



**Polk County Public Works**  
 5885 NE 14<sup>th</sup> Street  
 Des Moines, IA 50313  
 (515) 286-3705

**2016 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.

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

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 Circle</b>		
REPLACE OWTS	REPLACE TANK/BOX	REPLACE BOX
REPLACE/REPAIR LATERALS	OTHER	ABANDONMENT
REPLACE TANK		
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 \$180, Commercial \$235, Abandonment Fee \$52**

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



POLK COUNTY PUBLIC WORKS

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

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 Sec. \_\_\_\_ ,T \_\_\_\_ N, R \_\_\_\_  W  E
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.

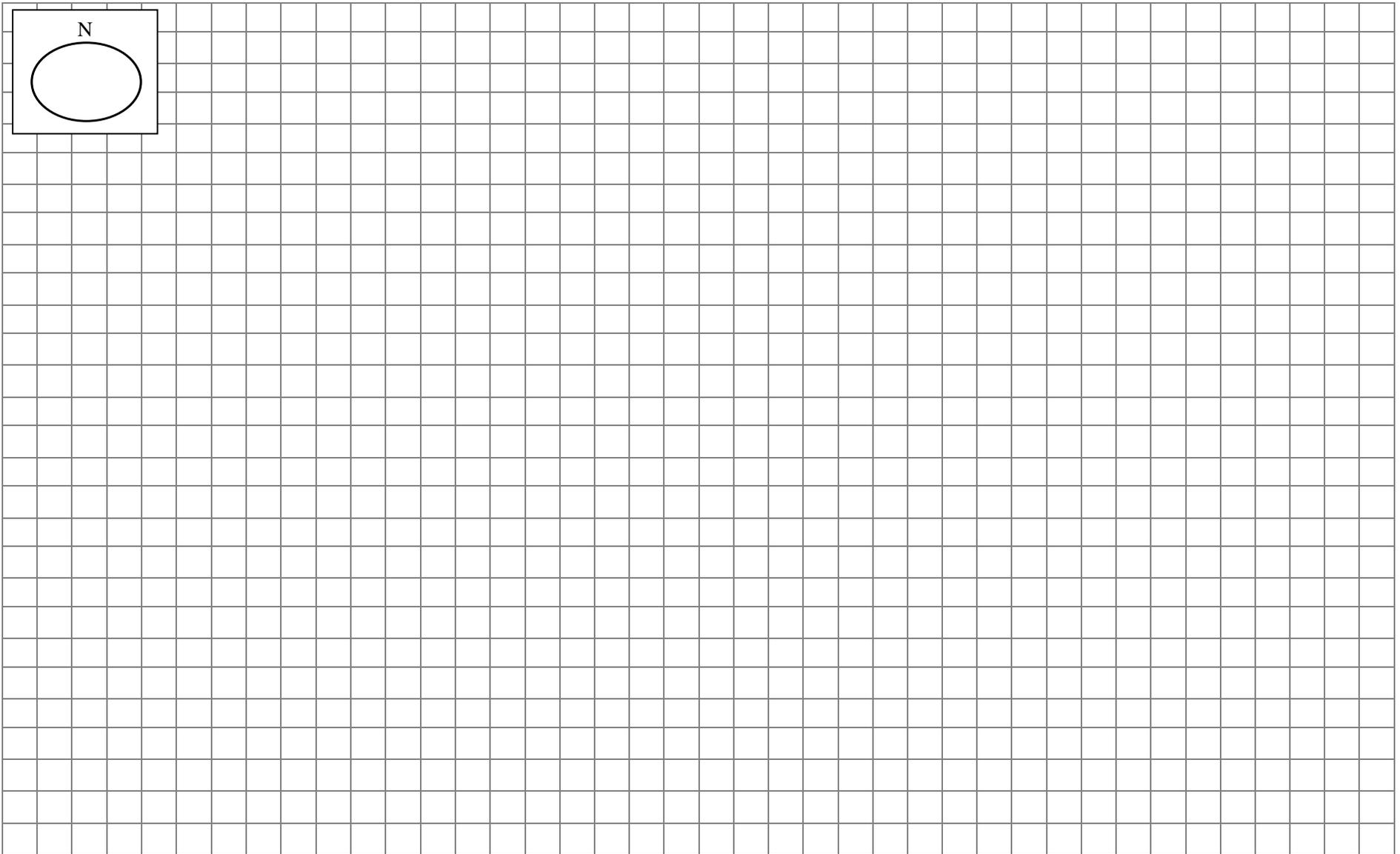
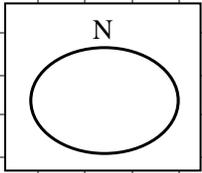
Signature \_\_\_\_\_

Date \_\_\_\_\_

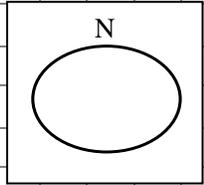
A copy of the permit will be mailed to you along with your discharge authorization.

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

**PRELIMINARY ONSITE WASTEWATER TREATMENT SITE SPECIFICATIONS AND LAYOUT**



**FINAL ONSITE WASTEWATER TREATMENT SITE SPECIFICATIONS AND LAYOUT**



**THIS IS THE APPROVED ONSITE WASTEWATER SYSTEM AS INSTALLED.**

INSPECTOR \_\_\_\_\_ DATE \_\_\_\_\_

LICENSED CONTRACTOR (OR HIS DESIGNEE) \_\_\_\_\_ DATE \_\_\_\_\_