

320 E. 9th Suite B
Winfield, KS 67156
Phone: (620) 221-1430
Fax: (620) 221-0389



City-Cowley County
Health Department

115 E. Radio Lane
Arkansas City, KS 67005
Phone: (620) 442-3260
Fax: (620) 442-1759

Application for a Sanitary Service Permit

APPLICATIONS ARE TO BE EMAILED TO septicinspections@cowleycountyks.gov

Equipment Owner: _____

Permit Fee: \$75.00

Address: _____

New Application

Renewal

Permit will not be issued until fee is paid. Cash, check, and credit card accepted. Permit fee to be paid via mail, in-person visit to the Health Department, or over the phone (credit card only).

Vehicle Information

Make: _____ Model: _____ Year: _____

Tag #: _____ Capacity: _____

As required by the Cowley County Sanitary Code, I hereby wish to apply for a Sanitary Service Permit to transport sewage within the boundaries of Cowley County.

I understand that I can only dump industrial or commercial wastes and sewage, sewage sludge, or human excreta from private sewerage system in authorized dumps.

I ATTEST THAT MY EQUIPMENT MEETS THE FOLLOWING MINIMUM REQUIREMENTS:

1. Tanks constructed of heavy gauge steel plate or aluminum.
2. Tank is airtight and watertight.
3. Tank provided with suction type pump.
4. Twenty (20) feet of hose provided.
5. Hose size two (2) inches or more.
6. Tank provided with leak proof valve.
7. Tank provided with airtight manhole covers.
8. Elbow or extension line provided to permit discharge of sewage directly into sanitary sewer line.
9. Maintain sewage Discharge Log with date and place of discharge for each truck.

Upon receipt, a copy of my permit showing the permit number and capacity of truck shall be maintained on the truck.

I understand that the Cowley County Sanitary Code requires an initial inspection of my truck/equipment by the City-Cowley County Health Department or their duly authorized representative.

I agree to maintain the truck/equipment to minimize the possibility of accidental leakage or the spilling of sewage onto the public/private roadways.

The permit is valid for one (1) year from date of issuance.

Applicant Signature

Date