

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

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

**RESIDENTIAL**  
**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 \_\_\_\_\_  
Email Address \_\_\_\_\_

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

4) **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.)

5) **PROPOSED DEVELOPMENT**- Residential (also under construction)

\_\_\_\_\_ Conventional Single Family No. of Bedrooms \_\_\_\_\_  
\_\_\_\_\_ Mobile Home No. of Bedrooms \_\_\_\_\_  
\_\_\_\_\_ Unfinished Basement (will be considered an additional bedroom) \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

6) **EXISTING DEVELOPMENT – Residential**

_____ Conventional Single Family	No. of Bedrooms _____
_____ Mobile Home	No. of Bedrooms _____
Configuration: _____ Single Wide	_____ Double Wide
_____ Other _____	_____ Modular

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

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

Size of water system?

- \_\_\_\_\_ Individual (one home or connection)
- \_\_\_\_\_ Shared (2 connections)
- \_\_\_\_\_ Multi-User (3-14 homes connected to common system)
- \_\_\_\_\_ Public (15+ homes) 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 \_\_\_\_\_

8) **REQUIRED ATTACHMENTS**

**A detailed 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 and prominent features including surface water/wetlands
2. All structures
3. Water supply and distribution lines
4. Septic system sites
5. Replacement sites for septic systems
6. Driveways and 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 in a platted subdivision).

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

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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.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date