RESIDENTIAL
JOIN SITE EVALUATION and SEPTIC SYSTEM PERMIT
APPLICATION FORM

Flathead City/County Health Department
Environmental Health Services
1035 1st 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?___________

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 ________________________________

Revised 10/19/2018
6) **EXISTING DEVELOPMENT** – Residential

<table>
<thead>
<tr>
<th>Type</th>
<th>Configuration</th>
<th>No. of Bedrooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conventional Single Family</td>
<td>Single Wide</td>
<td></td>
</tr>
<tr>
<td>Mobile Home</td>
<td>Double Wide</td>
<td></td>
</tr>
<tr>
<td>Modular</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

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) ____________

**Water & Sewer District Planning Area**

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.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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 ______________

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