



**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/ft<sup>2</sup> 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 ft<sup>2</sup>/BR ☐ 400 ft<sup>2</sup>/BR ☐ Other \_\_\_\_\_ No. Bedrooms \_\_\_\_\_ X \_\_\_\_\_ ft<sup>2</sup>/BR = \_\_\_\_\_ total ft<sup>2</sup>

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: \_\_\_\_\_