

NWLEPG

TMDL: _____

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LATITUDE

CONSTRUCTION DRAWING

LONGITUDE

For the Installation or Modification of a Private Wastewater System

Drawing Date: _____ Construction Date: _____

Legal: _____ Tract: _____^{1/4} _____^{1/4} _____^{1/4} _____^{1/4} Sect: _____ Twsp: _____ Range: _____ County: _____
2.5 ac 10 ac 40 ac 160 ac

County/Town/Subdiv: _____ Lot: _____ Block: _____

System Owner's-Name: _____ Phone: _____

Address: _____ City: _____ ST/Zip: _____

E-mail Address: _____

Site Address (if different from Owner's): _____

Site Acreage **or** Lot Size: _____ No. of Bedrooms **or** Est. Daily Flow: _____

Directions to System from town: _____

System Installer's-Name: _____ Phone: _____

Address: _____ City: _____ ST/Zip: _____

E-mail Address: _____

Well Information: Public Water Supply (no well) Private well: _____ (not on property) _____ (on property)

Est. Distance (in feet) to Well - from Septic Tank: _____ - from Absorption Area: _____

System Design: Fill in blanks within this section (where appropriate) (System types with "*" require other forms)

Septic Tank: Code Required Tank Size: _____ Gallons

Absorption Field: Soil Design Rate: _____ M/I

****(a)** Code Required Area without reduction: _____ Sq. Ft. **(b)** Improved Chamber reduction _____ Sq. Ft.
(Table 4) (Table 4)

Absorption Area sized by:

of cesspools filled: _____

Soil Profile _____

Soil Survey Map # & Type: _____

232 sq ft/bdrm x # bdrm(____) = _____

Other Method Used*: _____

Type of Field Installed:

1. Infiltration Chambers 2. Other *(describe): _____

Installed System Data:

Fill in information below (Where appropriate)

Septic Tank Type: 1. Commercial 2. Job Site Built **Total Installed Tank Capacity:** _____ Gallons

Tank Construction Material: _____ **Depth to Top of Tank Access Ports:** _____ Inches

Noncommercial tank measurements **only:** L= _____ W= _____ Working Depth= _____

Absorption Field Information: (check box and fill out information necessary to approve the system)

Avg. Excavated Depth of Field: _____ (Construction Guidelines: Actual Maximum Depth **no greater than 36"**)

Avg. Height of Mound Above Grade Level: _____

For **ALL** Trenches (give width & length of each trench): _____

of Chamber Sections: _____ Type: 4' 5' 6' Other _____ Width: 24" 36"

*System Requires a Waiver: Yes No

System has a Lift Station or Pump: Yes No

System serves the Basement: Yes No

Gray Water Connected to Septic Tank: Yes No

Newly Installed Absorption Area: _____ Sq. Ft.

Existing Absorption Area **Included:** _____ Sq. Ft.

Total (new & existing) Abs. Area: _____ Sq. Ft.

****This must = or be larger than (a) or (b) listed above**

Installer's Comments: _____

Site & System Drawing: Distances that **MUST be shown** on this final drawing; water well to leach field; water well to septic tank; septic tank to start of chambers; between chambers; and to property lines.

~ Location(s) of **all cesspool(s) must** be marked. ~

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N

I certify that the wastewater system installed or modified **was installed** as drawn and the submitted information is correct and complies with all applicable codes and regulations. This **Construction Drawing** shall be filed with the Northwest Local Environmental Protection Group (NWLEPG) office **within 5 days** of completion of the construction or modification of the system unless otherwise directed. **After the 5th day, expect to pay a \$25 per day late fee.**

X **Installer's or Owner's Signature**

Date

Date Drawing Received: _____

Date System Inspected: _____

1. System is **approved** to operate.
2. System has been **granted a Waiver** and is approved to operate under the conditions stated in the Waiver.
3. System **unapproved** and **does not meet Code requirements**. A full written explanation for disapproval and a list of requirements to meet Code minimum requirements will be mailed within the next 10 days.

Authorized Representative Signature

Date

NOTE: 1. A System “**Approved**” to operate **does not** imply any guarantee or warranty upon the installed system.

Comments: _____
