

LINN COUNTY PUBLIC HEALTH

1020 6th Street SE, CEDAR RAPIDS, IOWA 52401

Telephone (319) 892-6000 Fax (319) 892-6099



Date Rec'd _____

REPAIR to PRIVATE SEWAGE DISPOSAL SYSTEM

Name of Owner: _____

Site Address: _____

Certified Septic Contractor: _____

Legal Description: Section _____ Township _____ Range _____ Lot# _____ Lot Size _____

Addition: _____ Township Name: _____

Specify repair type:

PLEASE SUBMIT A PHOTOGRAPH OF WORK COMPLETED

Date Completed: _____ *

*This form must be submitted within 14 days of completion. Electronic copies can be emailed to tim.slothower@linncounty.org

Signature of Owner or Agent: _____ I certify the above information to be true and correct.

LCCO §24.2(6) *Repair Notifications* - Repair of existing components that does not change the treatment or disposal of the waste must be submitted to the local authority within 14 days of completion. This information must be submitted on forms approved by the local authority. Repairs that are eligible include:

- Baffle replacements
- Changes or additions to the building sewer
- A new distribution box