Kansas
Department of Health and Environment

STATE OF KANSAS
DIVISION OF ENVIRONMENT
APPLICATION FOR SEWER EXTENSION PERMIT

The applicant hereby requests a permit for extension of sanitary sewers in compliance with the requirements of K.S.A. 65-165 and K.S.A. 65-166. Plans and specifications submitted must comply with the Kansas Department of Health and Environment, Division of Environment, "Minimum Standards of Design for Water Pollution Control Facilities."

APPLICANT DATA

1. _____
   Name of Project (as it appears on plans)

2. _____
   Name of Applicant (Governmental Unit)

3. __ - __ __ __ __ - __ __ __ __
   Kansas Water Pollution Control Permit Number for the Wastewater Treatment Facility which will treat the flow from this sewer extension.

4. _____
   Name the engineer or engineering firm responsible for inspection of this extension.

In making application for a sewer extension permit, I hereby certify that continuous engineering observation of the construction of the proposed improvement, including building connections, shall be provided in accordance with Kansas Department of Health and Environment Regulation 28-16-55.

Signature: _____
Authorized Official

Print Name: _____

Title: _____

Mailing Address: _____

_____

_____

E-Mail Address: _____

DESIGN ENGINEER DATA

1. _____
Name of Project (as it appears on plans)

2. Engineers estimate of construction cost _____

3. What are the conditions and capacity of the existing sewer system downstream of this sewer extension?

a. What is the present average daily flow at the wastewater treatment facility? _____MGD

CIRCLE YES OR NO

b. Do the downstream sewer lines presently convey the peak flow without inducing backup into buildings or bypass to the environment? YES NO

c. Can the downstream receiving sewers convey the additional peak design flow generated after completion of this sewer extension without backup into buildings or bypassing to the environment? YES NO

d. If the answer to either of the above questions is NO, what steps are being taken to eliminate or prevent bypass or service line backup conditions?
_____
_____
_____ Attach additional pages if necessary.

4. What are the design flows for this sewer extension?
(Include a copy of the calculations for flow and list the following values)
Average daily _____MGD Peak _____MGD

5. If wastewater pumping facilities are included in the project, provide with this application the following: system curve, pump curve and total head calculations and planned control elevations i.e. pumps off, low level on, high level on, and alarm level.

The information contained above is accurate to the best of my knowledge.

Signature: _____
Kansas Licensed Engineer

Print Name: _____

Address: _____

_____

_____

E-Mail Address: _____

P.E. Stamp/Date/Signature