



**Monona County Zoning & Environmental Health**  
 610 Iowa Avenue, Onawa, Iowa 51040 Office: 712-433-3400 Cell: 712-431-6879  
 Email address: [mocoenvr@mononacounty.org](mailto:mocoenvr@mononacounty.org) Website: [www.mononacounty.org](http://www.mononacounty.org)

**APPLICATION FOR ONSITE WASTEWATER TREATMENT SYSTEM  
 REPAIR PERMIT**

Name of Homeowner: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Township Name: \_\_\_\_\_

Quarter \_\_\_\_\_ Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Repair: \_\_\_\_\_

Time of Transfer Repair (to sell home?) Yes No

**Application Fee: \$75.00**

*(Make checks payable to) Monona County Treasurer*

I certify the above information to be true and correct:

\_\_\_\_\_  
*Signature of Owner or Agent*

\_\_\_\_\_  
*Date*

**Official Use Only**

Date of Site Visit: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

County Permit Number: \_\_\_\_\_ Fee: \_\_\_\_\_ TOT: \_\_\_\_\_

Repair: \_\_\_\_\_

Approved by: \_\_\_\_\_