

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

Email: adlmenv@sirisonline.com

County: A D L M

**APPLICATION AND PERMIT
DECENTRALIZED DISPOSAL SYSTEM**

Owner _____ **E911 SITE Address** _____

City / Town _____ Zip Code _____ Telephone _____

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

Mailing address: _____
City State Zip

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) _____

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 _____

Signature of Contractor /Agent _____

Type of System and Dimensions: _____

PAID: CHECK / CASH

AMT. _____

DATE _____

INT. _____

Application Date: _____

Installation & Approval Date: _____

By: _____
Environmental Health Officer

By: _____
Environmental Health Officer