PLANNING & DEVELOPMENT
ENVIRONMENTAL HEALTH
110 Courthouse Plaza
Manhattan, KS
(785) 537-6332

Log #_____

Receipt # _____

☐Minor ☐ Major

Date: _____ Paid: _____

WASTEWATER SYSTEM REPAIR APPLICATION

Application Type: ☐Minor $50.00 – component replacement (lids, riser, filter, etc.)
☐Major $100.00 – tank or lateral field failure
*For lateral field failure / replacement, applicant **MUST** also submit a Soil Profile Application with this application and go through the standard process. No additional fees will be assessed.*

System Type: ☐Standard ☐Alternative ☐Stabilization Pond

Reason for failure / needed repair: _____

_____

Number of bedrooms: _____ Surfacing sewage: ☐Yes ☐No

Name of Applicant: _____ Contact Number: _____

Repair Address: _____
(Street) (City) (State) (Zip)

Email Address: _____

Licensed Contractor Name: _____

Contact Number: _____ Email: _____

ALL work must be performed by a Riley County licensed contractor.

Proposed timeline of repair: _____

Please indicate if the work has already been completed and when. _____

Attach photo documentation and as-built (as applicable) for Minor Repairs.

☐ **I've read and understand the Rules and Regulations**

Signature of Applicant: _____ Date: _____

Riley County Planning and Development will not accept incomplete applications.