

Sanders County Sanitation System Permit Application: Wastewater Systems, Wells

(Revised September 3, 2019)

Part I: Owner Information

Property owner name _____

Mailing address _____

Telephone: Home _____ Work/cell _____

Email: _____

Part II: Property Information

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 sanitation 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, or a system that provides potable water, to determine compliance with these regulations.

Printed name of Property Owner

Signature of Property owner

Date _____

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

Part VIII: Site Evaluator's Report – Wastewater *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 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 _____