



PERMIT # _____

Marion County Environmental Health

Environmental Health * Water * Wastewater * Sanitation
203 S. Third, Marion, KS 66861 * (620) 382-2945

Onsite Wastewater System Construction Permit Application

Name of Owner(s): _____ Today's Date: _____

Owner(s) Mailing Address: _____

City State, Zip

Phone Number: _____ Email: _____

Site Address: _____

Section _____ Township _____ Range _____ Parcel _____

PERMIT FEES

☐ Sewer Permit Fee \$100☐ Sewer Re-work Fee \$50☐ Date Paid: _____

Receipt #: _____

Note: If you are building a new structure you will need a building permit. Contact the Planning & Zoning Department for a Building Permit Application at 203 S. Third, Marion, KS 66861 Phone: (620)382-2945

BASIC DATA

Number of bedrooms to be served: _____ Number of Occupants: _____

Source of Water Supply: ☐ Private water well ☐ Rural Water

*Location of water wells and/or rural water must be noted on site plans

Other Information: _____

NEED FOR THE FACILITY

Are you within 400 feet of a public sewerage system? _____ Yes _____ No

If yes, why is it not feasible to utilize a public sewerage system? _____

INSTALLER INFORMATION

Sewer Installer: _____ Phone Number: _____

Fence: If approved to install a Waste Stabilization Pond (Lagoon), please indicate who will install the required fencing, gate, and short-rooted perennial grass seed.

FENCE MUST BE INSTALLED NO LATER THAT 30 DAYS AFTER COMPLETION OF THE LAGOON.

Fence Installer: _____ Phone Number: _____

****If you have not chosen your sewer contractor or fence installer, a list is available upon request****

A soil test pit must be dug to a depth of 6 feet. It is the applicant/property owner's responsibility to hire an excavator and contact this office when the test pit is dug. The Sanitarian will then schedule an onsite visit to perform a soil profile.

PROPERTY INFORMATION

Please coordinate with Environmental Health Staff to schedule a preliminary site analysis.

Total acreage of property: _____ Acres

Minimum Distances Allowed:

	<u>Septic</u>	<u>Lagoon</u>
Nearest property line	50 ft	100 ft* (see note below)
House system serves	10 ft (tank)	100 ft
Water wells	100 ft	100 ft
Rural water	25 ft	25 ft
Nearest drainage course	50 ft	50 ft
Lakes, Ponds, Streams	100 ft	100 ft

*50ft min. may be obtained with written consent of adjacent property owners

Permit and Construction plans must be approved by the Marion County Sanitarian/Administrator prior to the beginning of Construction or Installation. Plans must adhere to the standards set forth in the Marion County, Kansas, Sanitation code and the latest edition of KDHE Bulletin 4-2.

In signing this application, I agree to follow the Marion County Sanitation Code in the construction of this sewer system. Permit will not be validated until final inspection has been performed. Marion County Sanitation Code requires: No person shall develop or modify any private wastewater system until the plans and specifications have been approved by the Marion County Sanitarian. No person shall use, or permit to be used, any private wastewater system until they have received a permit from the Marion County Sanitarian. All private wastewater systems must be inspected and approved by the Marion County Sanitarian for compliance with the approved plans; and no portion of the system shall be covered or made inaccessible to inspection prior to approval. Wastewater inspections are limited to visual observation for obvious indicators of system failure and violations of the Marion County Sanitation Code. This inspector cannot verify the condition, age, life expectancy, or functionality of the system. In the event any party desires further assurances with respect to this wastewater treatment system's present condition or future serviceability, a licensed wastewater installer should be consulted.

Applicant's Signature

Date

SITE PLAN DRAWING

(To be completed by Environmental Health Staff)

SOIL PROFILE

Onsite Date: _____
 Soil Type: _____ (Attach soil profile data)
 Groundwater Level: _____ Impervious Rock Depth: _____
 Wastewater Flow: Bedrooms x 150gpd= _____
 Loading Rate: _____ gpd/ft² Square Feet Required for System: _____ ft²
 Linear Feet Required for System: _____ ft

SYSTEM DETAILS

System Type: (this section to be filled out by Environmental Health Staff)

- ☐ Concrete Septic Tank ☐ Polyethylene Septic Tank
- ☐ Tank Size _____ Gallons
- ☐ Manufacturer _____ KDHE Approval #: _____
- ☐ 4-inch PVC pipe and gravel _____ Linear Feet *Pipe and gravel must meet
 ☐ Leaching Chambers _____ Linear Feet KDHE standards
- ☐ Trench Width _____ Feet
- ☐ Waste Stabilization Pond M- _____ Pond (35,40,45,50)
- ☐ Lift Station (pump & alarm)? ☐ Yes ☐ No
- ☐ Fence Requirements given to applicant
- ☐ Cleanouts every 100 feet? ☐ Yes ☐ No
- Soil Amendments Required? ☐ Sodium Bentonite ☐ Soda Ash ☐ Other _____
- ☐ Alternative System, Type: _____

FINAL INSPECTION

Inspection Date: _____

Comments: _____

Sanitarian/Inspector: _____