

APPLICATION FOR WASTEWATER SYSTEM"
Crawford County Department of Environment
111 E. Forest, Ste M, Girard, Ks 620-724-7088 or Fax 620-724-7178

PERMIT NUMBER: _____

DATE: _____, 20__

NEW CONSTRUCTION: _____

CORRECTION OF EXISTING SYSTEM: _____

*****ATTENTION PROPERTY OWNER(S)*****

ALL WASTEWATER SYSTEMS MUST BE CONSTRUCTED IN CONFORMITY WITH THE CRAWFORD COUNTY ENVIRONMENTAL CODES AND THE FOLLOWING CONDITIONS AND REQUIREMENTS MUST BE COMPLETED PRIOR TO APPROVAL BY THE COUNTY ENVIRONMENTAL DEPARTMENT.

- 1. A SKETCH OF THE WASTEWATER SYSTEM TO BE CONSTRUCTED IS COMPLETED BY THE CONTRACTOR.**
- 2. THE CONTRACTOR MUST SIGN AND CERTIFY THAT THE INSTALLATION OR CORRECTION IS IN ACCORDANCE WITH THE COUNTY CODES.**
- 3. THE APPLICANT MUST SIGN THE APPLICATION FOR VALIDITY. THE APPLICANT IS REQUIRED TO PHONE THE ENVIRONMENTAL DEPARTMENT PRIOR TO ANY CONSTRUCTION FOR A PRE-SITE INSPECTION. 620-724-7088 (leave message).
For Emergencies - cellular numbers: 620-230-8974 or 620-230-8981.**
- 4. THE APPLICANT MUST RETURN THE APPLICATION TO THE CRAWFORD COUNTY ENVIRONMENTAL DEPARTMENT PRIOR TO ANY CONSTRUCTION.**
- 5. THE APPLICANT MUST NOTIFY THE ENVIRONMENTAL DEPARTMENT WHEN THE CONSTRUCTION IS COMPLETED FOR A FINAL INSPECTION.**
- 6. THE PERMIT FEE MAY BE ATTACHED TO THE APPLICATION PAYABLE TO THE ABOVE.**
- 7. A COPY OF THE APPROVED PERMIT WILL BE MAILED TO THE APPLICANT.**

APPLICANT'S NAME: _____

CURRENT ADDRESS: _____

911 ADDRESS OF SITE: _____

NUMBER OF BEDROOMS: _____ SIZE OF PROPERTY (ACRES): _____

PHONE NUMBER: (HOME) _____ (WK/CELL) _____

MAP NUMBER: _____

SECTION: _____ TOWNSHIP: _____ RANGE: _____

SIGNATURE OF APPLICANT: _____

FEE: \$75.00

Revised: 06/30/03

(SEE REVERSE SIDE)

Septic Tank/Lateral System

SKETCH OF ENTIRE WASTEWATER SYSTEM - NEW AND RECONSTRUCTION OF EXISTING SYSTEM

"GENERAL INFORMATION ABOUT WASTEWATER SYSTEM"

Size of Septic Tank: _____ gals. Total Square Feet of laterals: _____
Percolation Time: (Tests conducted: Yes/No) *ATTACH RESULTS TO APPLICATION *
Chamber System: _____ Size: _____ Total Square Feet: _____

Contractors Business Name: _____
Name of Installer: _____
Address: _____
Phone Number: _____ Fax Number: _____

I HEREBY CERTIFY THAT THE CONSTRUCTION OR CORRECTION OF THIS WASTEWATER SYSTEM WILL BE CONSTRUCTED IN ACCORDANCE WITH THE DESIGN AND THE SPECIFICATIONS OF THE CRAWFORD COUNTY ENVIRONMENTAL CODES, ADOPTED BY THE CRAWFORD COUNTY COMMISSIONERS ON SEPTEMBER 26, 1995.

- 1) Meets all separation requirements (10' from property line, 25' from public water supply, 100' from a well.
- 2) Recommended septic tank size, according to number of bedrooms.
- 3) 330 Sq. Ft. of lateral line per bedroom.
- 4) A minimum of 12" of rock (3/4" to 2") in the lateral line (6" under the pipe).
- 5) A permeable layer of garden fabric over the rock prior to adding top soil to the trench.

Signature of Contractor: _____ Date: _____

****PLEASE NOTE: ANY CHANGES TO THE SKETCH IN REGARD TO THE WASTEWATER SYSTEM MUST BE DEPICTED ON A SEPARATE SHEET AND MUST MEET THE APPROVAL OF THE ENVIRONMENTAL DEPARTMENT.**

PLANS APPROVED BY: _____ DATE: _____

FINAL APPROVAL BY: _____ DATE: _____