

Zone _____
Failing _____
PreApp _____
Nitrate _____

Receipt Number _____

RESIDENTIAL - SEPTIC SYSTEM PERMIT APPLICATION FORM

Flathead City/County Health Department, Environmental Health Services
1035 1st Avenue West, Kalispell MT 59901
health@flathead.mt.gov (406) 751-8130

1) LEGAL DESCRIPTION OF PROPERTY

Subdivision Name or EQ# _____ Lot # _____ Blk # _____
County Assessor's Tract No. (Example Tr. 3BD) _____ County Assessor's No. _____
Certificate of Survey (COS) or Deed Exhibit No. _____
Section _____ Township _____ Range _____ Parcel Size (Acres) _____
Address of Property _____
City _____ State _____ Zip Code _____



All new structures and living units on property require their own address
<https://flathead.mt.gov/gis/AddressRequestHome.php>

2) LEGAL PROPERTY OWNER* – Current owner, not buyer

***REQUIRED**

Owner's Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
Email Address _____ Phone _____

If someone other than the legal property owner is to be the contact, please complete the following:

Name and Affiliation _____
Mailing Address _____
City _____ State _____ Zip Code _____
Email Address _____ Phone _____

3) Who will it be installed by? (Self-Install or Licensed Installer)

Self-Installed _____ YES / _____ NO *A competency test is required for self install (\$100 fee)
Licensed Installer's Name _____
Email Address _____ Phone _____

4) PURPOSE OF APPLICATION

***THESE FEES ARE NON-REFUNDABLE**

_____ Obtain a site evaluation	\$275.00	(This is <u>not</u> a permit fee)
_____ Non-degradation analysis	\$200.00	(This is <u>not</u> a permit fee)
_____ Site Review	\$150.00	(This is <u>not</u> a permit fee)
_____ Obtain a septic permit		*Permit fee varies and is due when the permit is issued
_____ Reinspection	\$100.00	

5) PROPOSED DEVELOPMENT – Residential (also under construction)



For new construction do not add bedrooms from multiple dwellings together, list secondary/tertiary dwellings etc bedrooms under "other"

_____ Conventional Single Family No. of Bedrooms _____
_____ Mobile Home No. of Bedrooms _____
_____ Unfinished Basement (will be considered an additional bedroom)
_____ Other _____

6) EXISTING DEVELOPMENT – Residential

_____ Conventional Single Family No. of Bedrooms _____
_____ Mobile Home No. of Bedrooms _____
_____ Other _____

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED

Revised 12/01/22

7) **WATER SUPPLY** (drinking/potable water for home - for proposed and/or existing development)
____ Existing ____ Proposed ____ Expanding existing

Size of water system?

____ Individual (one home or connection)
____ Shared (2 connections)
____ Multi-User (3-14 homes connected to common system)
____ Public (15+ homes) Name _____

Source of Water? (if other than public or municipal)

____ Well ____ Spring ____ Hauled/Cistern Surface (name) _____
Water & Sewer District _____
Distance between this property and the nearest public water and/or sewer service _____

8) **REQUIRED ATTACHMENTS**

- **A detailed site plan drawing** (example included on this application) – The site plan must clearly show existing and proposed development. Clearly label the items you show as existing and/or proposed. The site plan must include:
 1. Lot boundaries and prominent features including surface water/wetlands
 2. All structures/ driveways and parking areas (utility lines as well if applicable)
 3. Drainfield location (staked 50’x100’)
 4. Locations of all wells and drainfields within 100 feet of the property lines (water lines as well if applicable)
- **A copy of the Certificate of Survey or Deed Exhibit (if not in a platted subdivision)**
- **A copy of the Certificate of Subdivision Approval** (only for site reviews OR only if applicable)

If you have additional information that you feel is pertinent to your application, use the space provided below or attach a separate piece of paper.

ONLY FOR SITE REVIEWS - The building and drainfield sites must be physically staked, with a minimum of 3 ft. stakes that are clearly labeled. If not staked when inspector goes on site for the review, an additional fee of \$100 may be charged for a re-inspection.

If there is a gate please include the CODE or LOCK information in the additional information section. Have a house number clearly visible (permanent or temporary i.e. cardboard signage) if none currently exist at the start of the driveway.

9) **AUTHORIZATION**

I hereby declare the above information and the attachments to this application are true, complete and correct to the best of my knowledge. I authorize the Flathead City-County Health Department to enter onto my property for the purpose of conducting this site evaluation.

Property Owner’s Signature (print and sign or DocuSign) Date

<p><u>Planning & Zoning Use Only</u> If zoned, does the proposed use comply with the Zoning Designation for the property? Yes ____ No ____ Zoning Designation _____ Is any of the property in the 100-year floodplain? Yes ____ No ____ Unmapped _____ Zoning Authorization Signature _____ Date _____</p>

EXAMPLE
SITE PLAN

