



WASTEWATER SYSTEM PERMIT APPLICATION

RAVALLI COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
215 S. 4th STREET, SUITE D
HAMILTON, MT 59840
Phone: (406) 375-6565 Fax: (406) 375-6566
Email: rceh@rc.mt.gov

Receipt #: _____

Owner(s) name: _____
Owner(s) address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____ Email: _____
Certified Installer: _____ (If unknown, ensure installer is certified by RCEH)

A. Assigned address from Ravalli County GIS Department (375-6622) (PERMIT MAY NOT BE ISSUED WITHOUT A LEGAL ADDRESS): _____

B. Information about the property:

TAX ID: _____
Subdivision File # _____ Parcel/Lot # _____

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

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

C. Type of permit requested:

New: _____ Replacement: _____ 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. Non-degradation analysis addressed? Yes ___ No ___ **OR** DEQ approved _____

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

If Yes, Explain _____

- I have read and understand the Ravalli County Subsurface Wastewater Treatment and Disposal Regulations.
- I will comply with the requirements of the Wastewater System 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.
- I certify that the information provided on this application is accurate and true.

Signature(s) of all owner(s) of record: _____

Designated representative: _____ Phone: _____

Email: _____

A \$50 portion of the septic permit application fee for processing Wastewater System Permit applications is non-refundable. If a refund is requested, the full amount may be refunded on a case-by-case basis.