



CERTIFICATE OF COMPLIANCE APPLICATION

RAVALLI COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
215 S. 4th STREET, SUITE D
HAMILTON, MT 59840
rceh@rc.mt.gov Phone: (406) 375-6565

Requestor name: _____ Date: _____

Phone: _____ Email: _____

PROPERTY INFORMATION

TAX ID: _____ ADDRESS: _____ CITY: _____

__ Residential 1st Dwelling # Bedrooms ____ 2nd Dwelling # Bedrooms ____ 3rd Dwelling # Bedrooms ____

__ Commercial Use: _____ # Daily Employees: ____ # Daily Customers: ____

Applicant Signature _____

FOR OFFICIAL USE ONLY

__ The Property is compliant with the Ravalli County Subsurface Treatment and Disposal Regulations.

__ The Property has a Wastewater System Permit for the following use:

__ The Property does not have Wastewater System Permit, but the Property meets the definition of a Conforming System for the following use:

__ The Property is not in compliance with the Ravalli County Subsurface Treatment and Disposal Regulations.

__ The Property has a Wastewater System Permit that does not match the current use:

__ The Property does not have a Wastewater System Permit, with a system installed or dwelling built on or after December 31, 1982:

PLEASE CONTACT RAVALLI COUNTY ENVIRONMENTAL HEALTH FOR THE NEXT STEPS TO ACHIEVE COMPLIANCE WITH THE RAVALLI COUNTY SUBSURFACE TREATMENT AND DISPOSAL REGULATIONS.

RC Environmental Health _____ **Date** _____