

PERMIT # \_\_\_\_\_

**COUNTY'S 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's licensed installer or owner install: \_\_\_\_\_
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 **\$200.00 for Gravity System, \$350.00 for Pressure Dose, an additional \$200. Level II** in accordance with the County's Regulations for Wastewater Treatment Systems is enclosed.
13. This is:  
\_\_\_\_\_ New system  
\_\_\_\_\_ Upgrade or replacement
14. Type of Water Supply and Wastewater Treatment System proposed: \_\_\_\_\_  
\_\_\_\_\_

Return application to:

**County Sanitarian, PO Box 743, Lewistown MT 59457**

**Make check out to the County that your Onsite System is In**

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's Regulations for Wastewater Treatment Systems and the DEQ.

I acknowledge that the County's Health Department is not bound or obligated to guarantee this systems' operation.

I further agree to give a minimum of 24-hour notice for inspection of the system before it is back filled or pre-approved as-built and pictures. As-built required either way for records and lending institution.

\_\_\_\_\_  
Signature of Applicant (Owner)

\_\_\_\_\_  
Dated

**PART B**

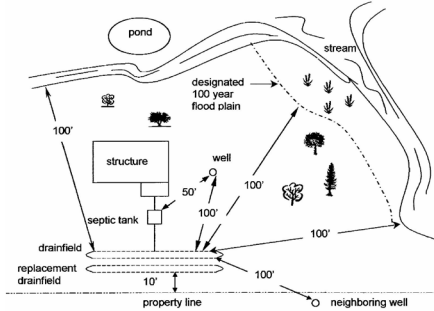
**\*\*\* IMPORTANT \*\*\***

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.

**NORTH**

Example with setback distances



**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 and show the location on the site plan. Perc test 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 Madison County Floodplain and/or evaluate the potential for flooding or accumulation of surface water: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner, Evaluator, Engineer

\_\_\_\_\_  
Dated