

# WASTEWATER TREATMENT & DISPOSAL SYSTEM – PERMIT APPLICATION



RAVALLI COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

215 S. 4<sup>th</sup> STREET, SUITE D

HAMILTON, MT 59840

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: \_\_\_\_\_ Email: \_\_\_\_\_

(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 GIS Department (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 \_\_\_\_\_ acres

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
- 10 ft. from buildings

**C. Type of permit requested:** New: \_\_\_\_\_ Replacement: \_\_\_\_\_ Modification/Alteration: \_\_\_\_\_

\_\_\_\_\_ Residential # dwelling units \_\_\_\_\_ # of bedrooms \_\_\_\_\_ Unfinished basement? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ Commercial Use \_\_\_\_\_ # Daily Employees \_\_\_\_\_ # Daily 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 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 (includes review): \$300; Penalty fee for starting construction without a wastewater treatment permit (maximum per day): \$1000 (contractor), \$500 (owner). A \$50 portion of the septic permit application fee for processing wastewater treatment system applications is non-refundable. If a refund is requested, the full amount may be refunded in a case-by-case basis.