



PERMIT # _____

PERMIT APPLICATION FOR ONSITE WASTEWATER SYSTEM

NAME: _____ ADDRESS: _____
CITY: _____ ZIP: _____ PHONE #: _____
LOCATION OF PROPERTY: _____ CITY: _____

SYSTEM PLANNING

System type: NEW REPLACEMENT ADDITION Contractor: _____
of Bedrooms: _____ Total estimated gpd: _____ Minimum size of septic tank: _____ gallons
Size of Lateral Field (gpd/loading rate/SSF)=minimum sq. feet: _____
Lagoon: M _____ Alternative system: _____
Comments: _____

Permit for Construction: This certifies that the system plan above is approved for construction. **THIS IS NOT VALID UNTIL THE PERMIT FEE IS PAID AND BOTH SIGNATURE ARE COMPLETED BELOW.**

PROPERTY OWNER: _____ DATE: _____
INSPECTOR: _____ DATE: _____

Permit fee Paid: _____ Deadline for Completion: (1 year) _____

FINAL INSPECTION

Date: _____ Inspected by: _____
Distance from home: _____ Water well: _____ Property Line: _____ Surface Water: _____
Site in flood plain?: Y/N Size of tank: _____ Trench width: _____ System type: _____ Pipe: Size
_____ Type: _____
Comments: _____
Lagoon System: Dimensions _____
Fencing complete: _____ Adequate cleanouts: _____ Dike seeded: _____
Comments: _____

Permit to operate: This certifies that the system was constructed according to plans and that the owner may begin to operate the system. **THIS IS NOT VALID UNTIL SIGNED BELOW.**

This Permit to Operate will not be construed or interpreted as imposing upon the county or its officials or the inspector:

1) any liability or responsibility for damages to the property or

2) any warranty that any system, installation or portion thereof that is constructed or repaired under permits and inspections required by the county sanitary code will function properly.

INSPECTOR: _____

DATE: _____



501 W Main Street
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