

JOHNSON COUNTY
KANSAS
Health & Environment

2021 Application for Permit to Install a New Private Sewage Treatment System or Significant Alterations to an Existing Private Sewage Treatment System

Major Repair: \$420 New Construction: \$475

Name of person/company paying for permit: _____ Phone Number: _____

Email Address of person/company paying for permit: _____

Address of Property: _____
Street City Zip

Section: _____ Township: _____ Range: _____ Lot Size: _____ SPA Number: _____

Owner Name: _____ Phone Number: _____

Owner Address: _____
Street City Zip

Email Address: _____ Type of Establishment: _____

Licensed Septic Installer Name: _____ Company Name: _____

Licensed Septic Installer Address: _____
Street City Zip

Email Address: _____ Phone Number: _____

If the system serves a home, the number of rooms/fixtures:

Bedrooms: _____ Bathrooms: _____ Bathroom Sinks: _____ Kitchen/Utility Sinks: _____ Toilets: _____

Laundry: _____ Bathtubs: _____ Garbage Disposals: _____ Showers: _____ Sump Pumps: _____

Proposed work on the on-site sewage treatment system (check one):

Septic/holding/pump/aeration tank replacement: Absorption field replacement:

Absorption field repair/addition: Installing a new on-site sewage treatment system:

The following must accompany the application:

- A plot plan showing the foundation and the proposed location of the on-site sewage treatment system- Note: Must be drawn to the scale of 1" to 50' or larger and properly labeled to Johnson County standards;
- Blueprints of building, including site elevation (rear, side and front); electronic PDF submissions accepted
- If the proposed system is an alternative system, a design must be submitted by a Licensed Designer and approved by Johnson County Environmental Division prior to application.

This Permit shall be valid only for the stated conditions and shall be voided if installation is not as specified or final inspection is not made. This permit establishes minimum capacities but does not in any way guarantee trouble free disposal of sewage generated by this building.

Signature of Applicant/Agent: _____ Date: _____

Office Use Only: System GPS Location

Septic Tank	Pump Tank	Absorption Field
N	N	N
W	W	W