

**ONSITE WASTEWATER SYSTEM PERMIT APPLICATION \$75.00**

**STAFFORD COUNTY ENVIRONMENTAL SERVICES**

**P.O. Box 95, 400 S. Exchange St. John, KS 67576-0095**

**Office – (620) 549-3594 Fax- (620) 549-3499 Email - rwitt@staffordcounty.org**

**Owner:** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_

\_\_\_\_\_

**E-mail** \_\_\_\_\_

**WASTEWATER SYSTEM INFORMATION**

**Property Address:** \_\_\_\_\_  
\_\_\_\_\_

**Legal Description:** ¼ Section: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

**Number of Acres:** \_\_\_\_\_ **Number of Bedrooms:** \_\_\_\_\_ **Number of Family Members** \_\_\_\_\_

**Installing New System:** \_\_\_\_\_ **Modifying Existing System:** \_\_\_\_\_

**Type of water supply:** Private Well \_\_\_\_\_ Public \_\_\_\_\_

**Existing Tank:** Year installed \_\_\_\_\_ Gallons \_\_\_\_\_ Material \_\_\_\_\_ Last Pumped \_\_\_\_\_

**Does all wastewater enter Septic System?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Is Groundwater depth within 4 feet of Ground Surface?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Is there a Public Sewer connection within 400 ft?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Is there Surface Water (stream, pond, etc.) within 50 ft?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Wastewater System Contractor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Construction cannot begin without prior approval, per county and state sanitary codes**

In signing this application, I agree to follow the system's permit requirements, KDHE's Bulletin 4-2 and the Stafford County Sanitary Code in the construction of this wastewater system.

Permits are nontransferable and are subject to revocation for reasons of noncompliance or misrepresentation.

This application is valid for 12 months from the date of approval.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Modifications, if any, to proposed system or location based on site evaluation:** \_\_\_\_\_  
\_\_\_\_\_

**Approved by** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Director, Stafford County Environmental Services*

**A FINAL INSPECTION AFTER CONSTRUCTION IS REQUIRED TO VALIDATE SYSTEM PERMIT.**

**Final Inspection Completed:** \_\_\_\_\_ **Initialed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Office Use:** Amount due: **\$75.00** Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Permit # \_\_\_\_\_

Draw your plan here: The proposed layout of the entire wastewater system, including sewer lines, tank, lateral trenches and any distribution boxes. Also include Property Lines, Water Wells, Surface Water, Low Areas, Houses/Outbuildings, Pens, Roads/Driveways and Buried Utilities. Indicate ground slope and direction.

**Stafford County Environmental Services Minimums and Recommendations**

<b>STAFFORD COUNTY</b>	Min.	Rec.
<b>MINIMUM SEPARATION DISTANCES FOR SEPTIC TANK-LATERAL FIELD SYSTEM:</b>		
Property Line	10'	50'
House It Serves/Other Buildings (Septic Tank)	10'	10'
House It Serves/Other Buildings (Drainage Field)	20'	50'
Streams, Lakes, Ponds	50'	100'
Existing Public Sewer System	400'	400'
Public Water Well	100'	200'
Public Water Transmission Lines	25'	25'
Private Water Well	50'	100'

**For Office Use Only**

Loading Rate : Determined by: Soil Profile \_\_\_\_\_

SCS Soil Survey \_\_\_\_\_

Perc Test \_\_\_\_\_

Soil Class: \_\_\_\_\_ Loading Rate: \_\_\_\_\_

Area Required \_\_\_\_\_

Easement Needed? \_\_\_\_\_ Variance Needed? \_\_\_\_\_

KDHE approved Septic Tank \_\_\_\_\_ gal. Material \_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

Effluent Disposal System:

\_\_\_\_\_ Pipe and Rock Laterals

\_\_\_\_\_ Chambers \_\_\_\_\_ Units

\_\_\_\_\_ Pressure Dosing \_\_\_\_\_ Drip

\_\_\_\_\_ Lagoon M \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_ D-Box w/ Riser /Lid \_\_\_\_\_ Speed Leveler

Other Comments: \_\_\_\_\_

\_\_\_\_\_

