SANITARY PERMIT APPLICATION
FOR ALLEN COUNTY

APPLICANT INFORMATION:
Name_________________________________               Property address (if different from home address) _______________________________
Address_______________________________                             _______________________________
Telephone (Home)_______________________                            _______________________________
  (Work)_______________________
Name of contractor to be used ______________________________________
  Address ______________________________________
  Telephone ______________________________________

PROPERTY INFORMATION:
Legal Description or Location (Give directions, 911 address, landmarks, house color, etc.):
_____________________________

Is application for (check one):  new construction______   modification_______
replacement___________
Is inspection necessary for a loan?  Yes___  No___.   If Yes, Lenders name, address, phone & loan officer:
_____________________________________________________________________________________

Lot size/acreage____________________ Estimated average monthly water usage (Gallons) _______________
Home Size (square feet)_________________________ Number of Bedrooms________________________
Number of Bathrooms_________________________ Number of Occupants________________________

TYPE OF SYSTEM: (Check one)
Lagoon___, Septic Tank W/ Rock & Pipe Laterals___, Septic tank W/ Gravelless Chambers___, Mound System___, Pressure Treatment System___, Aerobic Treatment System___, Other
(describe)___________
Septic Tank capacity and manufacturer _______________________________________________________

ON THE BACK OF THIS FORM DRAW A SKETCH OF YOUR PROPOSED SYSTEM WHICH INCLUDES SEPARATION DISTANCES FROM ANY STRUCTURES, PROPERTY LINES, WATER LINES, WELLS, AND STREAMS IF ANY OF THESE ARE CLOSER THAN 200 FEET. THIS MUST BE DONE FOR ALL PERMITS. INCLUDE ALL DIMENSIONS OF YOUR SEPTIC SYSTEM INCLUDING THE LATERAL FIELD. ALL SYSTEMS ARE SUBJECT TO FAILURE. THIS PERMIT IS NOT A GUARANTEE OF SUCCESS.

RETURN COMPLETED APPLICATION TO:
LEPP
Allen County Courthouse
1 North Washington
Iola, KS 66749

I hereby certify that the information provided herein is true and correct and that all applicable regulations shall be complied with. I further understand any permit based upon false or incorrect statements shall void permit and/or application.

APPLICANTS SIGNATURE__________________________________________  DATE_____________

APPROVED / DENIED ______________________________________________ DATE_____________