



# Polk County Public Works

5885 NE 14<sup>th</sup> Street  
 Des Moines, IA 50313  
 Ph: (515) 286-3705  
 Fax: (515) 286-3437  
 publicworks@polkcountyiowa.gov

Permit # \_\_\_\_\_

## 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
<b>Please Check</b>			
REPLACE OWTS	REPLACE TANK/BOX	REPLACE BOX	REPLACE TANK
OTHER	ABANDONMENT	REPLACE/REPAIR LATERALS	
		IF ABANDON ONLY - REASON FOR ABANDONMENT	
WATER SOURCE:	PUBLIC	WELL	NUMBER OF BEDROOMS
MULTI FAMILY DWELLING:		NUMBER OF EMPLOYEES:	
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 \$196, Commercial \$258, Abandonment Fee \$62**

Office use:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Receipt #: \_\_\_\_\_



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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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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 \_\_\_\_\_

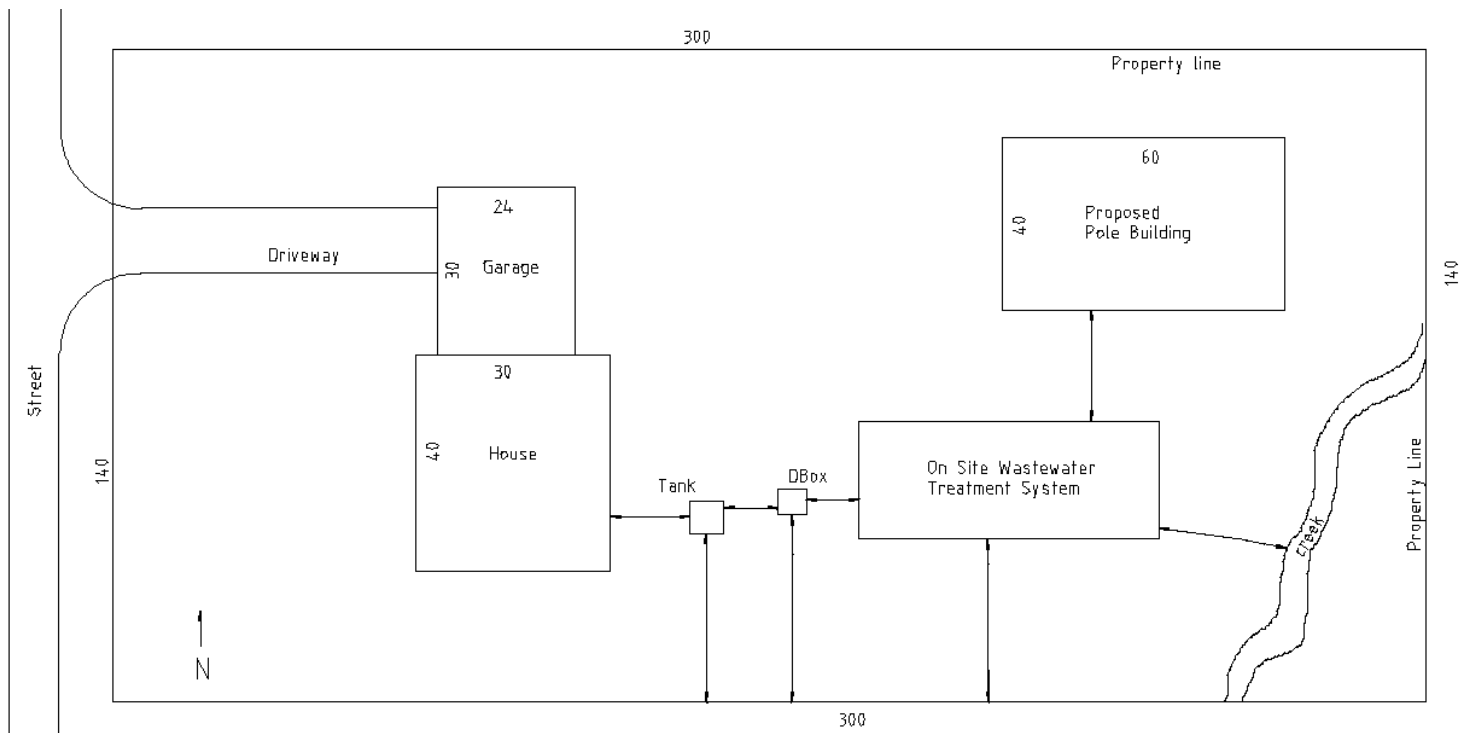
A copy of the permit will be mailed to you along with your discharge authorization.

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 their onsite wastewater system site plan.