



Polk County Public Works

5885 NE 14th Street
 Des Moines, IA 50313
 Ph: (515) 286-3705

Email: publicworks@polkcountyiowa.gov

2024 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 Check				
REPLACE OWTS	REPLACE TANK/BOX	REPLACE BOX	REPLACE TANK	REPLACE/REPAIR LATERALS
OTHER	ABANDONMENT	IF ABANDON ONLY - REASON FOR 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



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ONSITE WASTEWATER TREATMENT SYSTEM SITE DESIGN SPECIFICATIONS

Site Address _____

New System _____ Replacement/Repair of existing system _____

Design Modification _____ Explain _____

Proposed System Description:

Septic Tank Size (in Gallons) _____

_____ Conventional System
Gravity Flow _____ Pressurized _____
Type of Laterals _____
Length of Laterals _____

_____ At-grade System (**licensed engineer design required**)

_____ Mound (**licensed engineer design required**)

_____ Sand Filter Filter Square Footage _____
Gravity Flow _____ Pressurized _____

_____ Single Pass Packed Bed Media Filter (**requires a maintenance contract**) (**Includes peat filters**)

Manufacturer _____ Model # _____

_____ Multiple Pass Packed Bed Media Filter (**requires maintenance contract**)

Manufacturer _____ Model # _____

_____ Custom System (licensed engineer design required)

_____ Experimental System (**Subject to Health Officer's approval and conditions**)

Comments: _____

CHECKLIST – REQUIRED INFORMATION

_____ _____ _____ Disclosure documents included if system selection is other than
 Y N N/A Polk County Board of Health Rules and Regulations Section 3.7.

_____ _____ _____ **Has the area where the system is being constructed been**
 Y N N/A **disturbed, cut or filled?** If yes, how long since it has been
 disturbed, cut or filled? _____

_____ _____ _____ **Is the system in a floodplain?** If so, a floodplain development
 Y N N/A application is required.

_____ _____ _____ Boundaries, drainage and utility easements have been included
 Y N N/A on the system layout diagram or the percolation test/soil evaluation.

For Discharging Systems:

_____ A completed copy of the Notice of Intent Application for the NPDES Permit
 must be submitted. (See attached)

Distance to Class A Waterway* _____ Less than 1 mile (E Coli testing is required)
 _____ Greater than 1 mile

**Class A waterways in Polk County include: Des Moines River, Walnut Creek, Raccoon River, Saylorville Lake, Big Creek Lake, Four-Mile Creek, Beaver Creek, Camp Creek, Skunk River, and any private or public recreational lake exceeding 1 acre in surface area.*

_____ _____ _____ **Does the system discharge over another’s property?** If so, a copy
 Y N N/A of the recorded easement must be submitted.

Special Conditions or considerations: _____

As a Polk County licensed septic contractor, I hereby affirm that I will conform to the onsite wastewater treatment and disposal system specifications. Further, I understand that any variance from this design must be approved by the Administrative Authority before system installation commences.

_____ _____ _____
 Contractor Signature Print Name Date

Polk County License Number _____

_____ _____
 Onsite Wastewater System Construction Authorized/Approved Date



IOWA DEPARTMENT OF NATURAL RESOURCES ENVIRONMENTAL SERVICES DIVISION

NOTICE OF INTENT

TO BE COVERED UNDER NPDES GENERAL PERMIT No. 4 "DISCHARGE FROM PRIVATE SEWAGE DISPOSAL SYSTEMS"

(Type or Print)

Current Owner _____

Address _____ City _____

State _____ Zip _____ Telephone (____) _____

Has this private sewage disposal system been previously covered by General Permit #4? Yes No

If yes, please list authorization number: _____ and then proceed to Certification Section at the bottom of this form

If no, please provide the following location information:

Location of sewer system: (Required. If "same as above", please write "same")

Street address _____

City _____ Zip _____

Legal description: (required unless lat./long. available)

____ 1/4 of ____ 1/4 of ____ 1/4 of ____ 1/4 of Sec. _____, T _____ N, R _____ W E
1/4 Section 1/4 Section 1/4 Section 1/4 Section Section Township Range

County (required): _____

Latitude: (if available) _____ (Deg./decimal-deg.) Longitude: _____

Type of Secondary Treatment:

Sand Filter (buried) Sand Filter (free access) Mechanical/Aerobic Unit

Constructed Wetland Lagoon Other (describe) _____

Certification: For existing private sewage disposal systems, check off the first two items below. For new installations, check off all three items below:

- I certify the above information is true and accurate, to the best of my knowledge.
I agree to abide by all terms and conditions of the DNR NPDES General Permit #4.
I certify that the permitted system will be constructed in conformance with the requirements of IAC 567 - Chapter 69 and all applicable County requirements.

