

# Septic / Well Inspection Request Form

## South Central Local Environmental Protection Group

P.O. Box 406 / 700 N. LL&G Anthony, KS 67003

Harper, Kingman and Kiowa - County Sanitarian Kyle W. Clark

Phone: (620)842-6000 Mobile: (620)243-3211 Fax: (620)842-6002

**Fill out form completely in order to process request.**

**Legal:** \_\_\_\_\_ 1/4, Sec. \_\_\_\_\_, Twns. \_\_\_\_\_, Rng. \_\_\_\_\_, County \_\_\_\_\_ Acreage \_\_\_\_\_

**Address:** \_\_\_\_\_ City: \_\_\_\_\_ ZIP \_\_\_\_\_

**Sale**  **Refinance**  **Sewerage System**  \$100.00 **Water Supply & Sewerage System**  \$140.75

**Seller/Owner:** \_\_\_\_\_

**Buyer:** \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**Realtor:** \_\_\_\_\_

**Lender:** \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Who will schedule the inspection / pumper service:

Seller  Buyer  Realtor  Lender

Who will receive original report:

Seller  Buyer  Realtor  Lender

Address where report needs sent: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

1. Have there been any problems with the operation of septic system/or water supply: NO  YES  Check box below.  
System backup  Surfacing of Effluent  Slow Operation  Replaced Pump or Lines  Water Quality

2. Does **all** household water enter septic tank: YES  If NO, Sink  Dishwasher  Laundry  Other

3. Has septic tank been pumped: NO  If YES, 0-3 yrs  4-10 yrs  11-20 yrs  21+ yrs

### **Tank Needs Pumped And Certified By Licensed Pumper If More Than 3 Years Old.**

4. Has Property been sitting vacant: NO  If YES, 0-5 mos  1-2 yrs  3-5 yrs  6+ yrs

5. How long has seller/owner had possession of this property: 0-1 yrs  2-3 yrs  4-10 yrs  11+ yrs

6. Type of water supply: City Water  Rural Water  Private Well  Other

7. If private well, mark type: Drilled  Hand Dug  Sand Point  Other

8. Type of water treatment: None  Reverse Osmosis  Water Softener  Other

9. Abandoned pits or wells present: None  Pits  Plugged wells  Old Wells

10. Wastewater System: None  Rock/Pipe  Chamber  Lagoon  Other

11. Is property used as a business: No  Rental  Commercial  Day Care  Other

**I acknowledge this report will verify the County sanitation codes, but will not guarantee the systems performance, for any period in the future due to soil conditions, usage, or past failures.**

**I hereby grant permission for the entry onto this property for the purpose of inspection.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_