

Monona County Zoning & Environmental Health
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## APPLICATION FOR ONSITE WASTEWATER TREATMENT SYSTEM PERMIT

Applicant Name:	
Site Address:	
City: State: Zip Code:	Email:
Mailing Address:	
Applicant Phone Number: Township Name:	
QuarterQuarterSection Township	Range
Parcel Number:	Lot Size:
Single family residence, how many bedrooms?	
If a non-residence, give building type and water usage:	
Contractor Name:	Phone:
Contractor Address:	Email:
City: State: Zip Co	de:
New system construction? YES NO Existing dwelling? YES NO Private Well? YES NO Time of Transfer (to sell home) YES NO	
Application Fee: \$150.00 (Checks made payable to) Monona County Treasurer	
Before any work is completed, permit needs to be issued. I certify the above information to be true and correct:	
Signature of Owner or Agent	 Date
Official Use Only	
Date of Site Visit: Date Permit Approved:	<del></del>
County Permit Number: Fee:	_ <i>TOT</i> :
Approved by: 1	Perc Test / Soil Analysis
Date of Test: Results of Test:	Gals/Day: