

Clayton County Health and Zoning  
600 Gunder Rd Suite 12, Elkader, Iowa 52043  
(563) 245-2451 or FAX (563)-245-2451  
e-mail jott@claytoncountya.gov

Fee \$75  
made payable to Clayton County  
Health and Zoning  
Septic Permit Number \_\_\_\_\_

## Septic Permit Application

Please PRINT

Owner's Name \_\_\_\_\_

Phone numbers \_\_\_\_\_  
home work (which person) cell(s) (which person)

Mailing address: **If** other than location of structure below -- \_\_\_\_\_

Septic contractor \_\_\_\_\_ New System \_\_\_\_\_ Replacement System \_\_\_\_\_

### LOCATION OF STRUCTURE TO BE SERVED:

Legal description : Section: \_\_\_\_\_ Township \_\_\_\_\_

911 address \_\_\_\_\_

If you don't have an address assigned yet let the Health and Zoning Office know so one can be assigned.

### Building information:

Type of structure: <input type="checkbox"/> New house, if so Building permit in progress? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Existing house <input type="checkbox"/> Commercial Other _____	Garbage disposal? <input type="checkbox"/> yes <input type="checkbox"/> no Oversized whirlpool/spa? <input type="checkbox"/> yes <input type="checkbox"/> no Number of bedrooms: _____	Stool in the basement? <input type="checkbox"/> yes <input type="checkbox"/> no Laundry in basement? <input type="checkbox"/> yes <input type="checkbox"/> no	Type of water supply: <input type="checkbox"/> well <input type="checkbox"/> city _____
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1. Are there any additional water usages that we need to consider, such as home businesses, day care, bed & breakfast, or beauty shop?  yes  no

If yes, explain \_\_\_\_\_

2. Are there any water wells on this property?  yes  no  unknown

If so, where? \_\_\_\_\_

3. Easement needed?  yes  no An easement is required if any part of the septic system must be placed on property that is not your own. If yes, attach a copy of the recorded document. An easement gives you a legal right to use another person's land for the system. A permit will NOT be issued without a copy of the easement filed with this application.

### TREATMENT SYSTEM REQUIREMENTS

Septic Tank total capacity \_\_\_\_\_ gallons Type of distribution system to be used \_\_\_\_\_

Trench width: \_\_\_\_\_ Trench depth \_\_\_\_\_ Total length of trenches to be installed \_\_\_\_\_

OR Total Area in Square Feet \_\_\_\_\_

Mechanical system? \_\_\_\_\_ If yes, Type of system \_\_\_\_\_

Date \_\_\_\_\_ Signature of land owner: \_\_\_\_\_

Date Approved \_\_\_\_\_

By \_\_\_\_\_

Permit expires on \_\_\_\_\_

Representative, Clayton County Health Dept.

**Contractor to submit to the County a scale drawing of system as built within 30 days after installation.**