

JOHNSON COUNTY ENVIRONMENTAL DEPARTMENT

11811 South Sunset Drive - Suite 2700, Olathe, Kansas 66061 (913)715-6900

Application for a Private Sewage Treatment Courtesy Resale Inspection for Either Buyer or Seller

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

Log #: RS10 - \_\_\_\_\_

Name of person applying: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(If agent, please include client's name)

HOME ADDRESS: \_\_\_\_\_  
Street City State Zip

(Required) PROPERTY TO BE INSPECTED: \_\_\_\_\_  
(If different than above) Street City State Zip

(Required) Owner's Name: \_\_\_\_\_

(Required) Address: \_\_\_\_\_  
Street City State Zip Phone

When was the last time the tank was pumped, and by whom? \_\_\_\_\_

Has system ever been repaired? \_\_\_\_\_ If so, when? \_\_\_\_\_ What was done? \_\_\_\_\_

Primary source of drinking water for the property: Public Private (circle one)

Is there a private water well or cistern located on the premise? Yes \_\_\_ No \_\_\_ If "Yes", what is the uses of this well or cistern? \_\_\_\_\_

WATER SAMPLE: If the residence uses a private water supply, water can be tested for an additional fee (more information and a fee schedule is available upon request). Would you like a water sample testing conducted? \_\_\_\_\_

Inspection results may be mailed to (name): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Inspection results may be faxed to (name): \_\_\_\_\_

Fax #: \_\_\_\_\_

Inspection results may be emailed to (name): \_\_\_\_\_

Email address: \_\_\_\_\_

FEE AMOUNT: \$184 (includes \$26 recording fee) \$158  
Circle One: (Buyer or Agent) (Seller or Agent)

PUMPING OF TANK: To be inspected, all compartments of the tank(s) must be made accessible for pumping and inspection, prior to inspector arrival. A minimal 20-inch diameter opening must be available in order for inspection to occur. Once the application and fee has been processed, JCED will contact the applicant to schedule the inspection. The tank(s) must be pumped by a licensed Johnson County Sanitary Disposal Contractor. The pumping must be scheduled for the same time as the inspection.

(Required) SIGNATURE: \_\_\_\_\_

OFFICE USE ONLY:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of Sanitary Disposal Contractor (pumper) Date work scheduled Time work scheduled

Method of payment: (must be in the exact amount of \$158 for Seller or \$184 for Buyer.)

Cash: \_\_\_\_\_ Money order #: \_\_\_\_\_

Cashier's check #: \_\_\_\_\_ Check #: \_\_\_\_\_

Please write money orders, cashier's checks, or checks payable to:  
Johnson County Environmental Department

Fee refund policy: No refund for a completed inspection; 50% refund for a partial inspection; and 100% refund if no site inspection has been done.