

Application for Installation of Sewage Vault

Property Owner | Telephone | Present Mailing Address

Applicant (if other) | Telephone | Present Mailing Address

Proposed Vault Installer | Telephone | Mailing Address

Section-Township-Range	Acres	Subdivision (if applicable)	Lot	Block	Tract (if applicable)
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Legal description and site diagram of building site are attached

Address if known

Concrete tank

1000 gallons minimum

- I assume responsibility for ensuring that this sewage vault 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 vault 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 vault.
- I certify that no easements are located upon the land designated for installation of the sewage vault.
- I understand that the sewage vault 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 vault 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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