



# Environmental Health

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Scott Schwinn, R.S. County Sanitarian

## APPLICATION FOR EVALUATION OF WATER SUPPLY / SEWAGE DISPOSAL

### Refinance/Seller Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St \_\_\_\_\_  
Phone # \_\_\_\_\_  
Sellers Agent \_\_\_\_\_  
Agent Phone # \_\_\_\_\_  
Agent Fax # \_\_\_\_\_  
Closing Date: \_\_\_\_\_

### Buyer Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Buyers Agent \_\_\_\_\_  
Agent Phone# \_\_\_\_\_

Report to be sent to:

Property Address: \_\_\_\_\_  
Lot size: \_\_\_\_\_ acres Parcel # \_\_\_\_\_  
Is Dwelling currently occupied: YES NO, how long vacant? \_\_\_\_\_  
Bedrooms # \_\_\_\_\_ Bath # \_\_\_\_\_ Dishwasher? \_\_\_\_\_ Garbage Disposal ? \_\_\_\_\_

Wastewater Information: Public Private  
Date of Installation \_\_\_\_\_ Installer: \_\_\_\_\_  
System Type: Lateral field Lagoon Alternative Other  
Laundry wastewater discharged to: \_\_\_\_\_  
Date tank last pumped: \_\_\_\_\_ By: \_\_\_\_\_  
Are there any known deficiencies: Yes No If yes please explain:

Water Supply Information: Public Private  
If Public, provider's name: \_\_\_\_\_  
Is Water Supply: Drilled Well Driven Well Hand Dug Well Spring Other  
Treatment: None Filter Water Softener Chlorinator Other  
Has well been chlorinated in last month? Yes No  
Are there any abandoned or unused wells on the property? Yes No If yes, explain:

I, \_\_\_\_\_, seller or (agent of seller) of the dwelling at the location described in this application, do hereby certify that the above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Seller or Agent