

Cherokee County Environmental Health  
520 West Main • Box D • Cherokee, Iowa 51012  
Telephone 712-225-6721 • Fax 712-225-6733

**Application for a permit to install or repair a private waste treatment system. Complete ALL areas of the application before submission to the Department. Incomplete applications will not be approved.**

**Permit fee is \$125.00**

New System       Repair Existing System      Permit number: \_\_\_\_\_ (valid for 1 year)

Name of Owner: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Legal Description: ¼ \_\_\_\_\_ ¼ \_\_\_\_\_ Section: \_\_\_\_\_ Twsp: \_\_\_\_\_ Range: \_\_\_\_\_

**Building Information**

**Residential Dwelling:**

Number of Bedrooms       Number of Bathrooms       Garbage Disposal  
 Whirlpool       Water Softener       Walk-out Basement  
 Basement Fixtures? If yes, is drainage by gravity or pump? \_\_\_\_\_

**Commercial Building:**

Building Type \_\_\_\_\_ Fixtures in building: \_\_\_\_\_  
Number of Employees \_\_\_\_\_ Design Flow \_\_\_\_\_ gallons/day

**Water Supply**

Public       New Private Well       Existing Private Well  
If private well, distance from well to septic tank? \_\_\_\_\_  
Distance from well to distribution lines? \_\_\_\_\_

**Perc Test (min. of 3 required) Or**

Attach soil evaluation report  
Test 1= \_\_\_\_\_ Test 2= \_\_\_\_\_ Test 3= \_\_\_\_\_

**Septic Tank**

Tank manufacturer: \_\_\_\_\_  
Tank capacity: \_\_\_\_\_ gallons  
Distance between building and septic tank \_\_\_\_\_

**Absorption Field**

Type of leach field:       Gravel       Graveless       Chamber  
Width of Trenches \_\_\_\_\_ Depth of Trenches \_\_\_\_\_  
Diameter and lengths of distribution lines \_\_\_\_\_ Number of Lines \_\_\_\_\_  
Total footage of lines \_\_\_\_\_ Distance from property lines \_\_\_\_\_

**Contractor**

I certify that, to the best of my knowledge, the above information is correct, that all proposed work will be completed in accordance with Chapter 69 of the Iowa Administrative Code, and that maintenance procedures will be followed. **The EH Office will be notified at least 16 working hours in advance, between 8:00 am and 4:00 pm, that the site is ready for final inspection prior to being covered.** The Board of Health may require the landowner to connect to a public sewer system when one becomes reasonably accessible. The Cherokee County Board of Health, by issuance of this permit and performance of related inspections, does not warrant the performance of this sewage disposal system, nor that it is free from defects.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

EH Official's Signature \_\_\_\_\_ Date of Approval \_\_\_\_\_

**NOTE: Attach a separate sheet containing a sketch of the site plan showing the following items as applicable: 1)**

Lot dimensions and building with dimensions 2) yard dimensions around house 3) Road(s) 4) Driveways 5) Outbuildings 6) Streams, ravines 7) Existing or proposed well(s) and water lines 8) Footing or farm drain tiles 9) Location and lay out of proposed sewage system (show tank, fields, pump station, discharge points, etc.) 10) Indicate maximum depth of fields 11) Show wells or septic systems on adjacent properties if applicable

**Minimum distances:** 10 feet between house and septic tank; 50 feet between well and septic tank; 100 feet between well and septic absorption field.

Final Inspection Date: \_\_\_\_\_ by: \_\_\_\_\_