

PERMIT NUMBER: _____

Private Wastewater Disposal System Permit

Sac County Environmental Health

116 S. State Street

Sac City, Iowa 50583

Phone-712-662-7929

Permit Fee \$200

Permit Fee Paid? _____

Permit is valid for 1 year

Issued to:

Owner _____ Date _____

Mailing Address _____ Town _____

Site Address _____ Parcel# _____

Phone Number _____ Township _____ Section _____

Certified Contractor _____ Phone _____ New _____ Repair _____

Number of Bedrooms _____ Basement Bathroom _____ Acreage size _____

Primary Treatment-Septic Tank- Minimum Capacity:

Up to 3 bedrooms 1250 5 bedrooms 1750

4 bedrooms 1500 6 bedrooms 2000

Soil Evaluation _____ Zoning District _____

GPS- Latitude _____, -Longitude _____

Tank Manufacturer _____ Size of Tank required _____

Total Length of lines required _____ Number of Lines _____

All Construction shall conform to the Iowa Administrative Code Chapter 69 and Sac County Environmental Health Policies/Procedures. No installation shall begin until the permit is approved. **NO CONSTRUCTION SHALL BE CLOSED UNTIL FINAL APPROVAL FROM COUNTY SANITARIAN IS GIVEN. CERTIFIED CONTRACTOR SHALL SUBMIT A MAP OF SEPTIC SYSTEM WITHIN 30 DAYS OF COMPLETION.**

Contractor signature _____ Date _____

I certify to the best of my knowledge, the above information is correct, that all proposed work as indicated will be completed with the Sac County Board of Health Rules and Regulations before the facilities are placed in operation, and that adequate procedures will be followed.

It is understood that the local board of health may require a connection to a public sewer system when one becomes available in the future. The Sac County Health Department, by issuance of this permit and performance of related inspections, does not warrant the performance of this sewage disposal system, nor that it be free from defects.

Signature of Homeowner _____ Date _____

County Representative Approved _____ Date _____