

Application for a Sewage Permit

Date: _____

Permit Fee: \$ 250.00
Permit No: _____

Title Holder _____

Mailing address _____

SITE ADDRESS _____

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

Status of Building
_____ Existing
_____ Under Construction
_____ Proposed

Township _____

Section Number _____

Lot size: _____ ft. by _____ ft. or Acres _____

Residential or Commercial (type)

Number of Bedrooms _____

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 drainfield.

****A backhoe must be made available for the soil analysis.****

Applicant's Signature



Hancock County Public Health Services
545 State Street
Garner, IA 50438

641-923-3676 fax: 641-923-2847