

Installation of Private Septic Systems

1. Application to Install an On-site Septic System

The Siouxland District Health Department requires that any homeowner installing or repairing a private septic system shall complete an application to install prior to installation of your system. The application is valid for one year from the date of submission. The application fee is \$200.

- Fees are non-refundable.
- Penalty Fee for Installation without a permit: It is the responsibility of the person who constructs or alters the private sewage disposal system to ensure that a permit has been issued prior to commencement of work or a penalty of twice the application fee (an additional \$200) will be assessed.
- Application must be signed by the Septic Contractor and the property owner.
- If items are not complete, the application may not be accepted.

2. Site Evaluation

The Siouxland District Health Department requires a site evaluation prior to the start of installation. It is recommended that you also select a contractor to have present during the site evaluation as well. During this time, the area for the septic system will be laid out and any setbacks determined. Verification that the selected installation site **IS** owned by the applicant and that the system will not be installed on another's property without a legal easement needs to be determined. A copy of the easement shall be attached if required.

3. Soil Evaluation

Subsurface soil absorption septic systems are considered to be the best available treatment for private wastewater. However; the right type of soil must be present for effective treatment and for system longevity. During evaluation the following needs to be determined: limiting layers, seasonal water table and if soils are suitable.

- If the contractor is unable to determine the preceding information, a percolation and bore hole test may be required.
- Flood Plain Data can be furnished to you by Woodbury County Rural Economic Development. If your property is located in a Flood Plain Zone, you will be required to also obtain a Floodplain Development Permit from Woodbury County Rural Economic Development.

4. Inspection and Approval

The contractor should contact the Siouxland District Health Department a minimum of 24 hours in advance to schedule a final inspection. The system must be inspected prior to backfilling any portion of the install. A copy of the drawing/map needs to be provided at this time. Once the system is inspected and final approval given, a copy of the permit, reports and a map will be mailed or emailed to the homeowner within 7 business days.

Application for Permit to Install, Rebuild or Modify a Private Sewage Treatment System

Name of Owner _____ Phone No. _____

Present Address _____ Mailing Address _____

Installer _____ Date _____

Email _____

Legal Description of Installation Site:

Township _____ Range _____ Section _____

City address, if appropriate, or specific location if rural _____

Lot Size _____ Dwelling Exists _____ New Construction _____

If new construction site, give identifying markers _____

Type of structure to be served by system:

- 1) Single Residence - Number of Bedrooms _____
- 2) Duplex or more - Number of Bedrooms _____
- 3) Other: _____

Water supply:

Public _____ Private _____

Distance of any well within 150 feet of installation site _____

Draw a diagram on reverse side of application sheet showing the following and the distances from each: (1) Lot lines, (2) Existing structures or proposed structure, (3) Driveways or proposed driveways, (4) Proposed tank location, (5) Proposed absorption field location, (6) All wells and septic tank system absorption fields within 150 feet of installation site.

I certify that, to the best of my knowledge, the proceeding attached information is correct, that all proposed work will be completed in accordance with Chapter 69 of the Iowa Administrative code 567 before the system is placed in operation, and the adequate maintenance procedures will be followed during the life of the system.

Signature of Owner _____ Date _____

Signature of Contractor _____ Date _____

An inspection must be conducted by Siouxland District Health Department prior to covering any part of the system. Contact SDHD at least 24 hours in advance to schedule a final inspection. **DO NOT BACKFILL WITHOUT FINAL INSPECTION.** The Siouxland District Health Department, by issuance of this permit and performance of related inspections, does not warrant the performance of this waste water disposal system, nor that it be free from defects.

FOR OFFICE USE ONLY

Size of Tank _____ Gallons Lineal feet of Absorption Field _____ Trench Width _____

Alternative System _____

Permit No. _____ Date Issued _____ Approved: _____

Siouxland District Health Department

Submit this application to:

Siouxland District Health Department
1014 Nebraska Street
Sioux City, Iowa 51105
(712) 279-6119

Fee:
\$200.00
Non-Refundable