



**Polk County Public Works**  
 5885 NE 14<sup>th</sup> Street  
 Des Moines, IA 50313  
 (515) 286-3376

**APPLICATION FOR ONSITE WASTEWATER TREATMENT AND DISPOSAL SYSTEM (OWTS) AND ABANDONMENT**

NOTE: A PERCOLATION TEST OR SOIL ANALYSIS MUST BE SUBMITTED WITH THIS APPLICATION. A TREATMENT AND DISPOSAL SYSTEM CANNOT BE INSTALLED UNTIL A BUILDING PERMIT HAS BEEN APPLIED FOR, IF APPLICABLE.

SEP 20 \_\_\_\_\_ - \_\_\_\_\_

PLEASE PRINT

JOB SITE ADDRESS: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_

OWNER: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SEPTIC CONTRACTOR: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

COMPANY: \_\_\_\_\_ CELL: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**LEGAL DESCRIPTION:**

District/Parcel: _____ - _____ - _____ - _____	Twntshp: _____	Sec: _____	Range: _____

**DESCRIPTION OF WORK:**

NEW ONSITE WASTEWATER TREATMENT AND DISPOSAL SYSTEM _____	RESIDENTIAL	COMMERCIAL
<b>Please Circle</b>		
REPLACE OWTS	REPLACE TANK/BOX	REPLACE BOX
REPLACE/REPAIR LATERALS	OTHER	ABANDONMENT
WATER SOURCE: Public _____ Well _____	NUMBER OF BEDROOMS: _____	NUMBER OF EMPLOYEES: _____
MULTI FAMILY DWELLING: YES _____ NO _____		

I understand that if the number of bedrooms changes, the Environmental Health Division **must be** notified before installation of the Treatment and Disposal System commences.

I understand that **WORK MUST BE COMPLETED AND INSPECTED WITHIN ONE CALENDAR YEAR** from the permit issuance date, or the ONSITE WASTEWATER TREATMENT AND DISPOSAL SYSTEM PERMIT will be null and void.

I understand all work must be inspected and approved by Polk County prior to concealing any installation.

I hereby acknowledge the above information is correct, and I agree to comply with all ordinances and State and Federal laws regulating activities covered by this permit.

\_\_\_\_\_  
 Contractor's Name/Signature Date \_\_\_\_\_

\_\_\_\_\_  
 Applicant or Owner's Name/Signature Date \_\_\_\_\_

PERMIT FEE: \$160 Residential/\$210 Commercial/Abandonment Fee \$45 CHECK #: \_\_\_\_\_ CASH: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ INITIALS: \_\_\_\_\_