

ON-SITE WASTEWATER TREATMENT APPLICATION
 Tri-County Environmental Health (Deer Lodge*Granite*Powell Counties)
 800 Main Street, Anaconda, MT 59711 (406) 563-4066 or (406) 563-4067

Date of Application		County	
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Purpose of Application	New	Upgrade/Expansion	Replacement	Tank	Drain Field
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Single Residence	Multiple User (3-14 connections)	Commercial
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Property Owner Name		Phone	
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Mailing Address	
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City		State		Zip Code	
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Contractor Name		Mailing Address		Phone	
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Legal Description of Property **GEOCODE - - - - -**

Resource: <http://gis.mt.gov/>

Subdivision Name		Lot #	
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DEQ #		Certificate of Survey (COS) Number /Date	
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Section		Township		Range		Size of Parcel (acres)	
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Physical address of Property	
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Proposed / Or Existing Development

Single Family	Number of Bedrooms		Unfinished Basement	Water Softener
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Multiple Dwelling Units	Total Number of Bedrooms for Multiple Dwelling	
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Type of Water Supply

Well	Spring	Municipal
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Required Attachments: DEQ approved site plan OR a site plan including the following:

- 1) A site plan drawn to scale including all of the following information;

<ul style="list-style-type: none"> *All lot boundaries *North arrow *100-year floodplain *The scale used (ex. 1 inch=200feet) *All buildings *Slopes greater than 15% 	<ul style="list-style-type: none"> *All existing or proposed wells within 100 feet of property lines *All surface waters, including irrigation ditches within 100' * Roadways, driveways, Easements *Location of any existing septic systems within 100 feet of property *Location of proposed septic system and same size replacement area *Location of soil profiles, perc tests, groundwater monitoring sites
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- 2) A copy of the COS (Clerk and Recorder Office) or State DEQ approval
- 3) If no DEQ, copies of the Soil Profile Test Hole information (make appointment with Sanitarian or hire consultant)
- 4) If required, a non-degradation review
- 5) Fee, checks payable to County Treasurer where property is located

Authorization:

I hereby declare the above information and the attachments' to this application are true, complete and correct to the best of my knowledge. I understand that Tri-County Environmental Health Department will need to enter the property for the purpose of conducting a site evaluation and / or inspecting this system.

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Property Owner or Authorized Agent's Signature*

Date

Check # _____ Cash \$ _____ Fees: \$100 CERTIFIED INSTALLER (Tank and Drainfield)
 \$150 UNCERTIFIED INSTALLER (Sanitarian Inspection req'd)
 \$50 INSTALL SEPTIC TANK ONLY

PERMISSION TO CONSTRUCT:

Minimum Requirements (based on # of bedrooms/GPD proposed)

Septic Tank _____ **gallons** **Pump Tank Chamber** _____ **gallons**

Maximum Trench Depth _____

Absorption Area; Gravel & Pipe _____ **Gravel-less** _____

Other _____

Number & Length of Laterals _____

NOTES:

AS-BUILT OF INSTALLED SYSTEM MUST BE SUBMITTED TO THIS OFFICE WITHIN 30 DAYS OF THE SYSTEM BEING INSTALLED.

Approved by		Date Issued	
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Registered Sanitarian

Authorization of Agent to Act on Property Owner's Behalf

I hereby authorize the following person(s) to act as my agent(s) to apply for, sign, and file the documents necessary to obtain a permit for the construction of a septic system for subject construction project:

PROJECT ADDRESS:

