



APPLICATION Private Sewage Disposal System Permit

Floyd County Environmental Health

Permit Fee:	\$200
Permit No.:	_____

Date _____

Title Holder _____

Mailing Address _____

SITE ADDRESS _____

Telephone Number (home) _____
 (work) _____
 (cell) _____

Status of Building
 _____ Existing
 _____ Under Construction
 _____ Proposed

Township (if known) _____ Section Number (if known) _____

Lot Size: _____ ft. by _____ ft. Acres _____

Residential____ or Commercial____ (type)

Number of Bedrooms____ Number of: _____toilets _____sinks _____showers

Fixtures: _____Garbage Disposal _____Water Softener

Sewage Contractor
(If known) _____

A soil analysis will need to be conducted by a representative of this office in order to determine the size of the drain field.

****A backhoe my need to be made available for the soil analysis****

Applicant's Signature _____

Please return completed form and fee to:

**Floyd County Environmental Health
 101 S. Main St.
 Charles City, IA 50616
 Phone (641)257-6145 / Fax (641)257-6155
 OR by Email to fcbh@floydcoia.org**