

**CLINTON COUNTY HEALTH DEPARTMENT  
329 E. 11TH STREET  
DEWITT, IOWA 52742-1457**

**Application for Sewage Disposal or Water Supply Inspection**

Inspection requested by \_\_\_\_\_

Owners name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Site location (section, township, etc.) \_\_\_\_\_

Number of years at this location \_\_\_\_\_ Date of request \_\_\_\_\_

Previous Owner \_\_\_\_\_

**Reason for Inspection**

- Change of ownership
- Owner's request
- Other - Explain: \_\_\_\_\_

System Requested to be Inspected:                      Sewage Disposal                          Water Supply   

Lot Size \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_

Have there been or are there planned any major improvements or reconstruction which may affect the person capacity of the residence or increase the water usage?                      Yes                       No

If yes, explain \_\_\_\_\_

\_\_\_\_\_ Date of changes: \_\_\_\_\_

**Sewage Disposal System Information**

Type of System :	Public <input type="checkbox"/>	Check all that exist:	Septic Tank	<input type="checkbox"/>
	Private <input type="checkbox"/>		Absorption Field	<input type="checkbox"/>
			Sand Filter	<input type="checkbox"/>
			Mechanical System	<input type="checkbox"/>
			Open Outlet	<input type="checkbox"/>
			Connected to Tile	<input type="checkbox"/>
			Garbage Disposal	<input type="checkbox"/>

Installing Contractor \_\_\_\_\_

Age of System \_\_\_\_\_ Permit Number \_\_\_\_\_

Date of Improvements to System \_\_\_\_\_

Have any of the following items occurred?	Yes	No
Periodic maintenance performed	[ ]	[ ]
Basement backups	[ ]	[ ]
System overflowing onto ground	[ ]	[ ]
Wet or soft spots above drain field	[ ]	[ ]
Sewage or effluent evident on surface	[ ]	[ ]
Sewage connected to tile line	[ ]	[ ]
Sewage odor detected	[ ]	[ ]

### **Water Supply System**

Type:                      Private well    [ ]    Public Supply                      [ ]

Age of System \_\_\_\_\_ Permit Number \_\_\_\_\_

Indicate any of the following which exist on property:	Yes	No
Abandoned Well(s)	[ ]	[ ]
Livestock Facilities	[ ]	[ ]
Chemical Storage	[ ]	[ ]
Fuel Storage Tanks	[ ]	[ ]
Cistern(s)	[ ]	[ ]

### **Include with this Application all of the following:**

1. Copy of Real Estate Listing
2. Any Records Regarding Sewage Disposal or Water Supply System Installation, Reconstruction or Maintenance
3. Water Analysis Result Reports from Previous Tests
4. Copies of Previous Inspection Reports
5. Payment in Full for this Requested Inspection

**Inspection Fee:**                      \$ 100.00 NONREFUNDABLE

Includes:

1. Onsite Inspection of Sewage Disposal and/or Water Supply System(s).
2. Report of Inspection Findings and Statement of Compliance, Plus Corrective Actions Suggested or Required.
3. Water Analysis for Coliform Bacteria and Nitrates (NO3)

Inspections with special circumstances which require special sampling or extensive research and follow-up may have additional costs.

## Inspection Procedures

The individual requesting the inspection will be responsible for making arrangements to have the septic tank lids (BOTH INLET AND OUTLET) uncovered and the tank to be pumped by an authorized septage hauler. When notified by the septage hauler, Health Department Personnel will schedule to be at the site at the time of pumping. At least 24 hours notice would be appreciated. The individual requesting the inspection or a representative **must** be present at the site at the time of the inspection. **If both septic lids are NOT uncovered, the inspection report will state that the inspection is incomplete!**

I certify that the information provided in this application is true and accurate.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The individual requesting this inspection will receive the completed report and any additional fee charges if required.

This report should be mailed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_