

## ENVIRONMENTAL DIVISION Application for a Private Sewage Treatment Resale Inspection

Fee: \$235.00					RS SUP	<u>16-</u> 16-
					301	10-
SITE ADDRESS:	Street	City		Zin		
Applicant:		City	Ph	Zip none number:		
(If agen	, please include clier	nts name)				
Address (include city	state, zip):					
Homeowners name:						
Homeowners addres	S:					
Last time the tank wa	s pumped:	By who	om:			
Has system ever bee	n repaired:	If so, when:	Who	did repair:		
Describe repair:						
Notify Inspection Res Mail results to (name Address (include city	):	Following:				
Fax results to (name):			Fax number:			
Email results to (nam	e):	Ema	il address:			
inspection. The tank(s	) must be pumped by	compartments of the a licensed Johnson C imal 20 inch diameter of	ounty Sanitary	/ Disposal Contrac	tor and be	e scheduled
Primary source of drin If the residence uses a	•	perty (circle one): F /, water can be tested l		Private ounty Wastewater	(913-715	-6951).
Method of Payment:	Check:	Cash: 🗌 🛛 Money 🤇	Drder:	Credit Card:		
Drive, Suite 2700, Ola refund for completed ir	the, Kansas 66061. spection; 50% refun	and return to Johnsor For credit card payn for a partial inspectio 0-766-3777. Fax num	nent over the prime in the prime in the prime of the prim	phone please call efund if no site ins	(913) 71	5-6915. No

## Office Use Only: System GPS Location

Septic Tank	Pump Tank	Absorption Field	
Ν	Ν	Ν	
W	W	W	