



Public Health
Prevent. Promote. Protect.

Unified Government Public Health Department

619 Ann Avenue, Kansas City, KS 66101-3038

Phone (913) 573-8855

wycokck.org/health

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

Property Owner | Telephone | Present Mailing Address | Email Address

Applicant (name of company or homeowner) | Telephone | Present Mailing Address | Email Address

Name of Licensed Septic System Contractor | Telephone | Mailing Address | Email Address

Address of System Location:

Acres:

Parcel #:

Please answer all questions below (circle all that apply or fill out)

New System
Repair
Alteration

REPAIR
Laterals
Tank Replacement
Both

New Building	# Of Bedrooms:	Water Supply: Meter RWD # _____	Use:	Basement: Below-grade	Swimming Pool:
Existing Building		New Existing Other	Private Residence Business Other/Unknown	Walkout None	In-ground Above-ground None
Size of new tank: 1000 gallons 1200 gallons 1500 gallons 1700 gallons N/A	Earth Fill Sand Filter Other N/A	Conventional Step-down Level System Pumped System Gravity System Alternative (see attached) N/A	Required Sq Footage: N/A	Required Linear Feet of 3ft Wide Trench: N/A	Mound Drip Irrigation N/A

- 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

Health Department Use Only

Permit #: Approval Date: _____	Site Diagram Included? YES/NO Previous record on file? Y/N/NA	Environmental Health (UGPHD) Signature: _____ Date: _____	Septic Inspector (Benesch) Signature: _____ Date: _____
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Site plan submitted by: Name: _____ Signature: _____

Proposed Site Plan:



N