1. SUBMIT A **COMPLETED SEPTIC APPLICATION**
   a. Make sure that ALL information is filled out
   b. Must include drawing of site
   c. Must include completed perc test
   d. First page must be signed by Certified Contractor or owner.
   e. Perc test must be performed and signed by Certified Contractor
   f. Fee must also be paid at time of submittal

   *If any parts are not completed, application will not be accepted.*

2. 911 SIGN MUST BE INSTALLED PRIOR TO SITE VISIT

3. ALLOW UP TO **2 WEEKS** FOR SITE TO BE PERMITTED

4. PERMIT WILL BE MAILED TO THE “MAILING ADDRESS” ON THE APPLICATION

5. YOU MUST CALL **24 HOURS** IN ADVANCE OF A FINAL INSPECTION AND THE SYSTEM MUST BE LEFT UNCOVERED UNTIL THE INSPECTION IS COMPLETED

6. IF A FINAL INSPECTION IS NOT COMPLETED BEFORE THE SYSTEM IS COVERED, THE APPLICANT WILL BE IN VIOLATION OF THE JONES COUNTY ORDINANCE TITLE V CHAPTER 5 PRIVATE & PUBLIC SEWAGE DISPOSAL SYSTEMS RULES
APPLICATION TO INSTALL A PRIVATE SEWAGE DISPOSAL SYSTEM

Name of Owner: ___________________________ Phone: ________________________
Site Address: ____________________________
Mailing Address: __________________________
Certified Septic Contractor: ____________________________

Legal Description: Section ______ Township ______ Range ______ Lot# _______ Lot Size_______
Addition: ____________________________ Township Name: ____________________________

Bedroom #: ______ If non-residence, state building type & estimate water usage stating # people, hrs/day, days/wk, # fixtures:

__________________________

Is E911 sign installed? ____ Yes ____ No Is it new construction ____ Yes ____ No Is the grade final? ____ Yes ____ No

Is this a REPAIR to existing system? ____ Yes ____ No Specify repair type: ____________________________

Is this a REPLACEMENT of existing system? ____ Yes ____ No Year system was installed: ____________________________

If an existing house, indicate interest in DNR low cost loan program: ____ Yes ____ No

Water Supply: ______ Public/City ______ Community Well - # homes ______ Private Well

All wastewater must be connected to the septic system

DRAW A DIAGRAM OF YOUR PROPERTY ON THE BACK OF THIS APPLICATION

Application Fee: $250 Checks payable to: Jones County Environmental Services

I certify the above information to be complete and correct and that the installation will conform with the laws and/or ordinances of The State of Iowa and Jones County.

Signature of Owner or Agent: ____________________________ Date: ________________________

For Office Use: Tank Size: ______________

Type of System: ______ Conventional Soil Absorption: ______ 2 ft wide or ______ 3 ft wide ____ rock or ____ chamber
____ Sand Filter ______ Packed Media Filter ______ Recirculating Fabric Filter ______ Mound ______ Other

Date Issued/Mailed: ________________________ Approved by & date: ________________________
SITE PLAN: Draw the following and give the distances from each of the following locations:

- Lot dimensions
- Road(s)
- Existing or proposed structures
- Driveways
- All existing wells and septic systems within 150 feet of installation site
- Existing drainage ways or tiles
- Percolation test hole locations
- Proposed site for septic tank
- Proposed site for septic absorption field

Minimum distances: 10 feet between any structure and septic system; 50 feet between well and septic tank; 100 feet between well and septic absorption field

Please give specific driving directions to site if difficult to locate:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
PERCOLATION TEST DATA FORM

Name of Owner ___________________ Day Phone ___________________

Site Address _______________________

Mailing Address _______________________

Certified Septic Contractor _______________________

Legal Description of Site Location:

Section _____ Township _____ Range ____ Lot # _____

Addition ______ Township Name _______

Read all instructions before beginning the test

Percolation Test Instructions

Percolation tests are required before any lateral field is installed. A licensed contractor of the applicant’s choice may perform tests. The following procedure must be performed.

1. A 6-foot test hole must be dug first. If water or rock is encountered at less than 6 foot the perc holes need to maintain the 3 foot separation to be shallower. Ex: Hit water at 5 foot, perc holes can not be deeper than 2 feet. Note on the percolation test form if bedrock or water was encountered and at what depth.

2. A minimum of three test holes in the proposed lateral field area is required.

3. Percolation test holes shall be 4 to 12 inches in diameter and the same depth as the proposed absorption trenches (recommended depth = 36 inches).

4. Rough all sides and bottoms of the test holes to create a natural surface. Remove all loose material from each hole.

5. Fill each hole with at least 12 inches of water being careful not to disturb the roughed sides of the hole. Maintain the depth for a minimum of 4 hours preferably overnight if clay soil is present. It is extremely important to presoak each hole as recommended in order to obtain accurate results.

6. In sandy soils with little or no clay, soaking is not necessary. If, after filling the hole twice with 12 inches of water, the water seeps completely away in less than 10 minutes, the percolation test can be performed immediately.

7. With the exclusion of sandy soils, percolation testing should be done at least 15 hours, but no more than 30 hours after the presoaking period began. First, remove any soil that sloughed into the hole during presoaking. Next, add 2 inches of clean gravel to each hole and adjust the water level to 6 inches above the gravel (8 inches from the bottom of the hole). Do not allow the water level to be any higher than 6 inches above the gravel at any time during the test.

8. Immediately measure and record the starting water level from the top of each hole. Each measurement should be made from a fixed point (e.g. surface level) at 30-minute intervals.

9. The test is continued until the rate stabilizes and 2 successive water level drops do not vary by more than ¼ inch. At least three measurements must be made.

10. After each measurement, the water level should be readjusted to the initial 6-inch level.

11. In sandy soils in which the first 6 inches of water added after the presoaking period seeps away in less than 30 minutes, measurements are made every 10 minutes for 1 hour.

12. Record all results in the table on the reverse of this sheet. These results must be submitted to this office along with the Application for Permit to Install an Onsite Waste Treatment System.

Perc test holes and six-foot hole should be left open and flagged for inspection by Environmental Service department personnel after the completion of the test.
<table>
<thead>
<tr>
<th>Test Hole #1</th>
<th>Time Interval</th>
<th>Measurement</th>
<th>Drop in water level, inches</th>
<th>Percolation rate, min/inch (office use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depth=______</td>
<td>30 min. or 10 min.</td>
<td>Start - End =</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Hole #2</th>
<th>Time Interval</th>
<th>Measurement</th>
<th>Drop in water level, inches</th>
<th>Percolation rate, min/inch (office use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depth=______</td>
<td>30 min. or 10 min.</td>
<td>Start - End =</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Hole #3</th>
<th>Time Interval</th>
<th>Measurement</th>
<th>Drop in water level, inches</th>
<th>Percolation rate, min/inch (office use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depth=______</td>
<td>30 min. or 10 min.</td>
<td>Start - End =</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You must dig a six-foot test hole. At what depth was rock OR water encountered? ________________

How long were test holes pre-soaked? ________________

Perc test holes and six-foot hole should be left open and flagged for inspection by Environmental Service department personnel after the completion of the test.

Comments: ________________

I certify the above information to be true and correct:

______________________________
Signature of Certified Septic Contractor

______________________________
Date of Test