

LAGOON-Real Estate Resale Inspection for On-Site Sewage Management System Report Form
Leavenworth County Planning and Zoning Department 300 Walnut, Suite 030 Leavenworth, KS 66048 - 913-684-0465

Property to be inspected:	
Address: _____	CAMA: _____
Subdivision: _____	Lot Number: _____ Lot Size: _____
Owner: _____	Phone: _____ Email: _____
Person Requesting inspection: _____	Company if Real Estate Agent: _____
Address: _____	Phone: _____ Email: _____
If Agent above indicate person they represent: _____	
Address: _____	Phone: _____ Email: _____
Date: _____ Time: _____ Weather Conditions: _____	
Permit:	
Approved permit on file with County: Yes <input type="checkbox"/> No <input type="checkbox"/> Diagram of system available: Yes <input type="checkbox"/> No <input type="checkbox"/> Number of Bedrooms: _____	
Age of system House Occupied: Yes <input type="checkbox"/> No <input type="checkbox"/> Time Vacant: _____ Monthly water usage: _____	
Type of System	
Lagoon: Yes <input type="checkbox"/>	
Lagoon: Acceptable Yes <input type="checkbox"/> No <input type="checkbox"/>	
Size of Lagoon as measured at inside top of berm: _____ Lagoon sized for number of people/bedrooms: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Serves only one house: Yes <input type="checkbox"/> No <input type="checkbox"/> Depth of lagoon: _____ Vegetation present: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Outlet pipe visible: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, is it supported properly: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Berm: Acceptable Yes <input type="checkbox"/> No <input type="checkbox"/>	
Eroded: Yes <input type="checkbox"/> No <input type="checkbox"/> Proper Slope (3.5' Horizontal/1' Vertical): Yes <input type="checkbox"/> No <input type="checkbox"/> Berm width (5' Minimum): _____	
Can surface drainage can enter lagoon: Yes <input type="checkbox"/> No <input type="checkbox"/> Height of berm at sides or corners (3' Minimum): 1 _____ 2 _____ 3 _____ 4 _____	
Does livestock have access to berm: Yes <input type="checkbox"/> No <input type="checkbox"/> Freeboard (2' Minimum): Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has an established short-rooted perennial groundcover (6" or shorter): Yes <input type="checkbox"/> No <input type="checkbox"/> Woody vegetation present: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fence: Acceptable Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fence on berm at proper distance (4' from inside top of berm): Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Warning signs present: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fence at base of berm if livestock present: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Fence height (4' Minimum): _____ If accessible to livestock double strand of barbed wire at top of fence present: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Size of wire (12.5 gauge): Yes <input type="checkbox"/> No <input type="checkbox"/> Fence mesh opening size (8" or smaller): _____	
Water Level: Acceptable Yes <input type="checkbox"/> No <input type="checkbox"/>	
Water depth (must be between 2.5' & 5'): _____ Seepage Present: Yes <input type="checkbox"/> No <input type="checkbox"/> Lagoon overflowing: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Depth gage with legible number and marks: Yes <input type="checkbox"/> No <input type="checkbox"/> Evidence of siphoning or pumping: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wave action present: Yes <input type="checkbox"/> No <input type="checkbox"/> Color of Water: _____ Odor detectable: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Plumbing: Acceptable Yes <input type="checkbox"/> No <input type="checkbox"/>	
Correctly connected to septic system: Yes <input type="checkbox"/> No <input type="checkbox"/> Discharge of all waste water is to septic system: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Sump pump not connected to septic system: Yes No Floor drains not connected to septic system: Yes No
Cleanouts provided at following locations: Outside house: Yes No Near lagoon: Yes No

Well: Acceptable Yes No

Active Well On-Site: Yes No If yes, indicate distance from septic system, 100' minimum: _____

Abandoned Well On-Site: Yes No If yes, it shall be filled according to Kansas Department of Health and Environment Regulations.

Setbacks: Acceptable Yes No

Distance from:

House (100' Minimum)

Property Line (100' Minimum)

(Minimum of 50' if a waiver of property line separation is recorded or easement provided on adjacent property)

Distance from Pond, Stream, Cistern, or Water Main (Minimum 50'):

Distance from Water Service Line (Minimum 25'):

Trees (Minimum 30' from foot of berm):

Shrubs (minimum of 15' from foot of berm):

Outside of Regulatory Floodway:

Yes

No

If system does not meet Leavenworth County Sanitary Code then the inspection cannot be approved.

List all violations of the Leavenworth County Sanitary Code: _____

List corrections completed to system: _____

System approved: Yes No

Map of lagoon included: Yes No

Unable to Map (State why): _____

Signature of Inspector: _____

Inspector: _____ Company: _____ Phone: _____ Email: _____

This On-Site Sewage Management System was working on the date indicated. Any inspection provided shall not constitute nor be deemed warranty, and neither the inspector nor the administering agency nor any other official of Leavenworth County shall be liable for any failures of the system or for other claims out of the inspection.