



HAMILTON COUNTY PUBLIC HEALTH
 1610 Collins Street, Suite 1 Webster City, Iowa 50595
 (515) 832-9565 www.hamiltoncountypublichealth.com

PERMIT
 NUMBER:

PRIVATE SEWAGE DISPOSAL SYSTEM

ALTERATION PERMIT

APPLICATION

An alteration permit is required prior to conducting any change that affects the treatment or disposal of the waste, including replacement of the primary or secondary components, or a change in the design of a permitted private sewage disposal system from the design that was originally installed and approved by the administrative authority. The non-transferable permit is valid for ONE YEAR.

APPLICANT INFORMATION

TITLE HOLDER:		PHONE:
MAILING ADDRESS:		
SITE ADDRESS:		PARCEL NUMBER:
LEGAL DESCRIPTION: ___ 1/4 of the ___ ¼ of the ___ ¼ of Section ___ Township ___ N, Range ___ W, Hamilton County, Iowa		
TOWNSHIP:	SUBDIVISION:	LOT:
ACREAGE REQUIREMENT: ___ 1 acre ___ 3 acres ___ 5 acres	LOT ACREAGE OR DIMENSIONS:	ZONED AS:

PRIVATE SEWAGE DISPOSAL SYSTEM INFORMATION

BUILDING TYPE: ___ Residential – Single ___ Residential – Multiple ___ Mobile Home ___ Industrial/Commercial ___ Other:	DESIGN DATA: Bedrooms*: _____ Estimated GPD: _____ *For non-household structures please refer to Chapter 69.8 (2) a&c Sewage Disposal System Regulations 2009.
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FOR OFFICE USE ONLY

REQUIREMENTS

I certify that, to the best of my knowledge, the information submitted with this application is correct and that all proposed work will be completed in accordance with Hamilton County Public regulations before the facilities are put into operation. Hamilton County Public Health may require access to the property for the purpose of monitoring the system. It is understood that the Hamilton County Board of Health may require connection to public sewer when one becomes available.

An inspection must be conducted by Hamilton County Public Health **prior to covering the system**. Contact this Department at least (8) working hours (8:00 AM to 4:00 PM, Monday through Friday) in advance to schedule a final inspection.

APPLICANT (OR APPLICANTS AGENT) SIGNATURE & TITLE:	DATE:
APPROVED BY (REPRESENTING HAMILTON COUNTY PUBLIC HEALTH):	DATE: