



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"/> <b>New Construction</b> Start date: _____	<input type="checkbox"/> <b>Updating for Time of Transfer?</b>	<b>Number of wells on property:</b> (active or inactive) _____
<input type="checkbox"/> <b>Residential</b> Number of bedrooms: _____	<input type="checkbox"/> <b>Property served by rural water?</b>	<b>Number of buildings that generate wastewater:</b> _____
<input type="checkbox"/> <b>Non-Residential</b> Estimated daily water use: _____	<b>Septic Contractor</b> (Must be CIOWTS certified)	

**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 #: \_\_\_\_\_

**PAYMENT DUE AT TIME OF APPLICATION**

Construction Permit - \$250  
 Repair Only Permit - \$25

Make checks payable to:  
**"Story County Treasurer"**

**Mail application and payment to:**  
 Environmental Health Department  
 900 6th Street  
 Nevada, Iowa 50201