



JOHNSON COUNTY PUBLIC HEALTH
 855 S. Dubuque Street, Iowa City, Iowa 52240
 (319) 356-6040 www.johnson-county.com

**PERMIT
 NUMBER:**

PRIVATE SEWAGE DISPOSAL SYSTEM
TEMPORARY HOLDING TANK
AGREEMENT

This non-transferable agreement entitles the applicant to utilize a holding tank as a temporary private sewage disposal system for a period of time not to exceed six months. This agreement expires six months after the approval date.

APPLICANT INFORMATION

TITLE HOLDER:	PHONE:
---------------	--------

MAILING ADDRESS:

SITE ADDRESS:	PARCEL NUMBER:
---------------	----------------

LEGAL DESCRIPTION:
 _____ ¼ of the _____ ¼ of the _____ ¼ of Section _____ Township _____ N, Range _____ W, Johnson County, Iowa

TOWNSHIP:	SUBDIVISION:	LOT:
-----------	--------------	------

PRIVATE SEWAGE DISPOSAL SYSTEM INFORMATION

PRIVATE SEWAGE DISPOSAL SYSTEM SERVES: <input type="checkbox"/> Residential – Single Family <input type="checkbox"/> Residential – Multiple <input type="checkbox"/> Licensed Food Facility <input type="checkbox"/> Industrial/Commercial <input type="checkbox"/> Daycare <input type="checkbox"/> Other (Specify):	DESIGN DATA: Bedrooms*: _____ Estimated GPD: _____ <small>* For non-household structures please refer to Appendix A of the Johnson County Private Sewage Disposal Systems Regulations.</small>
--	--

REQUIREMENTS

- Apply for and receive new construction permit prior to the installation of the holding tank.
- Properly maintain and provide for service of the holding tank.
- Submit a signed contract to Johnson County Public Health for pumping services with a registered septic tank pumper.
- Submit the required documents for approval of private sewage disposal system meeting the requirements of the Johnson County Private Sewage Disposal System Regulations (2009) prior to the expiration of this agreement. Agreement expires six months from the approval date.

FOR OFFICE USE ONLY

ADDITIONAL REQUIREMENTS:

I certify that, to the best of my knowledge, the information submitted with this application is correct.

APPLICANT (OR APPLICANT'S AGENT) SIGNATURE & TITLE:	DATE:
---	-------

APPROVED BY (REPRESENTING JOHNSON COUNTY PUBLIC HEALTH):	DATE:
--	-------