SEPTIC / LAGOON / WELL REAL ESTATE EXCHANGE
INSPECTION REQUEST FORM

Harvey County Planning & Zoning

PO Box 687, Newton KS 67114   ph. 316-284-6940

Email: karenro@harveycounty.com   OR   lfranz@harveycounty.com

Fill out form completely in order to process request

Address: _____ City: _____

Section: ____ Township: ____ Range: ____ Map # ____ Parcel # ____

INSPECTION DATE: _____   **TIME: _____**

SALE ☐   REFINANCE ☐   SEWAGE SYSTEM ☐ $120   WATER WELL & SEWAGE SYSTEM ☐ $200

Seller/Owner: _____   Buyer: _____

Responsible Party's Phone & Email: _____

Realtor: _____   Title Co/Closing: _____

Realtor Phone: _____   Closing Date: _____

Who will schedule the inspection/ pumper service: ____ Buyer ____ Seller ____ Realtor ____ Lender

Who will receive original report/ invoice: ____ Buyer ____ Seller ____ Realtor ____ Lender

Mailing Address where report needs sent: _____

Email(s) to send report: _____

1. Have there been any problems with the operation of septic system/or water supply? ___ NO ___ YES
   If YES: ___ System backup   ___ Surfacing of Effluent   ___Slow Operation
           ___ Replaced pump/lines   ___ Water quality
2. Does all household water enter septic tank/lagoon? ___YES   If NO: ___ Sink   ___Dishwasher
                                                                    ___Laundry   ___Other
3. Age of Septic Tank (if applicable): ___ 0-3 yrs ___ 4-10 yrs ___ 11-20 yrs ___21+ yrs
   TANK NEEDS PUMPED BY LICENSED PUMBER IF MORE THAN 3 YEARS OLD OR NO PERMIT
4. Has Property been sitting vacant? ___NO If YES: ___0-5 months ___ 1-2 yrs ___ 3-5 yrs ___ 6+ yrs
5. How long has seller/owner had possession of property? ___0-1 yrs ___ 2-3 yrs ___4-10 yrs ___11+ years
6. Type of water supply: _____ Rural Water _____ Private Well _____ Other
7. If private well, mark type: ____ Drilled ____ Hand Dug ____ Sand Point ____ Other
8. Type of water treatment: ____ None ____ Reverse Osmosis ____ Water Softener ____ Other
9. Abandoned pits or wells present: ____ None ____ Pits ____ Plugged Wells ____ Old Wells
10. Wastewater System: ____ None ____ Rock/Pipe ____ Chamber ____ Lagoon ____ Other
11. Is Property used as a business: ____ No ____ Rental ____Day Care ____ Other

I acknowledge this report will verify the Harvey County sanitation codes, but will not guarantee the systems performance, for any period in the future due to soil conditions, usage, or past failures. I hereby grant permission for the entry onto this property for the purpose of inspection.

Signature: _____   **Date: ____ / ____ / ____**