

Ringgold County Board of Health

Public Health
119 South Fillmore
Mt. Ayr, IA 50854
641-464-0691

ON-SITE WASTEWATER TREATMENT AND DISPOSAL SYSTEMS

Permit Application – Fill Form Out Completely

Owner _____ 911 Address _____

City _____ Zip Code _____ Phone _____

Site 911 Address (If different from above) _____

Location ____ 1/4 ____ 1/4 ____ 1/4, Section _____, Township _____

Best route to take in getting to site _____

New: Dwelling _____ Manufactured Home _____ Commercial (Type) _____

Existing: Dwelling _____ Manufactured Home _____ Commercial (Type) _____

Number of Bedrooms _____ Lot Size _____

Easements signed and recorded: Yes _____ No _____ Unnecessary _____

(If commercial or some structure other than a home, an Attachment to Application for a Business Site form shall be attached to application.)

Check yes or no if you have or plan to have any of the following: Public sanitary sewer within 200 feet of site? Yes _____ No _____, Kitchen garbage disposal? Yes _____ No _____, Water softener? Yes _____ No _____, Whirlpool bath? Yes _____ No _____, Other high volume water use fixtures? Yes _____ No _____

Contractor _____ Address _____

City _____ Zip Code _____ Phone _____

Type of System Planned _____

(I understand that surface discharge systems require effluent sampling and that a Notice of Intent for a NPDES Permit shall be completed and submitted to the DNR. Frequency of sampling depends on the type of system installed. Some systems also require maintenance agreements. It is currently the homeowner's responsibility to see that their systems are sampled and that maintenance agreements are in current and recorded.)

Soil Analysis or Percolation Test Results (Required for Absorption Systems): A copy of the soil analysis or percolation test showing the location, depth and results of each hole, and required footage shall accompany this application if laterals are planned.

A drawing (including measurements) of proposed system, buildings, property lines, easements, water lines, wells, etc., shall be provided on the back of this form.

FEES: FIRST OR SECOND PERMIT – \$175.00, SUBSEQUENT PERMITS – \$500.00 EACH

Check payable to: **RINGGOLD COUNTY PUBLIC HEALTH NURSING AGENCY**

Return fee with application to above address.

I certify that the information provided on this application is correct and that all work will be completed in accordance with the Ringgold County Board of Health Rules and Regulations. The county does not represent nor warrant the operation or proper functioning of any system for any period of time.

Signatures: Applicant _____ Date _____