

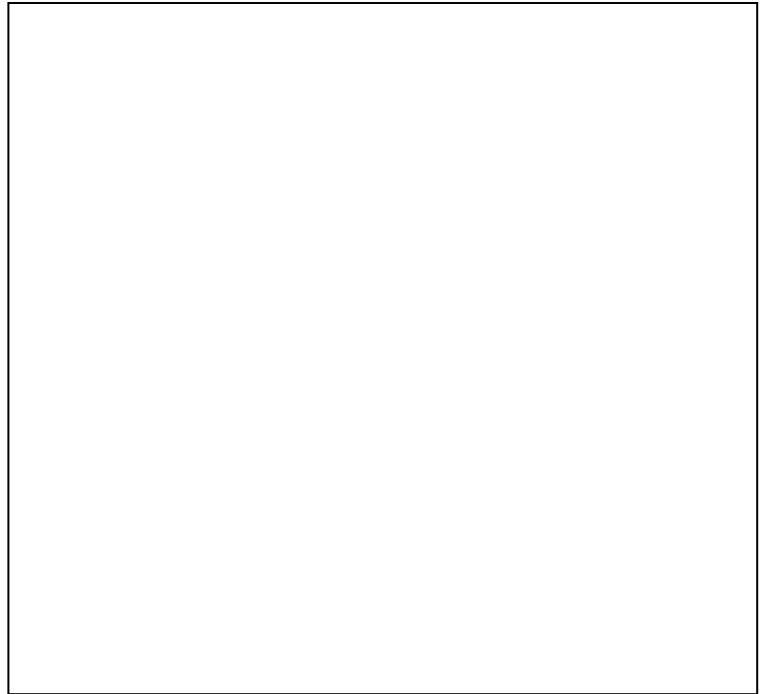
Cole County Health Department On-Site Sewage Disposal system Construction Permit Application			Cole County Use Only		Application #	
			Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Property Owner Name: (First, Last)			Permit Number:			
			Application Date:			
2. Site physical address:			Issuance Date:			
			Expiration Date:			
City, State, Zip			Cole County Approval Signature			
1/4	1/4	Section	Township		Range	
Parcel ID No:						
Directions to Site:						
3. Mailing Address <input type="checkbox"/> Same as Site Address			Day Phone:		Evening Phone:	
City, State, Zip:						
4. System is:		<input type="checkbox"/> New Construction		<input type="checkbox"/> Repair of existing System		
5. System serves;		<input type="checkbox"/> Residence		<input type="checkbox"/> Business		
<input type="checkbox"/> Single Family	# of Bedrooms	Laundry Facility <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Food Service		<input type="checkbox"/> Lodging	
<input type="checkbox"/> Multi Family # of Units _____	Whirlpool Bath <input type="checkbox"/> Yes <input type="checkbox"/> No	Garbage Disposal <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other (specify)			
	Dishwasher <input type="checkbox"/> Yes <input type="checkbox"/> No		Daily Sewage Flow (gpd):			
6. Water Supply <input type="checkbox"/> Public <input type="checkbox"/> Private		Public		Private		
		Name of Supply		Type of Supply	<input type="checkbox"/> Bored Well	<input type="checkbox"/> Driven Well
				<input type="checkbox"/> Drilled Well	<input type="checkbox"/> Dug Well	
7. Lot Size		Slope		<input type="checkbox"/> Other (specify)		
8. Soil Information		Include percolation test or soil scientist report with the application				
Soil Test Date ____/____/____		Percolation rate (min/in) N/A				
<input checked="" type="checkbox"/> Soil Morphology Test	Soil type	Soil texture	% clay		Appl. rate (gpd/sf)	
Perk Test N/A						
9. Name of Soil Scientist						
Address:			Phone No. _____ Fax _____			
			Cell _____			
City State, Zip						

<b>10. Proposed System</b> Complete information only for the system you plan to construct. (Section 10. A., B., or C.)			
<b>A. Waste Stabilization Pond (Lagoon)</b>		<b>Pond Seal</b>	
Dimensions (L x W)		Native Soil	Artificial Liner
Total Water Surface Area		Bentonite Clay	Clay from another source
Working Depth		Type of equipment used to compact soil	
Indicate location of discharge pipe, fence, gate, and all set back distances on Site Layout			
<b>B. Sewage Tank</b>		<b>Absorption Field</b>	
Manufacturer	Type Construction	Serial Distribution (Land Block)	Flat Lot Layout
Liquid Capacity	Material	Total Absorption Area	Type of trench ( <i>pipe &amp; gravel, 10" sock pipe, 15" chamber, etc.</i> )
	Is there a water softener? <input type="checkbox"/> Yes <input type="checkbox"/> No		# ____ of trenches length ____ of trenches
Septic	*If yes, see note at bottom of page.	Trench width	Trench depth
Aerated <input type="checkbox"/> Yes <input type="checkbox"/> No	NSF1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Distance from: Well	House
Distance from tank to; Well _____ Water Line _____		Property lines (Min. 2 Measurements) N ____ S ____ E ____ W ____	Water lines
House _____		Stream/River/Lake/Pond	Neighbors Well
Show location of house, tank, absorption field, waterlines, bodies of water, geologic features, easements, and all setback distances on the Site Layout			
<b>C. Alternative Systems</b>			
<input type="checkbox"/> Low pressure pipe system		<input type="checkbox"/> Single Pass Sand Filter	<input type="checkbox"/> Mound System
<input type="checkbox"/> Wetlands		<input type="checkbox"/> Other (specify)	
Include supporting data, calculations, and drawings with the packet.			
<b>11. Installer Information (Company Name)</b>			
Installer Name		Phone No. _____	Fax _____
		Cell _____	
Address			
City, State, Zip			
All information contained in and with this application packet is true and accurate to the best of my knowledge. No altering of site conditions without approval of Cole County Health Department.			
Signature of Owner/agent			Date:

\*Note: Exclude backwash from water softener into septic tank.

1. Show property lines and dimensions to reflect the shape and size of the property.
2. Diagram the proposed system. Show appropriate elevations to indicate proper fall for system. **System must be staked and/or marked on the property prior to the site evaluation.**
3. Show distances to house, well, water lines, property lines, geological features such as sink holes, rock outcrops, lakes, ponds, streams, rivers, etc.
4. Show distances to neighbors well, homes and sewage disposal systems.
5. Show locations of all percolation test holes or soil morphology test pits. Holes must be flagged on the property for site evaluation.
6. Show fence location around waste stabilization pond.
7. Use the slope diagram to show percent of slope. Use arrows on the site layout to indicate the direction of slope.
8. Indicate any known easements that exist for utilities, roads, private driveways, or other easements.

**SLOPE DIAGRAM.** Show percent of slope on diagram. Show cross section of system on slope



Site Layout

