

Application for On-Site Sewage Treatment System

Hancock County Environmental Health

DATE: _____

Permit Fee: **\$250.00**

Permit No: _____

Office Use Only

DEED HOLDER: _____

MAILING ADDRESS: _____

SITE ADDRESS: _____

Township _____

Section # _____

Contact Information:

(home phone) _____

(cell phone) _____

(email address) _____

Status of Building Being Served: (circle one)	Existing	Under Construction	Proposed
Lot size: _____ ft ²	OR	_____ # of acres	
Type: Residential (# of Bedrooms) _____	OR	Commercial (# of Employees) _____	
Does all Domestic Wastewater goes to the septic tank? (circle one)	Yes	No	
Sewage Contractor: _____ (if known)			

*Site and soil analysis must be conducted by a representative of this office **before** work begins.*

Applicant Name (PRINT)

Applicant Signature

Complete application
and return with check
payable to:

Hancock County Environmental Health
545 State St.
Garner, IA 50438

