

## **Wastewater Services Policy & Application**

**All wastewater service requests to empty residential septic tanks are to be made through the PBPB Division of Planning and Environmental Protection and will only serve residents of the Potawatomi Reservation.**

Reduced Rate Requirements - Must meet all three requirements:

- 1) Must reside on the Reservation
- 2) Must be the listed head of household/owner of home
- 3) Must be an enrolled PBPB member 62 + years of age

If you do not meet the above requirements, then a fee for the wastewater service request will be as follows:

- **\$80.00 per load to empty residential septic tank – if drain opening is accessible**
- \$40.00 per additional equipment needed to access drain (ex. Locate & uncover access service cover, with back hoe)
- \$40.00 Maintenance Fee (minimum charge)

Payment:

**Payment due at time of request.**

Cancellation:

Cancellation will be accepted before Wastewater operator has assessed the applicant's residence.

Refund:

A refund will be paid in full only if no work or on-site visit has been completed.

*No refund will be issued, once Wastewater operator has completed an on-site visit of the applicant's residence.*

If you do not meet the above requirements or prefer not to use this service we can refer or call for you the local septic tank and drain service provider.

**PRAIRIE BAND POTAWATOMI NATION**  
**DIVISION OF PLANNING AND ENVIRONMENTAL PROTECTION**  
15434 K Road  
Mayetta, KS 66509  
(785) 966-2946  
FAX 785-966-2947

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**APPLICATION FOR WASTEWATER SERVICES**

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Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_ Year of Birth Only: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Applicant is a PBPN Enrolled Member:  Yes  No  Affiliation

If you check yes, please provide enrollment #: \_\_\_\_\_

Are you applying for the Reduce Rate?  Yes  No

Applicant Signature: \_\_\_\_\_

**Septic Tank Information: (Required)**

Septic tank serves:  Residential Unit  Ceremonial Unit  Other – Explain: \_\_\_\_\_

Location of septic tank: \_\_\_\_\_

Is the location easily accessible?  Yes  No

Is the tank opening exposed or does it need to be dug up? \_\_\_\_\_

Was the system installed by OEH (Office of Environmental Health)?  Yes  No

**Emergency Payment Plan Section:**

Payment Plan Needed: (emergency only)  Yes  No

Explain Emergency: \_\_\_\_\_

*Payment plan:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment Plan Signature: \_\_\_\_\_

**Note:** Requests should be made at least 48 hours in advance and/or allow 48 for assistance.

**For Office Use Only:**

Applicant Approval Date: \_\_\_\_\_ Applicant Age Confirmed: Y / N

Applicant Enrollment Confirmed: Y / N Payment: Check  Check # \_\_\_\_\_ Money Order  Cash

Date payment received: \_\_\_\_\_ Receipt No# \_\_\_\_\_

WWO Sign Off: \_\_\_\_\_ Date completed: \_\_\_\_\_