

EFFECTIVE 7-1-2022

PERMIT # _____

NCKLEPG WASTEWATER DISPOSAL SYSTEM APPLICATION/PERMIT

SANITARIAN _____

SMITH COUNTY HEALTH DEPT. OWNER

119 S MAIN _____

SMITH CENTER, KS 66967 OWNER'S CURRENT MAILING ADDRESS

785-282-6656 _____

WASTEWATER SYSTEM ADDRESS (IF NOT THE SAME AS OWNER'S)

OWNER'S EMAIL ADDRESS

PHONE NUMBER

FACILITY: _____ NEW _____ EXISTING

_____ NE ¼ _____ NW ¼ _____ SE ¼ _____ SW ¼ _____ SECTION _____ TOWNSHIP _____ RANGE

DIRECTIONS TO FACILITY _____

PERCOLATION TEST:

As the homeowner, I have checked with the County Clerk's Office,

Was one performed? _____ Yes _____ No

or the County Health Department in the county where this

If yes, Rate _____ minutes/inch

property is located.

Number of Bedrooms _____

HOMEOWNER'S SIGNATURE

Number of Baths _____

The contractor listed on this permit has filed Proof of

Garbage Disposal _____

Liability Insurance in this county.

DATE CHECKED

Is public sewer available? _____ Yes _____ No

Amount of acres available around site * _____ *check County Sanitary Code for Minimum Lot Size

Current Water Supply _____ Public _____ Private (_____ Drilled _____ Hand Dug _____ Driven)

Wastewater System Type _____ Septic Tank _____ Size of Septic Tank _____ Laterals

_____ Lagoon _____ Alternative _____ Mound

CONTRACTOR NAME _____

ADDRESS _____

PHONE NUMBER _____ EMAIL _____

ATTACHED PLAN INDICATING THE FOLLOWING:

1. Overall dimensions of the system.
2. Location of buildings, driveways, and any geological features near the proposed lateral field.
Please include potential building projects.
3. Location and type of any water supply, and location to water service lines.
4. Layout of entire system.
5. Arrow indicating north direction.

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APPLICANT'S STATEMENT

I hereby submit this application for a wastewater facility and certify the information that I have given is factual and true to the best of my understanding. I further certify, if the application is approved, the facility will be constructed and operated in accordance with the approved plans – and the requirements of this facility. It is acknowledged the county has the right to inspect the wastewater disposal system at any time it deems necessary to determine compliance with county codes.

Signature of Owner _____ Date _____

Construction Approval Expires In One Year

This application and attached plan are approved for construction of a _____ gallon septic tank, and _____ feet of lateral lines, OR a _____ wastewater disposal system.

COUNTY SANITARIAN DATE

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FINAL INSPECTION

This wastewater facility identified in this document and constructed by _____

On _____, is in accordance with all pre-approved plans.

Inspected and Approved by: _____ on _____

County Sanitarian

PERMIT

The county releases to the owner, identified in this document, this permit, and authorizes the use of the approved wastewater facility. The issuance of this permit does not provide a warranty by the county of satisfactory operation and maintenance of the system with modification, if needed, to keep the system in operational mode.

COUNTY SANITARIAN DATE

ADMINISTRATIVE PROCEDURES FOR PRIVATE WASTEWATER DISPOSAL SYSTEMS

INTRODUCTION

These are the administrative procedures for new installation or modification of an existing wastewater system in the counties of: Jewell, Mitchell, Osborne, Phillips, Republic, Rooks and Smith. The administrative procedures provide the general guidelines to be followed concerning: construction guidelines, appropriate forms to be submitted, agencies to contact and permit fees.

CONSTRUCTION OR RECONSTRUCTION OF WASTEWATER SYSTEMS

Any person constructing or reconstructing a wastewater disposal system shall comply with the following procedures:

The homeowner or contractor shall contact their local health department for a copy of this document and application form.

- I. The following shall be submitted to the county health department for approval prior to any construction or reconstruction.
 - A. Completed application form – incomplete forms will not be accepted
 - B. Attached plan of the proposed system including:
 1. Location and type of water lines and distance to proposed system
 2. Location of wells and distances to system.
 3. Location of home and/or buildings near system.
 4. Proposed layout of system. Arrow showing North.
 5. Percolation test data – if performed.
- II. The construction or reconstruction of a private wastewater system shall comply with minimum standard as set forth in the document, "*Minimum Standards for Installation of Private Wastewater System.*". This document is available at the County Health Department in your county.
- III. After receipt of a completed application, the sanitarian will have thirty (30) working days to accept or deny the permit. If the thirty days have elapsed, permit shall be considered accepted. If the permit is denied, the county health department will send the applicant written notice and state the reasons for rejection.
- IV. Upon approval of the application, the applicant and/or contractor will be notified and construction may begin.
Applicant and/or contractor must notify sanitarian twenty-four (24) hours before starting work on the system. Call 785-282-6656 Smith County Health Department, or the Health Department in the county where the system is being installed. Leave a message if after hours.
- V. Upon completion of the system, the sanitarian will conduct an inspection of the system **BEFORE** it is covered – exception can be made for time and weather – to insure compliance with the codes. Permits will then be granted for approved systems.
- VI. The permit shall state that the county health department has the right to inspect the wastewater system at any time to determine compliance with the county sanitary codes.

- VII. PERMIT FEES: PAYABLE TO THE SMITH COUNTY HEALTH DEPARTMENT
PERMIT FEES ARE NON-REFUNDABLE
\$600 IF RECEIVED WITH APPLICATION BEFORE START OF INSTALLATION
\$200 + \$600 IF RECEIVED WITH APPLICATION AFTER START OF INSTALLATION

IF SYSTEM IS COVERED BEFORE INSPECTION IS MADE – WITHOUT PRIOR APPROVAL – OR THERE IS FAILURE TO NOTIFY BEFORE STARTING OF SYSTEM WORK, AN ADMINISTRATIVE FEE \$200 WILL BE IMPOSED.

- VIII. All necessary forms and information can be obtained from:

Jewell County Health Department	785-378-4060
Mitchell County Health Department	785-738-5175
Osborne County Health Department	785-346-2412
Phillips County Health Department	785-543-6850
Republic County Health Department	785-527-5671
Rooks County Health Department	785-425-7352
Smith County Health Department	785-282-6656

XI. SIGNATURE LINE MUST BE INCLUDED WITH PERMIT APPLICATION

I, applicant, have read the above and agree to comply with the codes set by my county and the above conditions.

Signature

Date