

Sanders County Individual Wastewater Treatment System Permit Application

(Revised July 2016)

Part I: Owner Information

Property owner name _____

Mailing address _____

Telephone: Home _____ Work/cell _____

Email: _____

Part II: Property Information *(Provide Tax information as proof of ownership)*

Acreage or dimensions of parcel _____ COS # _____

Legal description of property: Section _____ Township _____ Range _____

Physical address: _____

Is parcel in a subdivision? ____ Yes ____ No

If Yes: *You MUST complete this section and include the following documents:*

_____ *a copy of the certificate of plat approval statement*

_____ *a copy of the state approved lot layout*

Name of Subdivision _____

Block and/or lot number _____

EQ or COS# _____ Approval Date _____

Physical location and directions: _____

If No: *You MUST include a SITE EVALUATOR'S report.*

(This will include Part VI & VII, percolation test results, non-degradation calculations, and other applicable information as may be requested for the sanitarian's review)

Part III: Authorized Representative

A copy of the permit will be mailed to the property owners authorized representative.

Name _____

Mailing address _____

Part IV: Proposed Use of System

New system _____ Replacement system _____ Is the system failed? Yes ___ No ___

_____**Residential:** _____single family dwelling _____multiple living units

Total number of bedrooms _____ Unfinished basement? __Yes __No

_____**Commercial:** Type of business _____

Maximum discharge (gpd) _____

How was this determined? _____

_____**Recreational Vehicle (RV) Hookup:** How many units or bedrooms? _____

Part V: Statement of Accuracy and Permission to Inspect

I, _____, as the owner of the parcel of land described within the permit, have completed the permit application of Sanders County individual wastewater treatment systems. I also do hereby declare that the information provided is to the best of my knowledge. I acknowledge that the County Sanitarian and/or the Board of Health member(s) is/are hereby empowered and authorized to enter upon my private property for the purpose of inspecting a system that treats, discharges, or disposes of wastewater to determine compliance with these regulations.

Printed name of Property Owner

Signature of Property owner

Date _____

(This section is completed by the sanitarian only)

Part VI: Design specifications

Part VII: Site Evaluator's Report *All information MUST be included.*

A. Soils Information-- Date of soils test _____

Was the sanitarian notified? ___ Yes ___ No

Was the sanitarian present? ___ Yes ___ No

Horizon Depth Description *includes texture, rock size, structure, etc.*

A _____ to _____ _____

B _____ to _____ _____

C _____ to _____ _____

Root depth _____ Mottles ___ Yes ___ No

Other features _____

Depth to groundwater _____ How determined? _____

Depth to bedrock or other limiting layer? _____

Describe limiting layer & how determined _____

B. Stabilized percolation rate _____ minutes per inch

C. Distance of system to closest surface water _____

D. Other unusual site features, concerns, problems or observations: _____

E. A flood plain map, *clearly showing the parcel*, MUST be included with this report. Is any part of the property in the flood plain? ___ Yes ___ No

F. Non-degradation calculation work sheets and supporting data MUST be included with the application.

G. A Lot Layout, drawn to scale, with all required information MUST be included with the application.

H. If a pump is required, pump and pressure specifications MUST be included.

I. Site evaluator's checklist (Part VIII) MUST be completed and signed.

J. This space may be used for any additional notes, comments, or observations:

Part VIII: Site Evaluator's Checklist & Statement of Accuracy

Information to be included in permit:

- _____ All information required from Part VI—Site Evaluator's Report
- _____ Percolation test sheet with signature
- _____ Non-degradation worksheets & supporting data (e.g. well logs, topo maps, nitrates, etc)

Information to be included on the proposed lot layout:

- _____ All lot boundaries
- _____ North arrow
- _____ Scale in feet
- _____ All buildings, existing and proposed
- _____ Building sewer, location, size and depth
- _____ Roads, driveways, parking lots
- _____ All water supplies (wells, springs, cisterns; include neighboring water supplies)
- _____ All water lines
- _____ All surface waters and areas of drainage and/or runoff
- _____ Septic tank location and size
- _____ Cleanout locations
- _____ Distribution box location
- _____ Location of primary and secondary drainfield areas
- _____ slope (percent and direction) across drainfield areas
- _____ mixing zones (must request source specific mixing zones)
- _____ Existing wells, surface waters, septic systems, or other water supplies within 100 feet of parcel boundaries on neighboring properties
- _____ Easements
- _____ Right of ways
- _____ Underground pipes, cables or wires
- _____ Slopes greater than 15%
- _____ Any other feature that might restrict wastewater treatment on the site

Additional notes: _____

As a licensed Site Evaluator, my signature verifies that I have addressed the above items for this parcel. I have completed the site evaluation report and checklist, and I hereby declare that the information herein provided is true, complete and correct to the best of my ability and knowledge.

Signature of Site Evaluator

License Number

Date

Part IX: Sanders County Fee Schedule

Appropriate fees must be included with all applications before the application can be reviewed.

Septic Permit and site evaluation review fees:

Permit for new or replacement	\$ 100.00
Site evaluation review fee	\$ 100.00
Gravelless chamber reduction evaluation	\$ 50.00
 Total fee for property requiring site eval	 \$ 200.00
 Change of ownership	 No charge
<i>Please submit Change of Ownership form</i>	
Reuse of existing system	\$ 100.00
Board of Health Variance	\$ 100.00

Total fees enclosed _____

See following page for mailing fees:

Make checks payable to: Sanders County Treasurer

Mail To: Sanders County Environmental Health
P.O. Box 519
Thompson Falls, MT 59873

Questions? Call 827-6961 or 827-6909

This section is filled out by Environmental Health Staff:

FEES: Fees due _____ Included? ____ Yes ____ No
Amount paid _____ How paid _____ Initials _____