

Zone \_\_\_\_\_  
Failing \_\_\_\_\_  
PreApp \_\_\_\_\_  
Nitrate \_\_\_\_\_

Receipt Number \_\_\_\_\_

**COMMERCIAL**  
**JOINT SITE EVALUATION and SEPTIC SYSTEM PERMIT**  
**APPLICATION FORM**

Flathead City/County Health Department  
Environmental Health Services  
1035 1<sup>st</sup> Avenue West  
Kalispell MT 59901  
(406) 751-8130

**1) LEGAL DESCRIPTION OF PROPERTY**

Subdivision Name or EQ# \_\_\_\_\_ Lot # \_\_\_\_\_ Blk # \_\_\_\_\_  
County Assessor's Tract No. (Example Tr. 3BD) \_\_\_\_\_ County Assessor's No. \_\_\_\_\_  
Certificate of Survey (COS) or Deed Exhibit No. \_\_\_\_\_  
Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
Parcel Size (Acres) \_\_\_\_\_  
Address of Property \_\_\_\_\_  
City \_\_\_\_\_

The information requested can be obtained from the County Plat Room. If the property is in a subdivision, you do not need the Co. Assessor's Tract No. and COS No. If the property is not in a platted subdivision, Tract No. and COS No. / Deed Exhibit are required. A complete copy of the COS/Deed Exhibit must be attached (if on file).  
Incomplete applications will be returned.

**2) LEGAL PROPERTY OWNER (Current owner, not buyer)**

Owner's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_  
If someone other than the legal property owner is to be the contact with this department, please complete the following:  
Name and Affiliation \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

**3) PURPOSE OF APPLICATION**

Is this form being submitted to:  
\_\_\_\_\_ Obtain a site evaluation. \$225.00 (Fee required at the time of application. This is not a permit fee.)  
\_\_\_\_\_ Non-degradation analysis. \$200.00 (Fee required at the time of application. This is not a permit fee.)  
\_\_\_\_\_ Site Review. \$100 (Fee required at time of application. (This is not a permit fee.)  
\_\_\_\_\_ Obtain a septic permit. (Permit fee varies and is due when the permit is issued.)

4) Licensed Installer's Name \_\_\_\_\_ Self Installed? \_\_\_\_\_  
If self-installed, a competency test is required (\$25 fee)

**5) DEVELOPMENT (also under construction)**

Nature of Business \_\_\_\_\_  
Number of Employees \_\_\_\_\_ Patrons \_\_\_\_\_  
Will water be used in the manufacturing, processing or distribution/sale of the product? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Are floor drains proposed or do they exist? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, will they be plumbed into the septic system or into a separate system? \_\_\_\_\_

Describe any other form or type of waste disposal and wastewater disposal which is proposed.  
\_\_\_\_\_

Will any hazardous and/or toxic materials (solid or liquid) be used? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach a separate sheet which explains the various hazardous/toxic materials used, the quantities used; and the method of waste treatment and disposal.

6) **EXISTING DEVELOPMENT** (if applicable)

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7) **WATER SUPPLY** (for proposed and/or existing development)

Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Expanding existing \_\_\_\_\_

Size of water system?

\_\_\_\_\_ Individual (one connection)

\_\_\_\_\_ Shared (2 connections)

\_\_\_\_\_ Multi-User (3-14 connections to common system)

\_\_\_\_\_ Public (15+ connections or 25 or more people served at least 60 days per year)

Name \_\_\_\_\_

Source of Water? (if other than public or municipal)

Well \_\_\_\_\_ Spring \_\_\_\_\_ Hauled/Cistern \_\_\_\_\_ Surface (name) \_\_\_\_\_

Distance between this property and the nearest public water and/or sewer service. \_\_\_\_\_

If zoned, does the proposed use comply with the Zoning Designation for the property? Yes \_\_\_\_\_ No \_\_\_\_\_

Zoning Designation \_\_\_\_\_

Is any of the property in the 100-year floodplain? Yes \_\_\_\_\_ No \_\_\_\_\_ Unmapped \_\_\_\_\_

Zoning Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

Have you obtained a building permit? Yes \_\_\_\_\_ No \_\_\_\_\_

8) **REQUIRED ATTACHMENTS**

**A site plan drawn to scale.** The site plan must clearly show existing and proposed development. Clearly label the items you show as existing and/or proposed. The site plan must include:

1. Lot boundaries & prominent features including surface water/wetlands
2. All structures
3. Water supply & distribution lines
4. Septic system sites
5. Replacement sites for septic systems
6. Driveways & parking areas
7. All utility lines
8. Locations of all water supplies and drainfields within 100 feet of the property lines.

A copy of the Certificate of Survey or Deed Exhibit (if not a platted subdivision).

If you have additional information that you feel is pertinent to your application, use the space below or attach a separate sheet.

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**The building and drainfield sites must be physically staked, with a minimum of 3 ft. stakes that are clearly labeled.**

9) **AUTHORIZATION**

I hereby declare the above information and the attachments to this application are true, complete and correct to the best of my knowledge. I authorize the Flathead City-County Health Department to enter onto my property for the purpose of conducting this site evaluation.

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Property Owner's Signature

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Date