



Department of Environmental Services  
 Local Environmental Protection Program  
 Randy Barten, Director  
 2363 Jeep Road • Abilene, KS 67410  
 (785) 263-4780 • Fax (785) 263-3541

**APPLICATION FOR PRIVATE WASTEWATER SYSTEM CONSTRUCTION**

**Include \$150.00 application/permit fee**

Name of Owner(s) \_\_\_\_\_

Owner's mailing address \_\_\_\_\_

Telephone # \_\_\_\_\_

Site address \_\_\_\_\_

\_\_\_\_\_/4 Section: \_\_\_\_ Twp: \_\_\_\_ Range: \_\_\_\_ Size of property (acres): \_\_\_\_

Is there a public sewer line within 400 feet of the property? (yes / no)

Number of people to be served: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_

Source of Water Supply: \_\_\_\_\_ Private Well  
 (Please check) \_\_\_\_\_ Public Water Supply  
 \_\_\_\_\_ Other \_\_\_\_\_

**Circle any of the following items you intend to have drain into your system:**

- |                   |  |                  |
|-------------------|--|------------------|
| Toilets           | Sinks and Washbasins                   | Garbage Disposal |
| Clothes Washer    | Dish Washing Machine                   |                  |
| Roof Drain*       | Water Softener                         |                  |
| Floor Drain*      | Basement Sump Pump                     |                  |
| Foundation Drain* | Reverse Osmosis Water Treatment System |                  |

\*These items should be excluded from a septic tank and lateral field.

**Dickinson County Sanitary Code requires that:**

- No person shall develop any private wastewater system until the plans and specifications have been approved by the Dickinson County Sanitarian.
- All private wastewater systems must be inspected and approved by the Dickinson County Sanitarian for compliance with the approved plans; and no portion of the system shall be covered or made inaccessible prior to inspection.
- No person shall use, or permit to be used, any private wastewater system until they have received a permit from the Dickinson County Sanitarian.

**I certify the information on this application is true and correct to the best of my knowledge and belief.**

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

System Approved: Yes/No Authorized Inspector: \_\_\_\_\_

Date: \_\_\_\_\_

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 KIPHS fee billed \_\_\_\_\_ fee paid \_\_\_\_\_ cash/check amount \_\_\_\_\_ check no. \_\_\_\_\_