BENTON COUNTY HEALTH DEPARTMENT

P.O. BOX 327, VINTON, IA 52349

Phone: (319) 472-3119 Fax: (319) 472-2925 Email: marc@co.benton.ia.us

APPLICATION/PERMIT FOR PRIVATE SEWAGE DISPOSAL SYSTEM

ame of Owner:				Phone:			
Site Address:							
Mailing Address:							
Legal Description:	Section	Townsl	hip	_ Range	Lot#		
Addition	ion Township_			Lot Size?			
# of Bedroom	ms? If reco	nstruction,	, does any	thing drain ir	ito basement flo	or drain,	
such as: a wash	ing machine	, shower, or	r toilet?*_			H	
Well Distance from	Septic Tank	:	Well D	istance from l	Field/Filter:		
Signature of Owner	or Agent:						
Permit Fee: \$250.00 Repair Fee: \$100.00	0 Fee is p	ayable to B	BENTON	COUNTY HI	EALTH DEPAR	RTMENT	
		ERMIT IN					
Size of Tank:	Gallon	Type/Mar	nufacture	r:			
Absorption Field: G	ravel	Chamber		Lineal Footage	e(Min.)		
Sandfilter: Size		Туре		Dosed	(Y/N)		
Coco Filter:	_ Advantex:	A	Aerobic: _	Main	tenance Agreeme	ent:	
Comments:							
Date Approved:							
Permit #	Date of Fin	al Inspectio	n**:	Cont	tractor:		
(New Permit:	Rec	construction	n Permit:	R	epair Permit:_		

This permit is issued using the information provided on this form, and if new, the soil & percolation test information. A permit is no guarantee of future performance of the septic system.

^{*}All domestic wastewater must be connected to approved sewage disposal system.

^{**}An inspection date indicates the day that the new, reconstructed, or repaired system was reviewed for compliance with State and County requirements.

SITE PLAN

Draw the following and give the distances from each of the following locations: 1) Lot dimensions 2) Road(s) 3) Existing or proposed structures 4) Driveways 5) Septic tank

6) Septic absorption field 7) All wells and within 100 feet of installation site

8) Existing drainagelines 9) Percolation test holes 10) Soil Profile Hole

Minimum Distances: 10 feet between house and septic tank; 50 feet between well and septic tank; 100 feet well and septic absorption field

