



CHECKLIST FOR:

Lake County Wastewater Treatment System Permit Application

This checklist is to assure your application is complete so it can be processed promptly. Please use the check boxes next to each item. You will be notified within 5 working days if any key elements are missing. Be reminded that additional information may be required as the application goes through the review process. Examples include but are not limited to: easement, deed restriction, water test, soil profile, shared user agreement, property line staking, etc.

You are welcome to schedule an [Informal Project Preview](#) with the Environmental Health staff prior to submitting an application. This is a free service to ensure projects go as smoothly as possible from the beginning. We are more than happy to discuss your project and provide feedback!

Submit this checklist, application and fee to:

Lake County Environmental Health Department
106 4th Avenue East
Polson MT 59860

Phone 406.883.7236
FAX 406.883.7205
Email envhealth@lakemt.gov

Please check that you have completed the following:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Check payable to Lake County Environmental Health Department (LCEH) |
| <input type="checkbox"/> | Property owner information |
| <input type="checkbox"/> | Local agent/contractor contact information |
| <input type="checkbox"/> | If agent signs the application for owner, the Agent Certification Form included with the application |
| <input type="checkbox"/> | Property legal description |
| <input type="checkbox"/> | Location map or directions to assist staff in finding the property |
| <input type="checkbox"/> | Project description |
| <input type="checkbox"/> | Simple floor plan for each level of each structure with living quarters – label rooms, ie BEDROOM, KITCHEN |
| <input type="checkbox"/> | Simple Site Plan that includes the following: (include any/all depending upon the nature of your request) <ul style="list-style-type: none"><input type="checkbox"/> Scale – for example 1 inch = 2 feet<input type="checkbox"/> North directional arrow<input type="checkbox"/> Property lines<input type="checkbox"/> All streams, lakes, springs, ponds, wetlands, irrigation ditches and other surface water within 100' of property lines<input type="checkbox"/> All existing & proposed structures<input type="checkbox"/> All existing or proposed wells, developed springs, or cisterns and water lines<input type="checkbox"/> Driveways & parking areas<input type="checkbox"/> Utility lines<input type="checkbox"/> Any existing wastewater treatment system<input type="checkbox"/> Any existing or proposed RV hook-up location<input type="checkbox"/> Proposed drainfield area |

See the department webpage for regulations and other information:
www.lakecounty-mt.org/envhealth



LAKE COUNTY WASTEWATER TREATMENT SYSTEM PERMIT APPLICATION

PERMIT# _____ CHECK# _____ APPLICATION DATE: _____

LAKE COUNTY ENVIRONMENTAL HEALTH
106 FOURTH AVENUE EAST
POLSON, MT 59860-2175

PH: 406-883-7236
FAX: 406-883-7205
Email: envhealth@lakemt.gov

Return the completed application with the appropriate fee to the above address. Checks must be made payable to L.C.E.H.

\$300.00 Installation \$75.00 Alteration \$75.00 Change of Use

Property Owner(s): _____ Email _____
Mailing Address: _____ City: _____ State/Zip: _____ Phone: _____
Property Address: _____ City: _____ State/Zip: _____

Subdivision/COS: _____ Lot _____ Block _____ Parcel Size _____
Legal Description: _____ Section _____ Township _____ N Range _____ W
GEO Code: 15 - - - - -

General Contractor: _____ Phone # _____
Mailing Address: _____ City _____ State/Zip _____
Septic Installer: _____ Phone # _____
Mailing Address: _____ City _____ State/Zip _____

Wastewater System proposed: **(Circle all that apply)** New Replacement Failed Alteration/COU
Structure(s): **(Circle)** Single Family Multi-Family Mobile Home Commercial Garage/Shop Other
Bedroom #: _____ Basement: **(Circle)** Y N RV Hook-up: **(Circle)** Y N
Water System: **(Circle)** Existing Proposed **(Circle)** Well Lake Spring Community
Water Softener/Treatment unit(s) in use or proposing to install: Yes _____ No _____

Detailed Project Description:

I hereby declare that the information submitted herein is true and complete to the best of my knowledge. I understand that an Installation Permit must be issued before any system components are installed unless otherwise authorized by a Lake County Registered Sanitarian. I also understand that a final inspection and authorized approval of the system must be conducted by Lake County Environmental Health prior to back filling and use of the system. For Change of Use or Alteration: I acknowledge that, if I am increasing wastewater flow or strength to an existing wastewater treatment system, it may cause the system to fail prematurely. I also understand that because of the additional flow or strength of wastewater, the septic tank should be checked a minimum of every three (3) years and pumped if necessary.

My signature also authorizes access to the described property for purposes of reviewing this application.

Property Owner(s)/Agent
Signature(s): _____ Date: _____

If agent, written authorization from the owner and/or legal representative must be received by this department before the application can be processed.

Please attach additional information that may support your application

Location Information: Draw a road map or write directions to the property. Include landmarks, road names, branch roads, distance mile markers, neighbors to the north and south, building colors/features, etc.

OFFICE USE ONLY

Documents Required: **(Circle)** Level 2 Guest House Easement Shared Affidavit Other

Document notes: _____

Sanitation Approval: (Circle) Required Completed Not Required ES# _____

Design Flow - Number of Bedrooms: _____ Gallons Per Day: _____

Soil Type: _____ Septic Tank: _____

Application Rate: _____ Other: _____

Level II System Required? Y or N If yes, explain: _____

Other septic permits related to this parcel _____

Sanitation Approval:

Planning Approval:

Planner Initials _____

Signature of Registered Sanitarian

Date of Issue

Permit #

THE DESIGN, LOCATION, & ORIENTATION OF THE DRAINFIELD MAY NOT BE ALTERED
WITHOUT PRIOR APPROVAL FROM LAKE COUNTY ENVIRONMENTAL HEALTH.
APPROVED PERMIT IS INVALID IF SYSTEM IS NOT INSTALLED WITHIN TWENTY-FOUR MONTHS OF ISSUANCE.

