

**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**

Include City, State, and ZIP on all addresses

Date: \_\_\_\_\_ Log #: RS \_\_\_\_\_ - \_\_\_\_\_

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

HOME ADDRESS: \_\_\_\_\_

**(Required) PROPERTY TO BE INSPECTED:** \_\_\_\_\_  
**(If different than above)**

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

**(Required) Address:** \_\_\_\_\_

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

Has system ever been repaired? Yes No If so, when? \_\_\_\_\_

What was done? \_\_\_\_\_

**Primary source of drinking water for the property: Public Private**

Is there a private water well or cistern located on the premise? Yes No  
If yes, what are 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? Yes No

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

**Address:** \_\_\_\_\_

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

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

**Current fees can be found on the JCED website.**

**Check 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 for Seller or 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.