



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

2013 -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.

JOB SITE ADDRESS: _____ TOWNSHIP: _____

OWNER: _____

APPLICANT: _____ PHONE: (_____) _____ - _____

ADDRESS: _____ CELL: (_____) _____ - _____

CITY: _____ STATE: _____ ZIP CODE: _____

Email: _____
 (permits and certificate of compliance will be emailed when an email is provided)

SEPTIC CONTRACTOR: _____ PHONE: (_____) _____ - _____

COMPANY: _____ CELL: (_____) _____ - _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Email: _____
 (permits and certificate of compliance will be emailed when an email is provided)

DESCRIPTION OF WORK:

NEW ONSITE WASTEWATER TREATMENT AND DISPOSAL SYSTEM _____	RESIDENTIAL	COMMERCIAL
Please Circle		
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 FEES: Residential \$165, Commercial \$216, Abandonment Fee \$46

Office use:
 Date: ____/____/____ Initials: _____ Cash _____ Check _____ Receipt #: _____