

# Sanders County Sanitation System Permit Application: Wastewater, Wells

(Revised December 2017)

## 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, or,

\_\_\_\_\_ 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 VIII & IX, 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 Wastewater 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 (for use of occupants of residence only)

\_\_\_\_\_ Garage/Shop Restroom (for use of occupants of residence only)

**Part V: Proposed Use of Water System**

New well \_\_\_\_\_ Replacement well \_\_\_\_\_ Reason for replacement \_\_\_\_\_

Intended uses of the well \_\_\_\_\_

Number and description of dwelling units and structures that will be connected to the well \_\_\_\_\_

**Will the well be:**

- At least 100 feet from the septic system Yes [ ] No [ ] Unsure [ ]
- Out of the flood plain Yes [ ] No [ ] Unsure [ ]
- AT least 100 feet from surface water Yes [ ] No [ ] Unsure [ ]

**Existing Structures:** Describe existing structures, wells and wastewater systems on the parcel:

**Site Plan:** If your well is not part of an overall site evaluation, then a site plan must be included that is no larger than 11 inches by 17 inches, and shows the locations (existing and proposed) of all features (existing and proposed) listed below. Site plans can, but do not have to be drawn to scale by a professional engineer, architect, or surveyor. If the site plan is not drawn to scale, include enough measurements to accurately depict where required elements are located on the property.

- \* Property Lines
- \* Buildings
- \* Roads & Driveways
- \* Wastewater Systems
- \* Surface Water
- \* Floodplain & Floodprone Areas
- \* Water Supplies (wells)
- \* Easements and No Build Zones
- \* Wells and Wastewater Systems within 100 feet of your property

**Part VI: 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 \_\_\_\_\_

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**Part VII: Design specifications *(This section is completed by sanitarian only)***

**Part X: Sanders County Fee Schedule**

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

**Wastewater Permit and site evaluation review fees:**

Wastewater permit for new or replacement system	\$ 100.00
Wastewater nondegradation review fee	\$ 100.00
Wastewater reuse of existing system	\$ 100.00
Wastewater gravelless chamber reduction evaluation	\$ 50.00

**Well Permit fees:**

Well permit for new or replacement	\$ 50.00
Well relocation of previously approved well	\$ 20.00

**Site Evaluation**

Total fees for property requiring full site evaluation	\$ 250.00
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**Other**

Change of ownership <i>Please submit Change of Ownership form</i>	No charge
Board of Health Variance	\$ 100.00

**Total fees enclosed** \_\_\_\_\_

**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 \_\_\_\_\_