FREMONT OR MILLS COUNTY, IA ENVIRONMENTAL HEALTH

ON-SITE WASTEWATER TREATMENT PERMIT APPLICATION

Fremont & Mills Counties follow Iowa Code 567.69 for septic installation. Please refer to this code for proper installation. A printed copy of the code is available upon request. https://www.legis.iowa.gov/docs/iac/chapter/567.69.pdf
SEE INSTRUCTIONS PAGE FOR FILLING OUT THE PERMIT
Permit fee of $500 for a full system. $300 for lateral replacement or addition, $150 for a tank only permit.
The permit fee includes a pre-site inspection and a final inspection with a certification report.
Checks made payable to: *Mills County Treasurer*
For assistance, call (712) 527-9699 option 4 or email eh@millscountyiowa.gov
Percolation Test or Soil Analysis resuts, and a Site Plan drawing of the proposed system **MUST** be included.
Applications will not be processed until the permit fee is received. Incomplete applications will not be processed.

Property Owner: _____

Address: _____

Property Owner Telephone: _____ **Email:** _____

Job Site 911 Address: _____

Parcel Number: _____

Type of Permit: Tank Only: ☐ Complete System: ☐ Lateral Replacement or Addition: ☐

Is this a result of Time of Transfer? Yes ☐ No ☐

New Structure: ☐ **Existing Structure:** ☐ **Number of Bedrooms:** ____ **Other:** _____

Estimated GPD: _____ **Percolation Rate MPI**: ____ or **Loading Rate:**____

Water Supply: Private Well ☐ Public Water System ☐

Primary Treatment *2 Compartment Tanks Are Required. Multiple tanks may negate this rule.*

Size of Septic Tank: _____ **Size of Existing Tank** (if applicable): _____ **Existing Tank Compartments:** _____

Tank Material: Concrete ☐ Fiberglass ☐ Plastic ☐ Other: _____ **New Tank Compartments:** _____

Secondary System Type

Soil Absorption System (Laterals): ☐ **Sand Filter System:** ☐ **Mechanical Aerobic System:** ☐ **Mound System:** ☐

Other: ☐ **Type:** _____ **Size:** _____

Will the secondary system require an NPDES General Permit #4? Yes ☐ No ☐

Pump Tank? Yes ☐ No ☐ **Size:** ____ **Existing Laterals Number & Length**_____

Total Number of Laterals: ____ **Length of Laterals:** _____ **Type of Laterals:** _____

Print Installer Name: _____ **Registration Number:** _____

Installer Signature: _____ **Date:** _____

For Office Use Only

Environmental Permit Number: _____ **IWORQ Permit Number:** _____

County Official Signature: _____ **Date Approved:** _____