



Story County Environmental Health
 900 6th Street
 Nevada, Iowa 50201
 Phone: (515) 382-7240

Email: Healthweb@storycountyiaowa.gov

Private Onsite Waste Disposal System Permit Application

Applicant Information

Name		
Address		
City	State	Zip
Phone	Email	

Property Owner Information (if different than applicant)

Name		
Address		
City	State	Zip
Phone	Email	

Project Location Information

Parcel ID Number
Address

<input type="checkbox"/> New Construction Start date: _____ <input type="checkbox"/> Residential Number of bedrooms: _____ <input type="checkbox"/> Non-Residential Estimated daily water use: _____	<input type="checkbox"/> Updating for Time of Transfer? <input type="checkbox"/> Property served by rural water?	Number of wells on property: (active or inactive) _____ Number of buildings that generate wastewater: _____ Septic Contractor (Must be CIOWTS certified)
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Property Owner's Consent to Conduct Inspections
 I certify that the information is true and correct to the best of my knowledge and that in filing this application I give Story County officials permission to access the property for the purpose of inspection.

_____ **Signature** _____ **Date**

If signatory is not the owner of the property, a written statement from the owner of record stating the applicant signing this form may act on behalf of the owner must be submitted.

FOR OFFICE USE ONLY

Paid: _____ Receipt #: _____

<p><u>PAYMENT DUE AT TIME OF APPLICATION</u></p> <p>Construction Permit - \$240 Repair Only Permit - \$25</p> <p>Make checks payable to: "Story County Treasurer"</p>	<p>Mail application and payment to: Environmental Health Department 900 6th Street Nevada, Iowa 50201</p>
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