

WASTEWATER TREATMENT & DISPOSAL SYSTEM - PERMIT APPLICATION



RAVALLI COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
215 S. 4th Street, Suite D
Hamilton, MT 59840-2703
Phone: (406) 375-6565 Fax: (406) 375-6566

Receipt # _____

Owner's name: _____ Date: _____

Owner's address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Certified Installer: _____ Phone: _____

(If unknown, ensure installer is certified by RCEH)

If self-installing, you must take and pass an examination prior to obtaining the permit. Exam # _____ Date: _____

A. Assigned address from County Clerk and Recorder (PERMIT WILL NOT BE ISSUED WITHOUT A LEGAL ADDRESS - a mailing address is NOT registered with the County Clerk and Recorder)

Assigned Address (include city): _____

B. Information about the property:

TAX ID: _____

GEOCODE: _____ - _____ - _____ - _____ - _____

Subdivision name: _____

EQ#: _____ Subdivision File # _____

Parcel/Lot #: _____ CS/AP#: _____

Size of lot or parcel: _____

Type of water supply: _____

(Individual, Shared, Multi-family, Community, Public)

The drainfield must be in compliance with RCEH Regulations and must be AT LEAST:

- 100 ft. from wells
- 10 ft. from water lines
- 100 ft. from floodplain
- 100 ft. from surface water
- 6 ft. from groundwater
- 6 ft. from bedrock
- 10 ft. from property lines

C. Type of permit requested: New: _____ Replacement: _____ Modification/Alteration: _____

Residential # dwelling units: _____ # of bedrooms: _____ Unfinished basement? Yes _____ No _____

Commercial Use _____ # of Employees _____ # of Customers _____

D. Site layout attached (available at RCEH office): _____ DEQ approval **OR** _____ RCEH Site Evaluation

E. Has non-degradation been addressed (has a water sample from the nearest well been tested for nitrates)?

_____ Yes _____ No **OR** _____ Parcel/Lot is in DEQ approved subdivision (already complete)

F. Are there any existing structures or sewage disposal facilities on the parcel? Yes _____ No _____

If Yes, Explain _____

I have received information about **radon**, a radioactive gas that naturally occurs in the Bitterroot Valley.

I will comply with the terms and conditions of the permit and the system will be in compliance with Ravalli County Subsurface Wastewater Treatment and Disposal Regulations. I certify that the use of this property for which the permit is issued does not violate any terms or conditions of any zoning, floodplain or restrictive covenant.

Applicant's name: _____ Phone: _____ Date: _____

Applicant's Signature _____ Relationship to Owner: _____

PERMIT FEE: Standard Wastewater Treatment System: \$225; Non-degradation analysis for non-DEQ approved lots: \$100; Pressure-dosed and elevated sand mound permit (includes review): \$300; **Penalty fee for starting construction without a wastewater treatment permit (maximum per day): \$1000 (owner), \$500 (contractor).** A \$50 portion of the septic permit application fee for processing wastewater treatment system applications is non-refundable. If a refund is requested, however, the full amount may be refunded in a case-by-case basis.