

**WASTEWATER TREATMENT & DISPOSAL SYSTEM
SITE EVALUATION APPLICATION**



Receipt #: _____

RAVALLI COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

215 S. 4th STREET, SUITE D, HAMILTON, MT 59840

Phone: (406) 375-6565 Email: rceh@rc.mt.gov

A Site Evaluation is conducted for site suitability for the installation of a wastewater system, and determination of type and size of the wastewater system.

SITE EVALUATION FEE: New Construction: \$225; Increased-use replacement system: \$225; Replacement system: No fee

A. Owner name(s): _____ Owner mailing address: _____

City: _____ State: _____ Zip Code: _____ Phone(s): _____

B. TAX ID# _____ Lot/Parcel/Tract _____ Site address _____

Type of site evaluation requested: New system Replacement system Increased Use

C. Contact person & phone # for site evaluation(who we should call to schedule)

Name: _____ PHONE # _____

D. Contact person's email for results: _____

PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL EACH SECTION:

_____ I acknowledge that no person may install, Alter, repair, utilize, or connect to a Wastewater System or Replacement System within Ravalli County unless a Wastewater System Permit has been issued as required by these Regulations, except as described under 3.3.2. The Department is the only entity that may issue a Wastewater System Permit for any Wastewater System in Ravalli County. Properties that have been created through a state review process, such as subdivision or certificate of survey, etc., must still obtain a Wastewater System Permit.

_____ **I acknowledge that a site evaluation does not constitute a Wastewater System Permit.** A Wastewater System Permit must be issued prior to starting construction on the structure or building, and before installing or connecting a Wastewater System to a mobile structure.

_____ I acknowledge the Administrative fee for starting construction without a Wastewater System Permit is \$1000 in addition to the Wastewater System Permit application fees.

_____ I acknowledge that for New Construction and possibly for Increased-use replacement systems, that non-degradation analysis must be conducted and meet the requirements of ARM 17.30.

_____ I acknowledge that, as the applicant, I am an authorized representative of the property owner(s) to apply for and have a site evaluation conducted on the subject property.

Applicant's name: _____ Phone: _____ Date: _____

Applicant's Signature: _____ Relationship to Owner: _____

****Office Use Only**

Comments: _____

INFORMATION PROVIDED FOR NEXT STEPS: GWM ND ANALYSIS MSP DEQ REVIEW

REPRESENTATIVE SIGNATURE: _____ DATE: _____

A \$50 portion of the septic permit application fee for processing wastewater treatment system applications is non-refundable. If a refund is requested, the full amount may be refunded in a case-by-case basis. Rev. 7/29/2022