

# NWLEPG

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NPS: \_\_\_\_\_

TMDL: \_\_\_\_\_

LATITUDE \_\_\_\_\_

LONGITUDE \_\_\_\_\_

## LETTER OF INTENT

### To Install or Modify a Private On-site Wastewater System

This **Letter of Intent** requires a **\$300.00 fee** to be paid to the Northwest Local Environmental Protection Group (NWLEPG) office and this form shall be completed prior to construction or modification of the system. The fee may be paid by the owner or by the System Contractor as agreed by those parties. When a phone call is made to file this **Letter of Intent**, the form shall be sent **within 5 days** along with the required fee unless otherwise directed. When emergency situations occur and this form is filled out after construction of the system, this form shall be sent the first working day after construction along with the required fee. ***The NWLEPG must be contacted and arrangements made for inspection of the system's construction. This form & the fee is good for ONE year from the "Letter Date" listed below.*** Failure to complete the system in the ONE-year period will require the Owner / Contractor to re-file this form and the corresponding fee.

Letter Date: \_\_\_\_\_ Proposed Construction Date: \_\_\_\_\_

**Legal:** \_\_\_\_\_ Tract: \_\_\_\_\_<sup>1/4</sup> \_\_\_\_\_<sup>1/4</sup> \_\_\_\_\_<sup>1/4</sup> \_\_\_\_\_<sup>1/4</sup> Sect: \_\_\_\_\_ Twsp: \_\_\_\_\_ Rnge: \_\_\_\_\_ 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):** \_\_\_\_\_

**Directions to System from town:** \_\_\_\_\_

**System Installer's-Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/ST/Zip:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**\*\*Site Acreage or Lot Size:** \_\_\_\_\_ **\*\*Est. Daily Flow:** \_\_\_\_\_

**\*\*Does water ever run or create a pond in the proposed Septic System area? Yes No**

**Existing System Type:** 1. Commercial 2. Industrial 3. Residential 4. Other: \_\_\_\_\_

**\*\*Existing System:**

- |                |                         |                            |                 |
|----------------|-------------------------|----------------------------|-----------------|
| 1. No System   | 3. Septic Tk & Laterals | 5. Septic Tk & no Laterals | 7. Lagoon       |
| 2. Cesspool(s) | 4. Septic Tk & Cesspool | 6. Septic Tk & seepage pit | 8. Other: _____ |

**Known System Information:** (fill out the below listed information if using existing system components)

Septic Tank Size or Capacity: \_\_\_\_\_ Gallons Tank Construction Material: \_\_\_\_\_ Baffles: Yes No

**\*\* Information and the drawing on the back of this form is correct to the best of my knowledge**

**(System Owner Signature)** \_\_\_\_\_

**Proposed System Changes:**

Code Required Septic Tank Size: \_\_\_\_\_ Gal. Design Soil Absorption Rate: \_\_\_\_\_

**Absorption Field Type:** \_\_\_\_\_ **Absorption Area sized by:** (check option you are using)

- |   |  |
|---|--|
| a) Without a Reduction required Area: _____ Sq. Ft. | <input type="checkbox"/> Soil Profile Absorption Rate: _____               |
| b) With a 30% Chamber Reduction: _____ Sq. Ft.      | <input type="checkbox"/> Soil Survey-soil type & Map #: _____              |
| Existing Area Used _____ +New Area _____ Sq. Ft.    | <input type="checkbox"/> 232 sq. ft/bdrm: 232 sq. ft. x #bdrm(____)= _____ |
| = Total _____ Sq. Ft.                               | <input type="checkbox"/> Other Method Used: Contact NWLEPG for approval    |
- Must be greater than (a or b)

**Type of Field to be installed:** 1. Improved Chambers 2. Rockless Pipe 3. Other: \_\_\_\_\_

**System Waiver Required:** Yes / No **Services the Basement:** Yes / No **Requires Lift Pump:** Yes / No

**Distance from well to Absorption Field:** \_\_\_\_\_ Ft. **Distance from well to septic tank** \_\_\_\_\_ Ft.

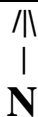
**Describe proposed changes or Comments:** \_\_\_\_\_

(sketch on back side)

Make sure to **show the Water Well(s) location**

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~ NWLEPG Office Use Only ~

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**Date L.O.I. Received:** \_\_\_\_\_

LOI by Phone

LOI by Site Evaluation

LOI by Office Visit

LOI by Mail

LOI fee PAID by: \_\_\_\_\_

CK # - Cash: \_\_\_\_\_ Date: \_\_\_\_\_