

ENVIRONMENTAL HEALTH
RINGGOLD COUNTY
ON-SITE WASTE WATER TREATMENT AND DISPOSAL SYSTEM APPLICATION

	<u>Ringgold County Board of Health</u> 109 W. Madison St. Mt Ayr, IA 50854 641-464-0691	
--	---	--

Property Information

Owner _____ County _____

Mailing address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

911 address (or address of location of site) _____

Address _____ City _____ State _____ Zip _____

Size of Parcel or Lot _____ Number of Buildings on Parcel or Lot _____

Section _____ Township _____ Parcel Number _____

Best route to get to site _____

Contractor Information

Name of Company _____ Address _____

City _____ State _____ Zip _____ Phone _____

System Information

Type of Treatment System Planned _____ Other Types of Systems: Greywater System _____ Outdoor Privy _____

Public Sanitary Sewer within 200 feet of site Yes _____ No _____

Type of Dwelling : New _____ Existing _____

Home _____ Manufactured Home _____ Commercial (type) _____ Other _____

If Commercial or some structure other than a home, attach an Application for a Business Site)

Any Easements Yes _____ No _____ Unnecessary _____

Number of Bedrooms _____

Requirements: (Please initial the following)

_____ I understand that surface discharge systems, to waters of the state, require effluent sampling and that a Notice of Intent for a NPDES Permit shall be completed and submitted to the DNR. Frequency of sampling depends on the type of system installed.

_____ I understand some systems also require maintenance agreements. It is currently the homeowner's responsibility to see that their systems are sampled and that maintenance agreement is in current and recorded.

_____ Soil Analysis or Percolation Test Result (Required for Absorption Systems): A copy of the soil analysis or percolation test showing the location, depth, results of each hole, and required footage shall accompany this application, if laterals are planned.

_____ I certify that the information provided on this application is correct and that all work will be completed in accordance with the Board of Health Rules and Regulations. ***The County does not represent nor warrant the operation or proper functioning of any system for any period of time.***

Fees – (Non-Refundable):

Homeowner Install: \$500.00 (must show proof of 6 CEUS hrs) / Contractor Install: \$400.00 FEES ARE NON-REFUNDABLE

Checks payable to Ringgold County Public Health

Application Signature		Date		
06/2017				
Permit Number	Permit Issued by:	Issued Date	Fees Paid	Check Number