Webster County Environmental Health
330 1st Avenue North, Suite L2
Fort Dodge, IA 50501
Phone: 515-573-4107 FAX: 515-955-1682

Permit # _____
Issue Date: _____
Expiration Date: _____

Septic Construction Permit Application Form

Owner: _____ Phone: _____

Mailing Address: _____ City & Zip: _____

Site Address: _____ City & Zip: _____

Legal Description: _____

Section: _____ Township: _____ Range: _____ Lot Size: _____ Parcel #: _____

GPS Location: _____

Residential (# of Bedrooms): _____ Commercial: _____ Est. GPD: _____

Dwelling is: New _____ Existing _____

This septic construction is: New _____ Replacement* _____ Repair* _____ Alteration* _____

*Explain: _____

Contractor: _____ Phone: _____

Contractor Address: _____ City & Zip: _____

Fax: _____

Preliminary Permit Site Information

Percolation Test #: _____ Results: _____
Who Completed Percolation Test ? _____
(Required)
Type of soil _____

Details of System to be Constructed

Septic Tank (Minimum Gallon Capacity): 1250 gal _____ 1500 gal _____ 1750 gal _____ 2000 gal _____
(up to 3 bdrm) (up to 4 bdrm) (up to 5 bdrm) (up to 6 bdrm)

Is tank Concrete_____ other_____

- § Tanks must consist of 2 compartment tanks with inlet and outlet baffles.
  See Chapter 69 regulations Do you need a copy of Chapter 69 mailed to you? Yes or No

System Requirements:

Minimum Distance in Feet from	Tank	Laterals
Private water supply well	50	100
Public water supply well	200	200
Groundwater heat pump borehole	50	100
Lake or reservoir	50	100
Stream or pond	25	25
Edge of drainage ditch	10	10
Dwelling or other structure	10	10

Subsurface Absorption:

- § No soil absorption trench shall be greater than 100 ft long
- § Soil absorption trenches shall not exceed 36 inches in depth

Absorption Field total length of laterals _____ feet for 2' Wide Trench__ feet for 3' Wide Trench

# of lateral lines _____

Minimum Length of Absorption Trenches in Feet

	2 Bedroom		3 Bedroom		4 Bedroom		5 Bedroom		6 Bedroom	
Width of trench in feet	2'	3'	2'	3'	2'	3'	2'	3'	2'	3'
More Clay Soil (0.5)	300	200	450	300	600	400	750	500	900*	600
Normal Soil Requirements	250	167	375	250	500	333	625	417	750	500

Conditions of Permit

- § **A map must be submitted of the system to the Webster County Health Department**.
- § **All parts of the system must be uncovered for the final inspection by the Sanitarian upon completion. For a final inspection, call 515-573-4107 at least 24 hours in advance to schedule an inspection time.**

Applicant (signature): _____ Date: _____

OFFICE USE ONLY:

Permit Issued by: _____ Permit Fee of $_____

Fee has been paid by: Cash _____ or Check # _____

Inspection by: _____ Date: _____

Once application has been received we will review it and a septic permit will be issued. A copy of the permit will be faxed to you for your records.

Revised July 28, 2009