

Date Received _____ Date Inspected _____ Date Completed _____

Chase County Wastewater Application

Chase County Sanitarian

300 Pearl St., Cottonwood Falls, KS 66845 620-794-5053 Cell

APPLICANT INFORMATION: *Fee: \$50 Paid to Chase County and must accompany this form*

Existing System or New Construction (*circle one*) Property or Lot Size (**Acres**): _____

System Type_(select one): Lagoon Septic Tank/Lateral (chamber / gravel) Holding Tank Other_____

Property Address: _____

Owners Name: _____ Email Address: _____

Phone Number(s): _____

Loan / Real Estate Request (circle one) Seller Lender Real Estate Agency Same as Above

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

System Information:

Is the property currently Occupied? **Yes / No** Monthly Water Usage: _____ *Approximate Age:* _____

Size of the Septic Tank (*gallons*) or Lagoon dimensions: _____ Length of Laterals _____

Septic Tank Pumped: **Yes/No** Number of Cleanouts (*must be visible / marked*) _____ (1 per 100 Ft.)

Lagoon Fenced: **Yes/No** Prior to inspection: Tank Marked and Pumped, Laterals marked. **Completed: Yes/No**

Basement Sump Pump: Connected to System? **Yes / No**

Septic Pumpers information (*Name / Phone*) _____

Copy of Pumpers invoice must be provided to inspector

New Construction Information: (use of licensed contractors is required)

Contractors Name: _____ Phone Number: _____

Site plan to be drawn on back (Home, desired location of System, Water Lines, Existing Wells, Etc.)

SIGNATURE: _____ Title: _____

Fee Paid Date _____ Check # _____