RiverStone Health®

Septic System
REPAIR APPLICATION
(Rev.11/2024)

** **When calling for an inspection you <u>must</u> call the day <u>Prior</u> to the inspection.**
Same day appointments must be made by 9 am and are not guaranteed. **

Date: _____

Site Location: _____   Legal Description (if known): _____

Property Owner/Applicant Info: _____Phone#:_____
Email: _____

System Designed for _____bedrooms/employees
Percolation Rate/Soil Type (if known): _____Existing Permit? Y_____ N_____ (please attach).

Repair Details (check all that apply):   **Water Supply:**
- ☐ Drainfield Replacement   ☐ Well
- ☐ Septic Tank Replacement (New Tank Size: _____ gal)   ☐ Cistern
- ☐ Continue Using Existing Tank (Current Tank Size: _____ gal)   ☐ Community
- ☐ Other (please describe):_____   ☐ Other:_____

Reason for Repair (please describe tank & drainfield conditions, including surfacing sewage, if applicable):_____

Proposed Drainfield
Distance to Water Supply: _____ft
Type & Size:
- ☐ Standard-Gravity. Chambers? Y_____ N_____ Proposed Size: _____
- ☐ Pressure-Dosed.   Chambers? Y_____ N_____ Proposed Size: _____
- ☐ Other (please describe):_____

Attach details illustration of site plan (see reverse). Illustration MUST include:
- Structures (houses, shops, etc.)
- Location of proposed septic tank and drainfield
- Distance of tank and drainfield to water supply, **ALL neighboring water supplies**, property lines, surface waters, foundation, etc.
- Location of existing tank and drainfield

<u>**Health Department Use Only**</u>   **COSA: Y_____ N_____**

Approved/Denied:
- **Minimum** Drainfield Sizing Requirements:
- ☐ Approved
- System Type Requirements:
- ☐ Denied
- ☐ Approved with Conditions:

Installation of this system must conform to the requirements of Yellowstone City-County Board of Health Rule #3 and MT Department of Environmental Quality W.Q.P.B. Circular DEQ 4. Any alteration or variation from the approved site plan or above specifications requires approval from the reviewing authority prior to construction.
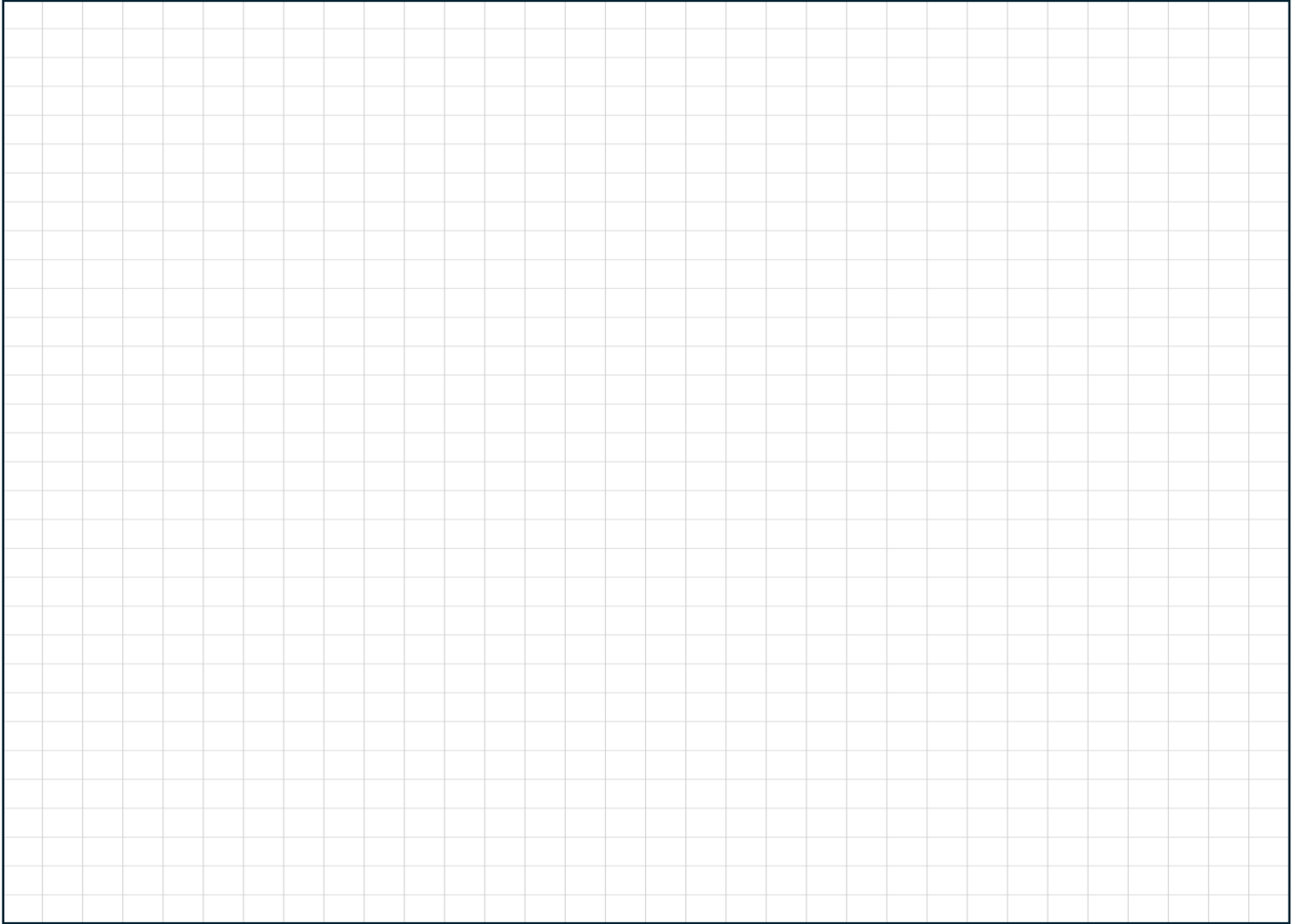***Repair form expires one year from review date.***

Reviewed by: **Date:**   **Fee Paid:**

SITE PLAN SKETCH

Site Plan Sketch Checklist:

- ☐ Structures (houses, shops, etc.)
- ☐ Location of existing tank and drainfield
- ☐ Location of proposed septic tank and drainfield
- ☐ Distance of tank and drainfield to water supply
- ☐ Distance of tank and drainfield to **ALL neighboring water supplies**
- ☐ Distance of tank and drainfield to property lines
- ☐ Distance of tank to foundation
- ☐ Distance of tank and drainfield to surface waters, slopes >35%, storm waters, roadcuts (if applicable).