



APPLICATION  
Private Sewage Disposal System Permit

Permit Fee: \$325  
Permit No. \_\_\_\_\_

Date \_\_\_\_\_

Title Holder \_\_\_\_\_

Mailing Address \_\_\_\_\_

SITE ADDRESS \_\_\_\_\_

Telephone Number (home) \_\_\_\_\_  
(work) \_\_\_\_\_  
(cell) \_\_\_\_\_

Status of Building  
\_\_\_\_ Existing  
\_\_\_\_ Under Construction  
\_\_\_\_ Proposed

Township (if known) \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

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 4<sup>th</sup> St SW, Suite 1  
Mason City, IA 50401  
Phone (641) 421-9336 / Fax (641) 421-9351**