

**Application to Construct  
Private Sewage Disposal System (PSDS)**

Office Use Only					Temp E911:		
Tracking No.	Date Received	Fee Paid	Check #	Date Issued		Section/Township	

Application will not be accepted until site and soil analysis/percolation information have been received and fee has been paid. For systems requiring an NPDES General Permit #4 (surface discharge), its application must be submitted to this office along with appropriate forms for recording before a permit will be issued.

*Please Print All Information.*

1. Owner Information (Applicant)		2. Installation Contractor Information									
First Name	Last Name	First Name	Last Name								
Address		Address									
City	State	City	State								
	Zip		Zip								
Phone Number (area code)	Cell Phone	Phone Number (area code)	Cell Phone								
3. System Requirement Information		4. Site and Soil Evaluator (Percolation Test/Soils Analysis)									
<p><b>IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED</b></p> <p>Minimum Tank Size Required</p> <table> <tr> <td>1-3 Bedroom</td> <td>1250</td> </tr> <tr> <td>4 Bedroom</td> <td>1500</td> </tr> <tr> <td>5 Bedroom</td> <td>1750</td> </tr> <tr> <td>6 Bedroom</td> <td>2000</td> </tr> </table>		1-3 Bedroom	1250	4 Bedroom	1500	5 Bedroom	1750	6 Bedroom	2000	<p><b>PERCOLATION/SOILS ANALYSIS MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT</b></p> <p>Date test taken _____ Test taken by _____</p> <p>Passed: _____ Failed: _____</p> <p>Percolation Rate: _____</p> <p>Soils Loading Rate: _____</p>	
1-3 Bedroom	1250										
4 Bedroom	1500										
5 Bedroom	1750										
6 Bedroom	2000										
5. Type of Submittal		6. Address Information									
<input type="checkbox"/> New House <input type="checkbox"/> Existing House <input type="checkbox"/> Repair, Tank <input type="checkbox"/> Repair, Treatment Area <input type="checkbox"/> System Replacement Previous Permit #: _____		911 Address or nearest road: _____ Legal Description: _____									
7. Type of Building (Completed by Owner)											
Building Square ft.:	Number of Bedrooms:	Number of Bathrooms:	Non-Residential uses:								
Other buildings served by this system:		Any other circumstances which may affect water usage:									
<b>Water softeners must be routed to a brine pit independent of septic system.</b>											
8. Tanks											
<b>Your contractor or system designer should complete the remaining portion of this application.</b>											
<b>Septic Tank</b>	Type:	Size:	Manufacturer:								
<b>Pump Tank</b>	Type:	Size:	Manufacturer:								
<b>Additional Tank</b>	Type:	Size:	Manufacturer:								
9. Secondary Treatment Area											
Laterals	Type:	Length of each:	Total number:								
			Maximum trench Depth:								
Sand Filter	Square ft.:	Length:	Width:								
Peat System	Model:	Manufacturer									
Other	Description:										

<p><b>I hereby attest the truth and accuracy of all facts and information presented on this application. Request for inspection of the system must be made 24 hours in advance. Water at the site to test the distribution box must be available. Discharging systems must be covered by a maintenance agreement, which shall be recorded in the Madison County Recorders Office. Discharging systems also require periodic testing as set forth in IAC Chapter 69 and Madison County Environmental Health Regulations.</b></p>		<p><b>It is unlawful to start construction, reconstruction, or repair of any PSDS prior to issuance of a PSDS permit by the Environmental Health Officer.</b></p>
Applicant Signature:	Date:	