

DAWSON COUNTY SEWAGE DISPOSAL SYSTEM PERMIT

NAME _____

ADDRESS _____ **PHONE** _____

Section _____ Township _____ Range _____ Latitude _____
Longitude _____

I hereby submit an application to () construct; () alter an individual sewage disposal system. The system will be located in Dawson County:

SIZE INFORMATION

Residential _____ Number of bedrooms _____
Non Residential _____ Type of Non-Residential Use _____
Basement floor drains: yes () no ()

SEPTIC TANK INFORMATION

Construction material () Concrete () Fiber Glass () Polyethylene
Liquid capacity of tank _____ gallons. Inspection Port:
Tank: Approx. Latitude: _____
Latitude: _____ Approx. Longitude: _____
Longitude: _____

TYPE OF SOIL

According to the Dawson County Soil Survey Manual, the soil permeability is _____ inches/hr or _____ min/inch and the soil classification at the drainfield site is _____.

MINIMUM INSTALLATION DESIGN - (Linear or square feet of drainfield)

Are you installing the sewage disposal system yourself? yes () no ()

If not, who will be doing the work? Name _____

Address _____ Phone _____

I assume the responsibility of notifying the Dawson County Sanitarian a minimum of 24 hours in advance when the above sewer system is ready for the final inspection. Covering the system without final inspection is illegal.

Applicant _____

Date Issued _____ Date Inspected _____

Approved () Denied () Authorized Signature _____

FEE PAID _____ **COMPUTER** _____ **OWNER COPY SENT** _____ **PERMIT NO.** _____