1. Name of Authorized Agent :

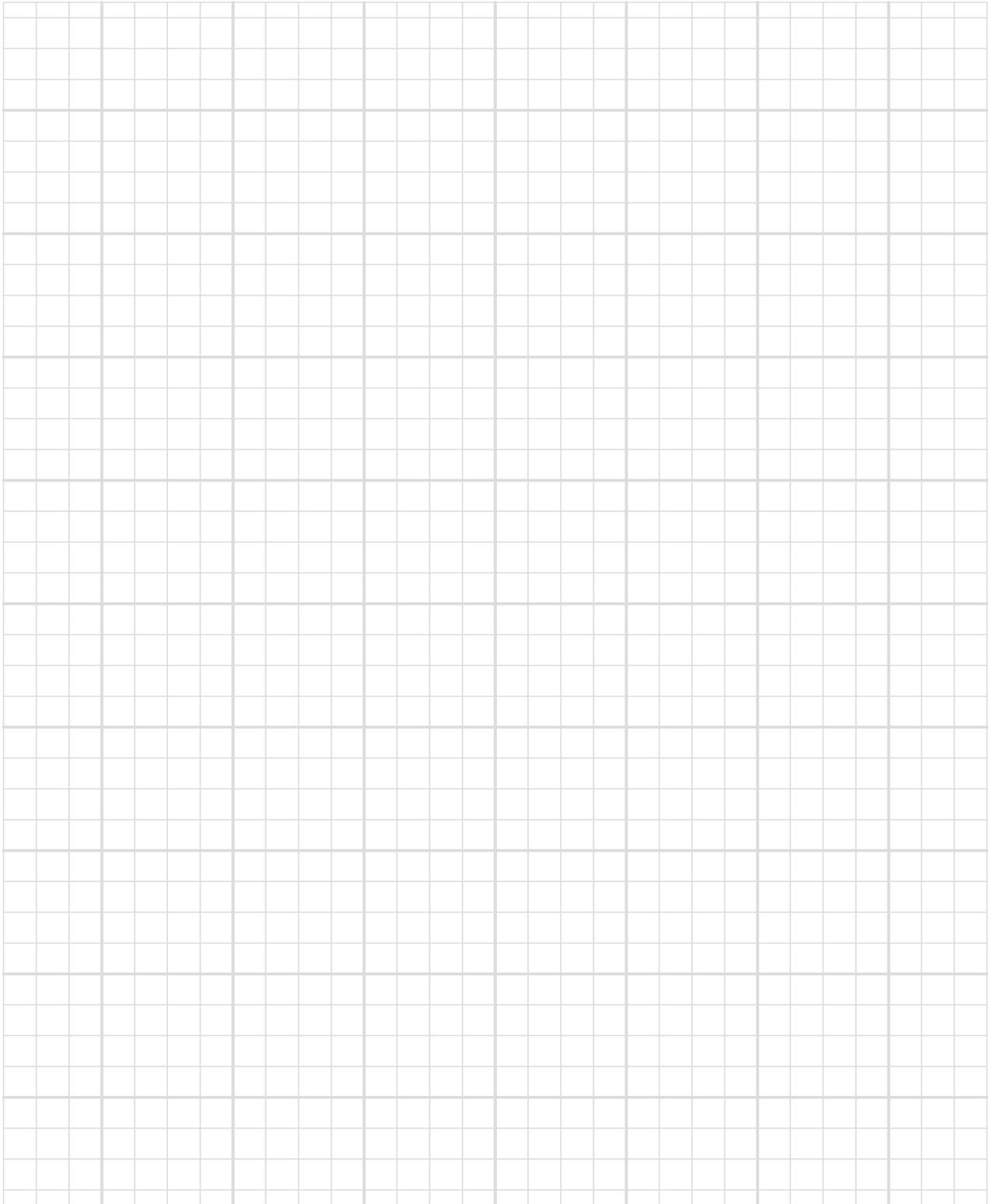
2. Address of Authorized Agent: (Street & No., City, State, ZIP)

