

# HENRY COUNTY

## APPLICATION FOR HOLDING TANK PERMIT

City \_\_\_\_\_ Township \_\_\_\_\_

Address or Legal Description of Septic Location: \_\_\_\_\_

Property Owner Name/Address/Phone: \_\_\_\_\_

Applicant Name/Address/Phone: \_\_\_\_\_

STATUS OF DWELLING: Proposed \_\_\_\_\_ Under Construction \_\_\_\_\_ Existing \_\_\_\_\_ Lot Size \_\_\_\_\_

Basement \_\_\_\_\_, Slab \_\_\_\_\_, Crawl Space \_\_\_\_\_, Number of Units \_\_\_\_\_, Number of Occupants \_\_\_\_\_

Number of: Bedrooms \_\_\_\_\_, Toilets \_\_\_\_\_, Bathtubs/Showers \_\_\_\_\_, Lavatories \_\_\_\_\_

Other Items: Dishwasher \_\_\_\_\_, Garbage Grinder \_\_\_\_\_, Water Softener \_\_\_\_\_, Hot Tub/Jacuzzi \_\_\_\_\_

OTHER STRUCTURES ON PROPERTY: \_\_\_\_\_

Is this a seasonal residence? Yes \_\_\_\_\_ No \_\_\_\_\_ Average days expected to use per month \_\_\_\_\_

WATER SUPPLY: Private \_\_\_\_\_, Semi-Private \_\_\_\_\_, Public \_\_\_\_\_

**ATTACH:** Scale drawing showing layout of proposed structure, including all building. Site map.

I certify that to the best of my knowledge, the above information is correct, that all proposed work as indicated will be completed in accordance with the Henry County regulations before the facilities are placed in operation, and that adequate maintenance procedures will be followed. It is understood that the local board of health may require a connection to a public sewer when one becomes available in the future. Henry County, 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. Permits expire one year (six months if complaint based) from date issued

Holding tank permits require an annual renewal fee. At the time of renewal, pumping records by a licensed pumper will be required. (No later than April 1<sup>st</sup> of each year).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*FOR OFFICE USE ONLY*

DATE PERMIT ISSUED: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

HOLDING TANK SIZE \_\_\_\_\_ gallon minimum \_\_\_\_\_ gallon **RECOMMENDED**

GRAVITY FLOW FROM STRUCTURE? \_\_\_\_\_ PRESSURE FLOW FROM STRUCTURE? \_\_\_\_\_

Contractor Name & Phone Number: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, I the contractor certify that I have installed this system per Iowa Code Chapter 69 and Henry County Regulations.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Henry County Authorized Representative

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

Henry County Authorized Representative

**PERMIT FEE: \$200.00**

**PAYABLE TO: HENRY COUNTY TREASURE**

**HENRY COUNTY BOARD OF HEALTH**

**MAIL TO: REGIONAL UTILITY SERVICE SYSTEMS 1501 W. WASHINGTON ST. Ste. 103 MT. PLEASANT IA 52641**

**PHONE: 319-385-1223**

**IMPORTANT: CALL 24HRS IN ADVANCE BEFORE YOU START EXCAVATION, COMPLETE INSTALLATION, KEEP ALL EXCAVATION OPEN UNTIL FINAL INSPECTION.**