

PERMIT # _____

COUNTY APPLICATION FOR WASTEWATER TREATMENT SYSTEM

Incomplete applications will not be processed. All permits are valid for 12 months from date of issuance. After that time, a \$50.00 fee will continue the permit for another year. The permit is void if the system is not installed within 24 months, and another must be purchased.

PART A

1. Name of property owner: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____

2. If the person completing this application is not the owner, give:
Name of applicant: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____

3. Legal description of property: _____ 1/4 _____ 1/4, Section _____, Township _____, Range _____,
consisting of _____ acres, located in the County of _____ Montana.

4. Authorized road address: _____
Please submit directions to location property: _____

5. Subdivision name: _____
Lot, Tract or Parcel, Block: _____
COS: _____

6. Type of structure(s) to be served:
_____ One single family dwelling
_____ Other (please describe) _____

7. Number of bedrooms in dwelling: _____

8. Estimated volume of wastewater produced (commercial only): _____

9. Name of County licensed installer or Owner installer: _____

10. Does the property have DEQ approval?
_____ Yes and # _____
_____ No (see part C)

11. Does the property have any exemptions noted on plat?
_____ Yes – type of exemption _____
_____ No

12. A permit fee of **\$50.00 for gravity system, \$350.00 for pressure dose**, in accordance with
the County Regulations for Wastewater Treatment Systems, PDF upon request.

13. This is:
_____ New system
_____ Upgrade or replacement

14. Type of Water Supply and Wastewater Treatment System proposed: _____

MAKE CHECK OUT TO THE COUNTY WHERE SYSTEM IS TO BE INSTALLED

Return application to:
County Sanitarian, PO Box 743, Lewistown MT 59457 406-366-1424

I hereby declare that the information above is true, complete and correct to the best of my knowledge. The wastewater treatment system will be installed according to the County Regulations for Wastewater Treatment Systems and the DEQ. I acknowledge that the County Health Department is not bound or obligated to guarantee this systems' operation. I further agree to give a minimum of 24 hours' notice for inspection of the system before it is back filled.

Signature of Applicant

Dated

PART B

***** IMPORTANT *****

15. The application will not be accepted if any of the following site plan information is missing.
Must include: shape and size of parcel, location of house site and all buildings, percent and direction of slope, proximity to all water supplies to include wells, open bodies of water, streams and floodplain within 100 feet of the property, areas of high ground water, and the design of the wastewater treatment system area for 100% replacement absorption system. **Attach sheet for better detail**

NORTH

PART C (Complete this section if the property does not have DEQ approval.)

16. Name of site evaluator or engineer: _____
Qualifications: _____
17. Give a description of the soil profile to a minimum depth of 8 feet: _____

18. Give the estimated depth to the seasonal high groundwater table and how this was determined:

19. Give the results of one percolation test or soil science report and show the location on the site plan.
Must be performed in the drainfield area: _____
20. Nitrate/Nitrite background test results from closest well: _____
Specific conductance test results: _____
21. Please attach well log.
22. Show the direction and percent of land slope across the proposed absorption system on the site plan.
23. Is the property located in the County Floodplain and/or evaluate the potential for flooding or accumulation of surface water: _____

Signature of Evaluator, Engineer or Owner

Dated

**COUNTY SUBSURFACE WASTEWATER TREATMENT SYSTEM
CERTIFIED INSTALLER REPORT FORM**

Tumblewood Environmental for
COUNTY HEALTH DEPARTMENTS
PO Box 743
Lewistown Mt 59457

Property Owners Name _____ Permit # _____
Owners Address _____

(information needs to include: location, size, slope, and depth of building sewer, location of cleanouts, location of septic tank, drainfield, and 100% replacement area, location of proposed wells, existing wells, cisterns, and water lines in the area of the proposed system and any lots adjacent to it, lot boundaries, location of water courses, irrigation ditches, lakes, impoundments, including the 100 year floodplain in the immediate area, percent slope of ground surface and direction of slope, location of soil profile holes and any percolation test holes, north point and scale in feet) **INCLUDE ALL MEASURED DISTANCES ON THE AS-BUILT BELOW.**

N

CHECKLIST

1. Septic Tank

- a. Size: _____ gallons
- b. Type: _____ concrete/poly
- c. Approved Effluent Filter _____ yes/no
- d. Baffles _____ yes/no
- e. Access Port to surface _____ yes/no

2. Pressure Dosed Systems:

- a. Squirt Test Date/ Height _____
- b. * Floats Correct _____ yes/no
- c. * Alarm Working _____ yes/no
* tested after hard wired
- d. Pump dynamic head _____
- e. Pump GPM _____

3. Drainfield

- a. Lineal Feet Installed _____
- b. Gravel or Gravelless Trenches
- c. If Gravelless, Chamber Width _____ inches
- d. If Gravel, Trench Width _____ inches
- e. Inches of Gravel under pipe _____
- f. Inches of Gravel over pipe _____
- h. Trench Depth _____ feet
- i. Distance from water/well _____
- k. Ground water depth _____
- l. Depth to bedrock _____

Certified Installer Signature

Date

Certificate #

Health Authority Signature

Date

Approved (yes/no)

