



PARK CITY-COUNTY HEALTH DEPARTMENT

414 East Callender Street, Livingston, MT 59047
406-222-4145 parkcounty.org

November 2024

To: Park County Licensed Septic System Installers and Site Evaluators

Re: License Renewal/New Licensees

This is a reminder that all Park County licenses expire on December 31st of each year and a renewal payment of \$100.00 must be received by our office prior to December 31, 2024. All licensed Installers who fail to pay by December 31, 2024, will be required to pay an additional \$50.00 late fee. Licensed Installers who fail to renew by January 31st of the following year will be required to pass the County's written examination before a new license is issued and an additional \$50.00 testing fee (Total \$200.00). **Any outstanding permit under your name without as-builts must be turned into this office before your license will be renewed. There will be no exceptions to this rule.**

With the intent of promoting fairness with publicity, our office maintains a list of Licensed Installers and Site Evaluators and provides this list to the general public by posting the information on Park County's website. Your company name and contact information will be posted on the County's webpage unless you notify us to remove your information by marking the box at the bottom of this form.

Important! We need every Licensed Installer to fill out the contact information form below. If you submit payment without the contact information form, you will not be included on our list. Even if your information has not changed, we still need the form filled out and turned in.

Additionally, you MUST submit as-builts no later than 30-days after the inspection and/or installation. Septic permits are incomplete and out of compliance until an as-built has been submitted.

Thank you all very much.

Sincerely,

Scott Konley, MS, RS

Park County Environmental Health

Please complete the following and include it with your payment. Checks are payable to Park County and can be mailed to the following address:

Park City-County Health Department
414 Callender St.
Livingston, MT 59047

COMPANY NAME: _____

NAMES OF CURRENT EMPLOYEES THAT HAVE PASSED THE WRITTEN EXAMINATION:

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

OFFICE PHONE NUMBER: _____ CELL PHONE: _____

I DO NOT WANT MY NAME ON THE CONTACT INFORMATION POSTED.

List of outstanding As-builts needed before a license will be issued: