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. **PROJECT NAME**
   - Name of Project (as it appears on plans)
   - City of Lawrence, Kansas

2. **Name of Applicant (Governmental Unit)**

3. **M - K S 3 1 - 1 0 0 1**
   - Kansas Water Pollution Control Permit Number for the Wastewater Treatment Facility which will treat the flow from this sewer extension.

4. **Municipal Services and Operations Department, City of Lawrence, Kansas**
   - 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:** City PM Name

**Title:** City PM Title

**Mailing Address:** City of Lawrence - MSO

P.O. Box 708
Lawrence, KS 66044

**E-Mail Address:** City PM Email Address
DESIGN ENGINEER DATA

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

2. Engineers estimate of construction cost PROJECT 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? 10.1 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
Checklist for Sewer Extension Plan Review

Project name: PROJECT NAME

City: Lawrence, Kansas

Project #: Project #

Date: DATE

Flow Check

Project ADF: ####___ mgd/Current {A} Average Daily Flow at WWTP/F 10.1 {B}

Design Flow @ WWTP/F: 12.5 ________ mgd {C}

YES WWTF has capacity for added flow ( {A} + {B} < {C} )

YES WWTF has valid NPDES permit (effective date: 8/1/2019)

YES Flow to correct WWTP

Facility Short Name: Kansas River Wastewater Treatment Facility NPDES KS0038644

Quick checks

YES Stamp & Seal on every plan sheet & cover sheet submitted OR a digital signature on cover sheet

YES Site map

YES North arrow and scale on every page necessary

YES Benchmarks stated

Stamps/Signatures/Officiality

YES Application is filled out correctly (i.e. correct NPDES number, signed in correct boxes)

YES PE Stamp on application

YES City Official signature on application

YES Appropriate specifications stated on transmittal letter, plans, or provided

Cross section/Pipe details

YES Easements/Right of ways

YES Connected to existing downstream sewer system

YES In/Out flow directions on manholes

YES In/Out flow elevations on manholes

YES Sanitary Sewer materials identified

YES Slope between each manhole is correct

YES Plan = profile MH

YES Cover depth > 30in (2.5ft)

YES Water/Sewer separation

YES Drop manholes

Misc.

YES Approved details on detail sheet

YES Access to manholes (opening >22in)

YES Cleanout distance not >150 ft from manhole

YES Collars on pipes

YES Trench plugs

YES Identify 100-year flood plain

YES Other: ____________________________

External Reviewer Signature: ________________________________________

KDHE Reviewer Signature: ____________________________________________