



**Application for a Permit to Construct, Modify or Abandon a Water Well and/or
Install or Modify an Onsite Sewage Disposal System**

Property Owner _____ Phone (H) _____ (W) _____
Address _____ City _____ State _____ Zip Code _____
Property Location _____

Has this property ever been previously denied for a permit? Yes No Date _____
Facility is New Existing Lot Size _____ acres/ft² Water Source _____
Type Facility Residence Other _____ Number of Bedrooms _____ Number Persons Served _____
Deed Recorded in Deed Book _____ Page _____ County Tax Map _____ Parcel No. _____
Subdivision Name _____ Approval No. _____ Section _____ Lot _____

To the best of my knowledge, the information provided on this application is true. I understand that I am responsible for informing the sewage system installer of existing or proposed locations of sewage systems and water wells. I understand that I must consult with the sanitarian for assistance to determine the location of any existing or proposed sewage systems or wells if unknown to me.

Date: _____ Signature of Owner: _____

Water Well Information

Application is for a permit to: Construct Modify or Abandon a water well.
Well will be used for: Potable Water Water Exploration Other _____
If abandoning well, abandonment method _____
Type of Casing _____ Type & Method of Grouting _____ Distance to Property Line _____ ft
Distance of Well from Potential Sources of Contamination:
Streams, rivers, lakes _____ Sewers & drains (non-watertight) _____ Privies (vault) _____
Sewage absorption fields _____ Sewers & drains (hydrostat.tested) _____ Barnyard/feedlot _____
Septic tank _____ Sewage holding tank _____ Water areas _____
Other _____

Well Driller _____ Telephone _____
Business Address _____
Certification No. _____ Exp. Date _____ Liability Insurance Exp. Date _____
Contractor's License No. _____ Exp. Date _____ Issued to _____
Contractor's Bond or Letter of Credit Exp. Date _____

I certify that the installation or modification of all parts of the well, including required material standards, shall be done in compliance with applicable design standards issued by the Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices. I further certify that I have a current contractor's bond or letter of credit and current liability insurance coverage.

Date: _____ Signature of Certified Well Driller: _____

For Health Department Use: Coordinates N _____ W _____ Date Rec'd _____
Site Eval _____ By _____ Date Fee Pd _____ Rec'd From _____
Contractor's Bond/Letter of Credit Exp. Verified By _____ Liability Insurance Exp. Verified By _____
Permit Issued Denied Permit # _____ Comments _____

Sewage Disposal System Information

Application is for a permit to: Install Modify

Check all that apply: Septic Tank Absorption Field Holding Tank Pit Privy Vault Privy

Alternative System (attach detailed plans) Chemical/Composting Toilet Other: _____

Percolation Test: Test Holes #1 _____ mins. #2 _____ mins. #3 _____ mins. #4 _____ mins.
Total Minutes = _____ Divided by 24= _____ Average time for water to fall one inch.

Six-foot hole is free of water or solid rock? Yes No Test conducted on (date) _____

I hereby certify that the percolation test was conducted in accordance with the procedures outlined in the Sewage Treatment and Collection System Design Standards, 64CSR47. **Notice: all homeowner installers must pass a certification examination administered by the Local Health Department prior to conducting perc testing.**

Date: _____ Signature of Certified Installer: _____

Septic Tank: Capacity (gallons) _____ Material _____ Top Seam or Mid Seam
Manufacturer _____ Outlet Filter Used ? Yes No Manufacturer _____

Drain Field: Materials: Gravel Gravelless Pipe Chambers Other _____ Brand _____
300 ft²/BR 400 ft²/BR Other _____ No. Bedrooms _____ X _____ ft²/BR = _____ total ft²
No. Lines _____ Length of each (ft) _____, _____, _____, _____, _____, _____
Trench Width (ft) _____ Average Depth _____ Max Depth _____ Pipe ASTM No. _____
Effluent distribution (check all that apply): Distribution Box Serial Pump dosed Siphon dosed
If Absorption Bed: Length (ft) _____ Width _____ If chambers: # Used _____ Brand _____

Separation Distances (ft) Septic tank to: Bldg Foundation _____ Property Line _____ Water Supply _____
Absorption field to: Bldg Foundation _____ Property Line _____ Water Supply _____

Design Sketch: Draw a sketch showing existing or proposed well locations, the location of all structures, property line locations, and the proposed sewage system as it is to be installed. Show all structures and facilities to be served by on-site sewage on the lot.

Certified Installer _____ Telephone _____
Business Address _____
Certification No. _____ Exp. Date _____
Contractor's License No. _____ Exp. Date _____ Issued to _____

I hereby certify that the installation or modification of all parts of the sewage disposal system, including required material standards, will be done in compliance with the Sewage Treatment and Collection System Design Standards Rule, 64CSR47, and appropriate manufacturer's recommended procedures and practices.

Date: _____ Signature of Certified Installer: _____