

HENRY COUNTY
APPLICATION FOR HOLDING TANK ANNUAL RENEWAL

City _____ Township _____
Address or Legal Description of Septic Location: _____
Property Owner Name/Address/Phone: _____
Applicant Name/Address/Phone: _____

STATUS OF DWELLING:

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 _____,

High Alarm indicator? YES _____ NO _____, Warning Light Indicator? Yes _____ NO _____

Times pumped this calendar year? _____

Maintenance Provider? _____

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.

A record of the holding tank annual inspection and any/all tank pumping shall be maintained and a copy forwarded onto the HCEH Specialist when the holding tank annual renewal permit is applied for. The holding tank annual renewal permit must be applied for and fees paid on or before April 1st of each year.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: _____ **PERMIT NUMBER:** _____

Approved by: _____ Date: _____

Henry County Authorized Representative

Final Inspection done by: _____ Date: _____

Henry County Authorized Representative

PERMIT FEE: \$75.00

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.