

Private Sewage Disposal System Certification

Planning and Development Services Department

www.opkansas.org

Date _____ Permit Number _____

Name of Project _____

Project Address _____

I certify that the private sewage disposal system located at the above address has been installed and complies with the design drawings and specifications.

Design Professional _____

Address _____

Phone # _____

Design Professional Seal _____

Signature Date

Submit to:

Permit Services Division
(913) 895-6205 • Fax (913) 895-5016
PermitServices@opkansas.org