STANDARD-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: Date:Time:Weather Conditions:	Phone:	Email:		
Date:Time:Weather Conditions:				
Permit				
Approved permit on file with County: Yes 🗆 No 🗆 Diagram of system available: Yes 🗆 No 🗆 Number of Bedrooms:				
Age of system House Occupied: Yes DNo D Time Vacant:Monthly water usage:				
Amount of sewage pumped from tank:Depth of sewage in tank:				
Type of System				
Septic Tank/Absorption Field: Filtration System: Constructed	d Wetlands: 🛛 Aerobic Trea			
Other (indicate):		If Lagoon use Lagoon Form		
Tank: Acceptable: Not Acceptable:				
Manufactured Tank: Yes 🗆 No 🗆 Type: Concrete: 🗆 Polyethylene: 🗆 Fiberglass: 🗆 Other (indicate):				
Home-made: Yes 🗆 No 🗆 Concrete block/brick: Yes 🗆 No 🗆 Metal: Yes 🗆 No 🗆 Cracked: Yes 🗆 No Caved in: Yes 🗆 No 🗆				
Other (indicate): Inlet and Outlet pipe	in Septic Tank: Acceptable	: 🗆 Not Acceptable: 🗆		
Baffles present: Yes 🗆 No 🗆				
Pump Tank: Acceptable: Not Acceptable: N/A:				
Pump Present: Yes No Working: Yes No No				
Manufactured Tank: Yes 🗆 No 🗆 Type: Concrete: 🗆 Polyethylene: 🗆 Fiberglass: 🗆 Other (indicate):				
Home-made: Yes 🗆 No 🗆 Concrete block/brick: Yes 🗆 No 🗆 Metal: Yes 🗆 No 🗆 Cracked: Yes 🗆 No Caved in: Yes 🗆 No				
□Other (indicate): Inlet and Outlet pipe in Septic Tank: Acceptable: □ Not Acceptable: □				
Baffles present: Yes 🗆 No 🗆				
Lateral Field: Acceptable:				
Area wet: Yes \Box No \Box Covered with snow: Yes \Box No	Tracer dye used: Yes	No 🗆 Pipes exposed: Yes 🗆 No 🗆		
Effluent visible: Yes \Box No \Box Covered with tall grass: Yes \Box No				
Plumbing: Acceptable: Not Acceptable:	·			
	charge of all waste water is t	to septic system: Yes 🗆 🛛 No 🗆		
	or drains not connected to se			
Well				
Active Well On-Site: Yes 🗆 No 🗆 If yes, indicate distance from septic system, 100' minimum:				
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Abandoned Well On-Site: Yes No If yes, it shall be filled according to Kansas De	epartment of Health and	Environment Regulations.		
Setbacks: Acceptable: Not Acceptable:				
Distance from:	Septic Tank:	Lateral Field:		
House				
Tank-(Minimum of 10' if it is located below the lowest floor of building)		N/A		
Tank-(Minimum of 15' if it is located above the lowest floor of building)		N/A		
Field- (Minimum of 25')	N/A			
Property Line-(Minimum of 10')				
Driveway- (Minimum of 10')				
Foundation Drain-(Minimum of 10')				
Absorption Trench-(Minimum of 10')				
Distance from Pond, Stream, Cistern, or Water Main-(Minimum 50'):				
Distance from Water Service Line-(Minimum 25'):				
Distance from Well-(Minimum 100'):				
Distance from Regulatory Floodway-(Minimum 100'):				
Slope Less than 15%:	Yes □ No □	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 No				
Map of tank and lateral field included: Yes \Box No \Box				
Unable to Map (State why):				
	il:			
Hauler:Company:Phone:Ema	il:			
This On-Site Sewage Management System was working on the date indicated. Any in				

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.