RESIDENTIAL
JOINT 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 __________________________________________ Email: __________________

4) Phone ______________________ Self-Installed? _____ If self-installed, a competency test is required ($100 fee)

5) PURPOSE OF APPLICATION
Is this form being submitted to:
_____ Obtain a site evaluation. $275.00 (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. $150 (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.)

6) 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 ____________________________________________________
7) **EXISTING DEVELOPMENT** – Residential
   
   _____ Conventional Single Family  
   No. of Bedrooms _____
   
   _____ Mobile Home  
   No. of Bedrooms _____
   
   Configuration:  
   _____ Single Wide  
   _____ Double Wide  
   _____ Modular  
   _____ Other ______________________________________________________________

8) **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. ______________

9) **REQUIRED ATTACHMENTS**
   
   **A detailed site plan drawing** - 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 wells 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. **If not staked when inspector goes on site for the review, an additional fee of $100 may be charged for a re-inspection.**

10) **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

   **Planning & Zoning Use Only**
   
   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 ____________________________