



Public Health Department

Terry Brecheisen, Director

619 Ann Avenue | Kansas City, KS 66101 | Phone: (913) 573-6705 | Fax: (913) 573-6760

Application for Construction, Repair, or Alteration of On-Site Sewage Management System

Property Owner | Telephone | Present Mailing Address

Applicant (if other) | Telephone | Present Mailing Address

Proposed Licensed Septic System Contractor | Telephone | Mailing Address

Section-Township-Range	Acres	Subdivision if applicable	Lot	Block	Tract if applicable
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Number of bedrooms	Basement <input type="checkbox"/> Below-grade <input type="checkbox"/> Walkout <input type="checkbox"/> None	Water Supply <input type="checkbox"/> Meter, RWD # _____ <input type="checkbox"/> Well <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Other	Premises will be used for <input type="checkbox"/> Day care/Home schooling <input type="checkbox"/> Business <input type="checkbox"/> Not Applicable/Unknown	Swimming Pool <input type="checkbox"/> In-ground <input type="checkbox"/> Above-ground <input type="checkbox"/> None	Address if known
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Legal description and site diagram of building are attached or included on back of application form.

- I assume responsibility for ensuring that this on-site sewage management system is installed according to the approved plan and in conformity with Chapter 30 of the Unified Government of Wyandotte County (KCK) Sanitary Code: "Private On-site Wastewater Systems."
- I understand that the sewage disposal system shall not be moved from the specific area approved and designated on the site plan or over-excavated for any reason. Unauthorized movement or removal of topsoil may be cause for (1) revocation of permit, (2) suspension of permit, or (3) denial of final approval of the septic system.
- I certify that no easements are located upon the land designated for construction of the on-site sewage management system.
- I certify that all known wells on the property are shown on the site plan provided.
- I understand that the ground must be prepared as necessary, and that the entire system must be left uncovered until it is inspected and approved.
- I understand that the volume of household water used and the quality of grass on the lateral field affect the functioning of the lateral field.
- I understand that the issuance of this permit shall not be constructed or interpreted as imposing upon the Unified Government of Wyandotte County (KCK) Health Department or its employees any warranty that this on-site sewage management system will function properly.

Signature _____
Printed Name _____

Date _____
 Owner Agent

For Health Department Use Only

<input type="checkbox"/> New Building	Size of new septic tank: <input type="checkbox"/> 1000 gallons <input type="checkbox"/> 1200 gallons <input type="checkbox"/> 1500 gallons		
<input type="checkbox"/> Existing building <input type="checkbox"/> Approved system on file <input type="checkbox"/> No record on file	Type of septic system approved	<input type="checkbox"/> Residential	<input type="checkbox"/> Conventional
		<input type="checkbox"/> Non-residential	<input type="checkbox"/> Step-down
	<input type="checkbox"/> Low permeability soil	<input type="checkbox"/> Level system	<input type="checkbox"/> Pumped system
		<input type="checkbox"/> Alternative (see attached)	
		<input type="checkbox"/> Earth fill	<input type="checkbox"/> Mound
		<input type="checkbox"/> Sand filter	<input type="checkbox"/> Drip Irrigation
		<input type="checkbox"/> Other	
Work to be performed <input type="checkbox"/> New tank <input type="checkbox"/> New disposal system <input type="checkbox"/> Repair or alteration of existing septic system <input type="checkbox"/> Existing tank to be crushed and filled <input type="checkbox"/> Sewer line alteration	<input type="checkbox"/> Lateral field. Ground to be prepared for lateral field. Trenches to be installed at minimum 11' on centers, sidewalls minimum 8' apart, on contours. Final grade to be uniform over the length of each trench, 12" to 24" deep. Surface water to be diverted away from lateral field. Other comments:		
	Required square footage		Required linear feet of 3-foot wide trench
	<input type="checkbox"/> Alternative system. See attached specifications and comments.		
Approved by	Date	Permit Number	



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Site plan submitted by:

Printed name

Signature

Date

Proposed Site Plan:

