

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 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 <i>Please submit Change of Ownership form</i>	No charge
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 _____