

WASTEWATER FACILITY APPLICATION

FEE REQUIRED TO ISSUE PERMIT - \$100.00

Barton County Environmental Management Division, 1213 Baker Ave, Great Bend, KS 67530

Phone – (620) 796-4300 \ Fax – (620) 793-1977

Email(s): jgoreham@bartoncounty.org or mcooper@bartoncounty.org

PERMIT NUMBER

COUNTY USE ONLY

REQUIRED – PROPERTY LOCATED IN 1/4 _____ Sec _____ Twp _____ Rng _____

CHECK ONE BOX ONLY FOR PROPERTY LOCATION: Rural – Unincorporated area of Barton County

OR, WITHIN THE INCORPORATED CITY LIMITS OF

Albert Claflin Ellinwood Galatia Great Bend Hoisington Pawnee Rock Susank

APPLICANT'S NAME		PROPERTY OWNER'S NAME	
TELEPHONE		TELEPHONE	
MAILING ADDRESS		MAILING ADDRESS	
APPLICATION FOR <input type="checkbox"/> NEW SYSTEM <input type="checkbox"/> MODIFY EXISTING SYSTEM			
DRIVING DIRECTIONS TO FACILITY (FROM BARTON COUNTY COURTHOUSE)			
Average Percolation Rate	In Minutes/Inch	Number Of Bedrooms	Number Of Baths
Distance To Public Sewer	Feet	Date Existing Tank Was Last Pumped	_____
Acreage Of Site		Area Of Existing Absorption Field	
Existing Septic Tank Capacity	Gallons	Septic Tank Material _____	
Type Of Water Supply <input type="checkbox"/> Public <input type="checkbox"/> Private		Soil Type	
All Wastewater Enter Septic Tank?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Contractor

CAUTION On this application you will learn what the minimum requirements of the State and the County are for your wastewater systems. If you install the minimum system it is not a guarantee that it will perform satisfactorily. Families, soils and construction techniques differ. What may work for your neighbor may not work for you. We highly recommend that you consider the minimums for what they are; the bare minimum. A wastewater system installed right the first time may be far cheaper than one that is constantly upgraded whenever trouble strikes.

APPLICANT'S STATEMENT
I hereby submit this application, along with the \$100.00 fee, for a permit to construct and operate a private wastewater system. I certify the information presented to Barton County on this application to be factual and true. I further certify, if the application is approved, this system will be constructed in accordance with the system's permit requirements, KDHE's Bulletin 4-2 and will meet the requirements of the Barton County Environmental Code.

SIGNATURE OF PROPERTY OWNER _____ DATE _____

APPROVAL STATEMENT
THIS APPLICATION AND THE ATTACHED PLAN ARE APPROVED FOR CONSTRUCTION. EXPIRES AFTER 1 YEAR. SEE THE REQUIREMENTS ON THE BACK SIDE OF THIS FORM

COUNTY REPRESENTATIVE _____ DATE _____

- YOUR LEGAL RESPONSIBILITIES**
1. Barton County must be called for final inspection before covering the system and placing it in operation.
 2. Construction cannot begin without approval, and it must meet the county sanitary code and Kansas Bulletin 4-2.
 3. The wastewater system permit is not transferable, and fees are not refundable.
 4. If the system is not constructed to the requirements of this permit, it will be redone at the applicant's expense.
 5. You may be prosecuted under state and county laws for failure to comply with the laws governing this application.
 6. The issuance of a permit does not guarantee the wastewater system will satisfactorily operate.
 7. You are required to maintain this system in a manner that will keep it from becoming a health or safety hazard.

Please Draw Your Plan With The Following (REQUIRED) - Location of percolation test holes, buildings, driveways, water wells, springs and surface water, outbuildings, low areas, buried water, sewer, telephone, and electrical lines. Proposed layout of entire disposal system, sewer lines, tank, lateral trenches and any distribution boxes. Arrow indicating North direction, designated scale of drawing and ground slope.

Note: Unintelligible Drawings Are Grounds To Delay Or Reject This Application. Please Draw Neatly.

COUNTY REQUIREMENTS

AREA BELOW FOR COUNTY USE ONLY

SIZE DETERMINED FROM

- Perc Test
- Surrounding Systems
- SCS Soil Survey
- Other _____

AREA REQUIRED

_____ ft²

TANK CAPACITY (GALLONS)

- 1000
- 1250
- 1500
- 1750
- 2000
- Other _____
- Aeration Required

LIFT PUMP

- Required

FILTER

- Required

SEPTIC TANK MATERIAL

- Concrete
- Plastic (POLY)

EFFLUENT DISPOSAL

- Pipe and Rock Laterals
- Bed (Chambers)
- Chamber System
- City Sewer
- Holding Tank, ___ Gal.
- Lagoon, _____ Gal.
- Mound System
- Other _____
- Sand Filter
- Soil Conditioning

DISTRIBUTION BOX

- Required

EASEMENTS GRANTED

- Yes
- No
- Permission (distance)

VARIANCE REQUEST

- Issued (variance form)
- Rejected

ADD TO OLD LATERALS?

- Yes
- No
- Effluent Valve Required
- Additional Area Required _____ ft²

COMMENTS

FINAL INSPECTION

YES NO

YES NO

Trenches 3 Feet Deep Or Less	<input type="checkbox"/>	<input type="checkbox"/>	Chamber, Geotextile Or Straw	<input type="checkbox"/>	<input type="checkbox"/>
Tank 10 Feet From House	<input type="checkbox"/>	<input type="checkbox"/>	End-Run Risers Installed	<input type="checkbox"/>	<input type="checkbox"/>
System 50 Feet From Well	<input type="checkbox"/>	<input type="checkbox"/>	Trenches Uniform & Level	<input type="checkbox"/>	<input type="checkbox"/>
Laterals 10 Feet From Tank	<input type="checkbox"/>	<input type="checkbox"/>	Joints Glued, Screwed Or Cemented	<input type="checkbox"/>	<input type="checkbox"/>
Tank Properly Baffled, Sealed, & Level	<input type="checkbox"/>	<input type="checkbox"/>	Comments:	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTED BY

DATE

PAID DATE

CHECK NUMBER

RECEIPT NUMBER