

# LINN COUNTY PUBLIC HEALTH

501 13<sup>th</sup> STREET NW, CEDAR RAPIDS, IOWA 52405

Telephone (319) 892-6000 Fax (319) 892-6099



**Public Health**  
Prevent. Promote. Protect.  
Linn County, Iowa

Date Rec'd \_\_\_\_\_ ID# \_\_\_\_\_

Check # \_\_\_\_\_ Amount \_\_\_\_\_

## APPLICATION TO INSTALL A PRIVATE SEWAGE DISPOSAL SYSTEM

Name of Current Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_

Mailing Address of Current Property Owner: \_\_\_\_\_

Certified Septic Contractor: \_\_\_\_\_

Legal Description: Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Lot# \_\_\_\_\_ Lot Size \_\_\_\_\_

Addition: \_\_\_\_\_ Township Name: \_\_\_\_\_

Bedroom #: \_\_\_\_\_ If non-residence, state building type & estimate water usage stating # people, hrs/day, days/wk, # fixtures:

Is it new construction? \_\_\_ Yes \_\_\_ No      Is the grade final? \_\_\_ Yes \_\_\_ No

Is this a REPAIR to existing system? \_\_\_ Yes \_\_\_ No      Specify repair type: \_\_\_\_\_

Is this a REPLACEMENT of existing system? \_\_\_ Yes \_\_\_ No      Year system was installed: \_\_\_\_\_

If an existing house, indicate interest in DNR low cost loan program: \_\_\_ Yes \_\_\_ No

All wastewater *must* be connected to the septic system

**DRAW A DIAGRAM OF YOUR PROPERTY ON THE BACK OF THIS APPLICATION**

Application Fee: \$250

Checks payable to: LINN COUNTY PUBLIC HEALTH

Signature of Owner or Agent: \_\_\_\_\_ I certify the above information to be true and correct.

### For Office Use

Tank Size: \_\_\_\_\_

Type of System: \_\_\_\_\_ Conventional Soil Absorption      \_\_\_\_\_ Sand Filter      \_\_\_\_\_ Coco/Peat Filter  
\_\_\_\_\_ Recirculating Fabric Filter      \_\_\_\_\_ Mound      \_\_\_\_\_ Other

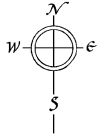
Application #: \_\_\_\_\_ Permit #: \_\_\_\_\_

Date Mailed: \_\_\_\_\_ Approved by & date: \_\_\_\_\_

**SITE PLAN: Draw the following and give the distances from each of the following locations:**

- |   |  |
|---|--|
| <input type="checkbox"/> Lot dimensions   | <input type="checkbox"/> Existing drainage ways or tiles           |
| <input type="checkbox"/> Road(s)  | <input type="checkbox"/> Percolation test hole locations           |
| <input type="checkbox"/> Existing or proposed structures  | <input type="checkbox"/> Proposed site for septic tank             |
| <input type="checkbox"/> Driveways  | <input type="checkbox"/> Proposed site for septic absorption field |
| <input type="checkbox"/> All existing wells and septic systems within 150 feet of installation site |  |

**Minimum distances:** 10 feet between any structure and septic system; 50 feet between well and septic tank; 100 feet between well and septic absorption field



Please give specific driving directions to site if difficult to locate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_