

A.D.L.M. COUNTIES ENVIRONMENTAL PUBLIC HEALTH

12307 Hwy 5 – P.O. Box 399 – Moravia, Iowa 52571

Phone: (641) 724-3511

Permit Number: _____

Fax: (641) 724-3513

County: A D L M

**APPLICATION AND PERMIT
DECENTRALIZED DISPOSAL SYSTEM**

Owner _____ E911 Address _____

City / Town _____ Zip Code _____ Telephone _____

Location: _____ 1/4 _____ 1/4 _____ 1/4, Sec. _____, T _____ N, R _____ W,

Structure Served: _____ New _____ Existing Time of Transfer _____ Lot Size: _____

Residential (No. Bedrooms) _____ Commercial (Type) _____

Easement to use another owner's property signed in and recorded: ___ Yes ___ No ___ Unnecessary

Contractors Name _____ Address _____

City / Town _____ Zip Code _____ Telephone _____

Septic Tank (Manufacturer) _____ Capacity (Gallons) _____

(Minimum 1250)

Comments: _____

I certify that the above information is correct and that all proposed work will be completed in accordance with Board of Health Rules and Regulations, County Ordinances and 567.69 Iowa Administrative Code.

Additionally, I understand this operating permit is to be renewed annually upon satisfactory testing of Decentralized Disposal Systems that require a NPDES Permit.

Signature of Applicant _____ PAID / CHECK / CASH

Signature of Contractor /Agent _____ # _____

Type of System and Dimensions: _____ AMT. _____

_____ DATE _____

Application Date: _____ Installation Date: _____ INT. _____

By _____

Environmental Health Officer