Signature _____

Date _____

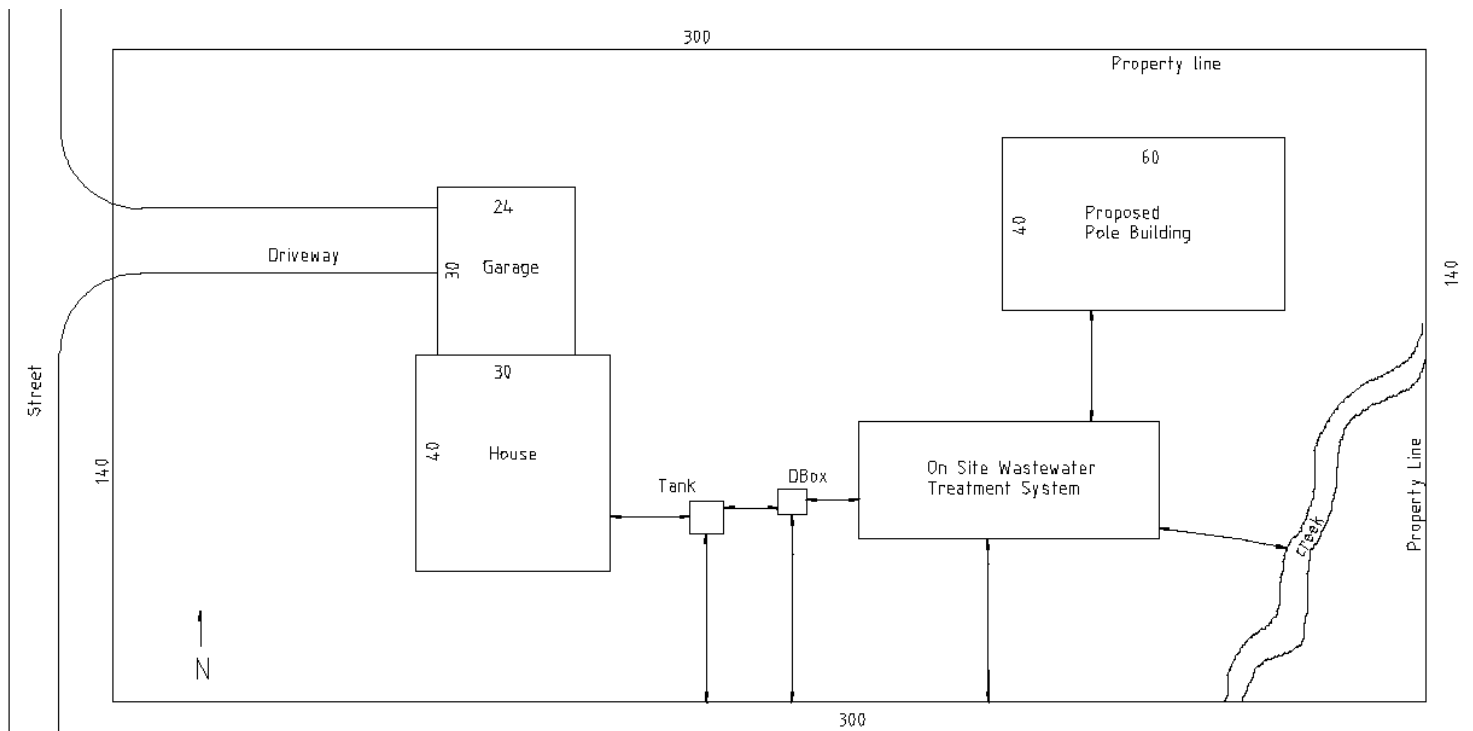
A copy of the permit will be mailed to you along with your discharge authorization.

Send completed form to: NPDES Section
Iowa Department of Natural Resources
502 E 9th Street
Des Moines, IA 50319

Onsite Wastewater System Site Plan instructions and checklist

- Indicate North on site plan.
- Identify frontage streets.
- Identify lot dimensions.
- All existing and proposed structures must be identified and labeled with dimensions.
- Identify property entrance and private driveway(s).
- Identify location of all components of existing and/or proposed POWTS and labeled with dimensions.
- Identify distances to nearest lot lines and all structures from existing and/or proposed components of system.
 - (Structures include: Dwellings, buildings, detached buildings, sheds, decks, pools.)
- Identify location of water wells, public/private water lines, ponds, streams, drainage ways, ravines, public/private easements.
- Identify distances to each component of Onsite Wastewater System

Example site plan



Onsite Wastewater System Site Plan

Permit # _____

Property Address: _____

Person completing site plan: _____

email: _____ phone #: _____

A large, empty rectangular box with a thin black border, occupying the majority of the page below the contact information. It is intended for the user to draw and submit the onsite wastewater system site plan.