



# Environmental Health

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Scott Schwinn R.S. County Sanitarian

## HEALTH PERMIT APPLICATION Request for Installation of Private Sewerage System

I \_\_\_\_\_, whose permanent mailing address is  
(Name)

\_\_\_\_\_ Phone# \_\_\_\_\_  
(Address) (Daytime Phone Number)

do hereby apply for a permit to construct and operate a private sewer system to serve a  
**(Commercial Business or Single Family Dwelling)** Please circle One.

The Legal description or address of the property is: \_\_\_\_\_

### Percolation Test Results (by qualified county personnel)

Date: \_\_\_\_\_ By: \_\_\_\_\_ Results: \_\_\_\_\_

In making this application, I hereby certify that I am aware of and will comply with the requirements of the Pottawatomie County Sanitary Code, the Pottawatomie County Sanitarian, and any special provisions/requirements that he/she may feel necessary. I further understand that I must notify the County Environmental Health Department for inspection of any septic system (before covering) or any lagoon prior to the system being put into operation. I will have been issued a health permit before any installation or construction work begins, **(health permit fee \$125.00 for new construction or \$25.00 for reconstruction)** or I shall pay an additional late Inspection fee of \$100.00. Failure to call for an inspection can result in a fine of not more than \$200.00 per day per offense; each day constitutes a separate offense. In addition, the septic system may be required to be uncovered or the lagoon corrected at the owners expense and inspected.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Permit application must be signed or a permit will not issued.**

**A site plan must be attached to the Health Permit Application. The site plan must be received and reviewed by the County sanitarian prior to a Health Permit being issued.**

### DWELLING INFORMATION

Total Acres: \_\_\_\_\_

Number of People: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_

**Residence: New or Existing**

**Garbage Disposal: Yes or No**

**Dishwasher: Yes or No**

**WATER SUPPLY INFORMATION**

**Well: Yes or No**

**Rural Water District #: \_\_\_\_\_**

**Additional comments concerning residence: \_\_\_\_\_**

\_\_\_\_\_

**CONTRACTOR INFORMATION**

**System to be installed by: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comments: \_\_\_\_\_**

\_\_\_\_\_