

# BARTON COUNTY RURAL RESIDENCE SANITARY INSPECTION REPORT

## REQUEST FORM

This form is **required** to be completed in its entirety before the Barton County Environmental Management Division will begin the inspection process. Please submit your request as *early* as possible. These evaluations are done on a first-come \ first-serve basis and **30 days advance notice is recommended**. **Expect to receive the final report no sooner than 10 working days from the date of the inspection.** Thank you for your assistance.

REQUIRED – PROPERTY LOCATED IN 1/4 \_\_\_\_\_ Sec \_\_\_\_\_ Twp \_\_\_\_\_ Rng \_\_\_\_\_

CHECK ONE BOX ONLY FOR PROPERTY LOCATION:  Rural – Unincorporated area of Barton County

OR, WITHIN THE INCORPORATED CITY LIMITS OF

Albert  Claflin  Ellinwood  Galatia  Great Bend  Hoisington  Pawnee Rock  Susank

Closing Date: _____
<b>SELLER</b>
Name: _____
Address: _____
Telephone: _____
Bill <input type="checkbox"/> Copy <input type="checkbox"/>
<b>LENDING ORGANIZATION</b>
Name: _____
Address: _____
Telephone: _____
Bill <input type="checkbox"/> Copy <input type="checkbox"/>
<b>TENANT</b>
Name: _____
Address: _____
Telephone: _____
Bill <input type="checkbox"/> Copy <input type="checkbox"/>

<b>PROPERTY STREET ADDRESS:</b>
_____
_____
<b>BUYER</b>
Name: _____
Address: _____
Telephone: _____
Bill <input type="checkbox"/> Copy <input type="checkbox"/>
<b>SELLER'S REALTOR</b>
Name: _____
Address: _____
Telephone: _____
Bill <input type="checkbox"/> Copy <input type="checkbox"/>
<b>BUYER'S REALTOR</b>
Name: _____
Address: _____
Telephone: _____
Bill <input type="checkbox"/> Copy <input type="checkbox"/>

STATUS:  SALE  REFINANCE  OTHER \_\_\_\_\_

Requested By: Name \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Signature of Requester: \_\_\_\_\_

Point of contact for entrance into the property: Name \_\_\_\_\_ Telephone \_\_\_\_\_

(This person should be familiar with the property's water and wastewater systems, have keys to the residence and be available to accompany the inspector.)

Fax or Mail to: Barton County Environmental Management Division  
1213 Baker Ave  
Great Bend, KS 67530

Phone – (620) 796-4300 Fax – (620) 793-1977

Email: [jgoreham@bartoncounty.org](mailto:jgoreham@bartoncounty.org) or [mcooper@bartoncounty.org](mailto:mcooper@bartoncounty.org)

See Reverse Side

