

## Private Sewage Disposal System Certification

Planning and Development Services Department

[www.opkansas.org](http://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](mailto:PermitServices@opkansas.org)