

MARION COUNTY ENVIRONMENTAL HEALTH
APPLICATION FOR PRIVATE WASTEWATER SYSTEM PERMIT
 230 E. MAIN ST. MARION, KS 66861
 (620) 382-2945

Sewer Permit Fee: \$100.00 Sewer re-work fee: \$50.00

Name of Owner(s): _____ Date: _____

Address: _____

Phone # (s): _____

Proposed Sewer Information

Property Address of Proposed System: _____

Legal Description of Land: Section: _____ Township: _____ Range: _____

Number of Acres: _____ Number of Bedrooms: _____ Number of Family Members: _____

Is Dwelling in a Floodplain? Yes _____ No _____ Unknown _____

Is a Rock Formation (shale layer) within 6 feet of ground surface? Yes _____ No _____ Unknown _____

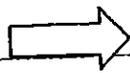
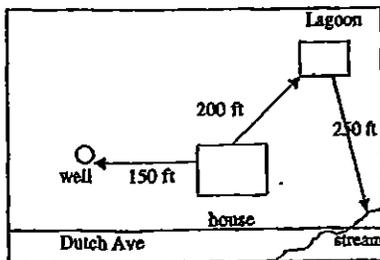
Is Distance from Proposed System to Nearest Well LESS than 100 feet? Yes _____ No _____

Is Distance from Proposed System to Nearest Property Line LESS than 50 feet? Yes _____ No _____

Is the Distance from Proposed System to Surface Water (stream, pond) LESS than 100 feet? Yes _____ No _____

Sewer Contractor: _____ Phone: _____

BELOW, PLEASE MAKE A DRAWING OF THE LOT showing the location of the Proposed System, Road Names, Well Location(s), Property Lines, House, and Surface Water. Please show distances in feet (if known) between locations. See Example



Always call before you dig. The new national number in the state of KS is 811. It's the law.

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In signing this application, I agree to follow the Marion County Sanitary Code in the construction of this sewer system. ***** A Soil Profile is Required Before Construction Can Start ***** A final inspection after construction is required to validate sewer permit. Marion County Sanitary Code requires: No person shall develop or modify any private wastewater system until the plans and specifications have been approved by the Marion County Sanitarian. No person shall use, or permit to be used, any private wastewater system until they have received a permit from the Marion County Sanitarian. All private wastewater systems must be inspected and approved by the Marion County Sanitarian for compliance with the approved plans; and no portion of the system shall be covered or made inaccessible to inspection prior to approval. Wastewater inspections are limited to an observation of the ground for evidence of surfacing sewage and other obvious visual indicators of system failure and violations of the Marion County Sanitation Code. This inspector cannot verify the condition, age, life expectancy, or functionality of the system. In the event any party desires further assurances with respect to this wastewater treatment system's present condition or future serviceability, a licensed wastewater installer should be consulted.

Date: _____ Applicant Signature: _____

*****ISSUANCE OF WASTEWATER PERMIT*****

OFFICE USE: The building permit is hereby issued to: _____

For the purpose of: _____ Permit Number: _____ Receipt Number: _____

Approved By Sanitarian: _____ Denied: _____ Date: _____

System Type: Soil Type: _____ Adequate for System Type: Yes: _____ No: _____

Groundwater Level: Ok _____ Impervious Rock Form: _____

Lagoon: _____ Size: _____ (M-38, M-40, M-45, M-50, M-60) _____

Septic Tank: _____ Size: _____ gallons Manufacturer: _____

Lateral Field Size Determined with Soil Profile GPD: Bdrms X 150 gpd= _____

Loading Rate per soil type chart: _____ Total Sq. Ft Required for Lateral System: _____

Modifications, if any, to proposed system or location, based on site evaluation: _____

Sketch: