



APPLICATION
Private Sewage Disposal System Permit

Permit Fee: **\$325**
Permit No. _____

Date _____

Title Holder _____

Mailing Address _____

SITE ADDRESS _____

Telephone Number (home) _____ Status of Building
(work) _____ Existing
(cell) _____ Under Construction
Proposed

Township (if known) _____ Section Number (if known) _____

Lot Size: _____ ft. by _____ ft.

Residential or Commercial (type)

Number of Bedrooms _____ Number of: _____ toilets _____ sinks _____ showers

Fixtures: _____ Garbage Disposal _____ Water Softener

Sewage Contractor (If known) _____

A soil analysis will need to be conducted by a representative of this office in order to determine the size of the drainfield.

****A backhoe must be made available for the soil analysis****

Applicant's Signature

**Please return completed form and fee to:
CG Public Health
Environmental Health Section
2570 4th St SW, Suite 1
Mason City, IA 50401
Phone (641) 421-9336 / Fax (641) 421-9351**