

### Application for Installation of Sewage Holding Tank

Property Owner | Telephone | Present Mailing Address

Applicant (if other) | Telephone | Present Mailing Address

Proposed Holding Tank Installer | Telephone | Mailing Address

Section-Township-Range	Acres	Subdivision (if applicable)	Lot	Block	Tract (if applicable)
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<input type="checkbox"/> Legal description and <input type="checkbox"/> site diagram of building site are attached	Address if known
<input type="checkbox"/> Concrete tank  <input type="checkbox"/> 1500 gallons minimum with Alarm System	

- I assume responsibility for ensuring that this sewage holding tank is installed according to the approved plan and in conformity with Chapter 2 of the Douglas County Sanitary Code.
- I understand that the location of the sewage holding tank shall not be moved from the specific area designated without prior approval from the Health Department. Unauthorized relocation may be cause for (1) revocation of permit, (2) suspension of permit, or (3) denial of final approval of the sewage holding tank.
- I certify that no easements are located upon the land designated for installation of the sewage holding tank.
- I understand that the sewage holding tank must be left uncovered until it is inspected and approved.
- I understand that the issuance of this permit shall not be construed or interpreted as imposing upon the Lawrence-Douglas County Health Department or its employees any warranty that this sewage holding tank will function properly.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Owner  Agent

***For Health Department Use Only:***

Permit approved by \_\_\_\_\_

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

Permit # \_\_\_\_\_

200 Maine, Suite B  
Lawrence, KS 66044-1396

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