

WASTEWATER SYSTEM PERMIT

Cherokee County Clerk
PO Box 143
Columbus, KS 66725

lyle.grandy@cherokeecounty-ks.gov | (620)-249-9500 opt 8

APPLICANT INFORMATION

_____ Reconstruction _____ New Installation

Type of System: Conventional _____ Lagoon _____ Other (Specify) _____

Applicant Name: _____

Current Address: _____ **City/State/Zip:** _____

Site Address: _____ **City/State/Zip:** _____

Phone Number (Home): _____ **(Cell):** _____

Type of Occupancy:

➤ **Residential**

Acreage: _____ Number of Bedrooms: _____

➤ **Commercial**

Type: _____ Acreage: _____ Number of People: _____

*Are there any additional water usages that we need to consider, such as: home business, day care, bed & breakfast, beauty shop, etc.? **Yes / No**

If yes, explain: _____

I certify that the above information is correct, and the proposed system will be completed in accordance with the Environmental Code.

Applicant Signature: _____ **Date:** _____

Permit Fees:

Reconstruction: \$30 _____

New Installation: \$40 _____

DISCLAIMER OF LIABILITY

This permit shall not be construed or interpreted as imposing upon Cherokee County, or employees any liability or warranty that any system installation, or portion thereof, that is constructed, or repaired under the Cherokee County Environmental Code will function properly.

INSTALLATION INFORMATION:

PROVIDE A DETAILED DRAWING OF THE ENTIRE PROPOSED WASTEWATER SYSTEM, INCLUDING SEPERATION DISTANCES AND RELEVANT DIMENSIONAL INFORMATION FROM A LICENSED CONTRACTOR.

REVISIONS TO ORIGINAL PLAN MUST BE APPROVED PRIOR TO INSTALLATION.

- **Gallon Septic Tank (Manufacturer):** _____
- **Trench Width** _____ **Linear Ft. of Laterals** _____ **Total Sq. Ft.** _____
- **Lagoon Classification (M-Size)** _____
- **Distance from System to Property Line (10' Min/Lagoon 50' Min.):** _____
- **Distance from System to Dwelling Foundation (20' Min/Lagoon 50' Min):** _____
- **Distance from System to Private Water Line (10' Min):** _____
- **Distance from System to Public Water Line (25' Min):** _____
- **Distance from System to Area Wells (100' Min):** _____

SPECIAL SYSTEMS SUCH AS CHAMBER SYSTEMS, DRIP DISTRIBUTION, AEROBIC TREATMENT, MOUND SYSTEMS, RECIRCULATION SAND FILTER, EVAPOTRANSPIRATION, WETLAND AND CLUSTER/COMMUNITY SYSTEM WILL BE SUBJECT TO SPECIAL APPROVAL.

I certify that the above information is correct and that the proposed work will be completed in accordance with this plan and the Cherokee County Environmental Code.

Contractor Name: _____ **Contractor Signature:** _____ **Date:** _____

Approved By: _____ **Date:** _____ **Permit #:** _____