



OSWAP Approval Form

Requires County Signatures for (1) Onsite System Plan and (2) Final Inspection AND Applicant's Signature

County IOWA County Permit # _____

Owner's Name: _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Property Address: _____

Problem with Existing System: _____

Type of Building (check one box below):

Home: # Bedrooms (BRs) _____ Other: (e.g. Shop, Office, etc) _____

System Design Flow in Gallons/Day: (150 x # BRs, if a home) _____

Soil Evaluation: Is Site Suitable for Soil Absorption System? Yes No

Soil Test Method (check one or both boxes): Percolation Test Soil Evaluation Other: _____

Soil Absorption Rate: _____ (Minutes/Inch) Other Factors: _____

Limiting Layer Depth: _____ Limitation Type (Rock, Impervious Clay, Groundwater): _____

Onsite Wastewater System Plan:

1. Septic Tank: # Tanks _____ Total Capacity (Gallons) _____ Material (Concrete, Plastic) _____

2. Secondary Treatment System:

a. Soil Absorption: Type (e.g. Chamber, Gravel, etc) _____ Length _____ Width _____ Depth _____

b. Other: (e.g. Sand filter or media filter, etc) Type _____ Size _____

Brand (if applicable) _____ Additional Treatment (if applicable) _____

3. Is This a Surface Discharging System? Yes No Is NPDES Permit Applied For? Yes No

4. System Management Plan

(required) _____

Signature of Applicant _____ Date _____

(1) Plan Approved _____ Date _____

County Representative

Final Inspection:

(2) Completed System Approved _____ Date _____

County Representative