3. Authorized Agent Phone No.

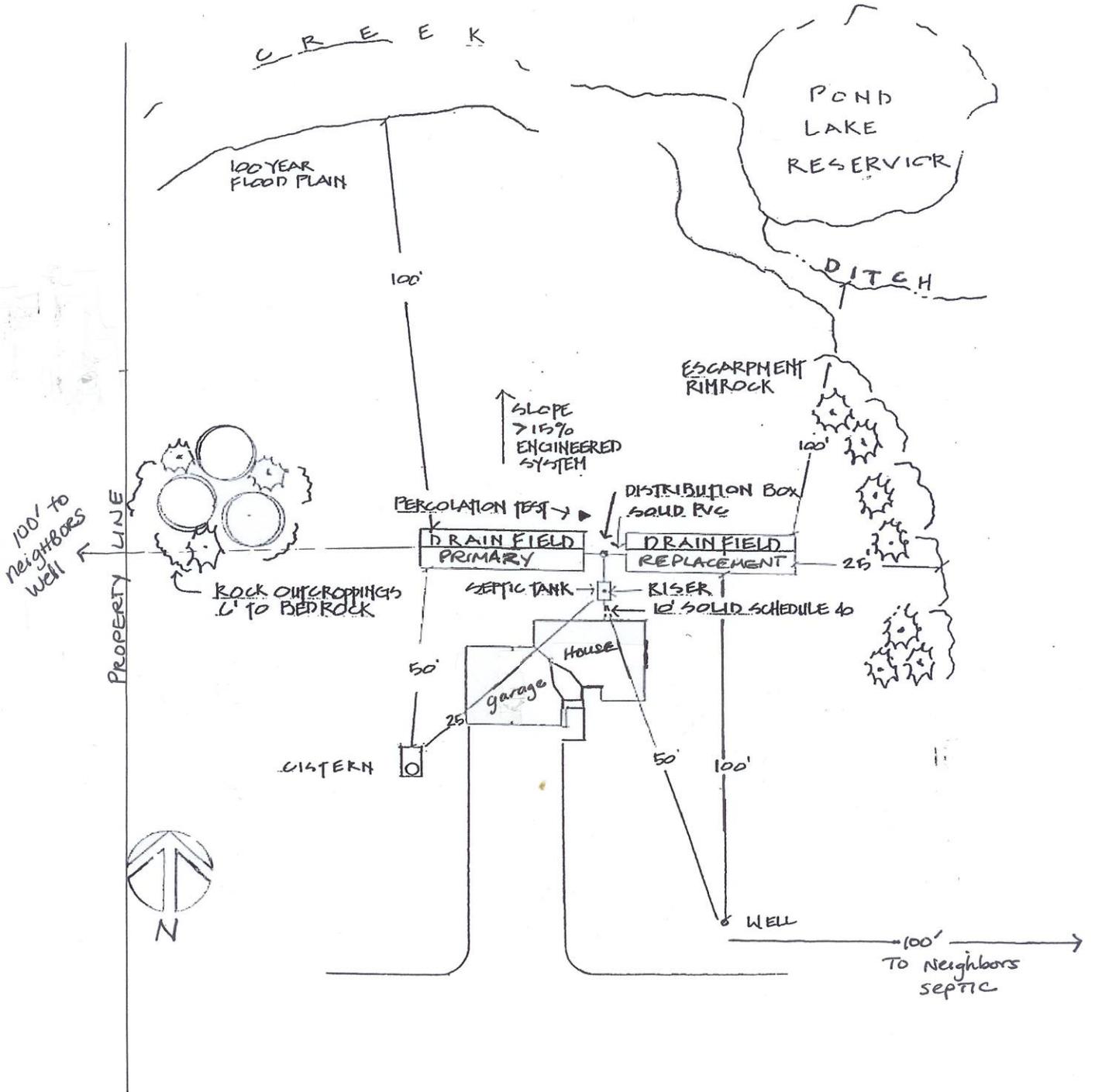
I DECLARE that I am the property owner for the address listed above and that I personally filled out the above information and certify its accuracy.

4. Property Owner's Signature

_____ Date _____



A P P E N D E X 2



SAMPLE SITE PLAN