION UNTIL INSPECTED AND FINAL APPROVAL IS GIVEN BY SANITARIAN.

Signature of Applicant _____ Date _____

Application Approved _____ Date _____
County Representative

Final Inspection _____ Date _____
County Representative