

APPLICATION FOR ON-SITE WASTE WATER TREATMENT PERMIT

* Conventional = \$150 ** Replacement System = \$50 ** Rewrite = \$50 ** Other Fees May Apply *

"Add an additional \$100.00 fee if not to be installed by a licensed installer"

BEAVERHEAD COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

2 South Pacific St #4
Dillon, MT 59725-2799

406-683-3770
twagenknecht@beaverheadcounty.org

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(Construction or modification of a septic system shall not take place until a permit is issued)

PART 1. TO BE COMPLETED BY APPLICANT

1. Property Owner's Name: _____
2. Property Owner's Mailing Address: _____
Town: _____ State: _____ Zip: _____ Phone: _____
3. Physical Address of Septic System Location: _____
4. Legal Description: _____ ¼ _____ ¼, Sect. _____ T _____ R _____
5. Name of Subdivision _____ Lot Number _____ (if applicable)
6. Property Size: _____ acres. Year survey was filed _____
7. Was survey filed between 1961 and 1973? _____ (State review required for sanitary restrictions)
8. Installer's Name: _____ Installer's Phone: _____
9. Type of System to be installed: _____ New
_____ Replacement _____ (Tank) _____ (Drainfield) _____ (Both)
If replacement, year failing system was installed _____
10. Treatment system to serve: _____ Single family dwelling _____ Multi-family/Multiple Buildings
Approximate square footage or dimensions of dwelling _____ Number of floors _____
11. Does the structure have a basement with plumbing in it? _____ (This is important for setting grade of system)
12. Number of bedrooms: _____ Number of Bathrooms _____ Type of water supply: _____
13. Distance to nearest river, stream, drainage, and irrigation ditch: _____
14. Is this parcel in a floodplain? Floodplain Administrator 406-683-3724 <https://msc.fema.gov/portal> _____
15. Do you have reason to believe that the water table is high (within 7 feet of ground surface during the highest period of the year) _____
16. Directions for locating this property. _____
17. For lots that *do not have* a certificate of sanitary approval from DEQ or lots larger than 20 acres.
 - a. Perc tests results (2 minimum) attached _____.
 - b. Test Pit results or NRCS Soils Survey <http://websoilsurvey.sc.egov.usda.gov> attached _____.
 - c. Well Logs (Mt. Tech. <http://mbmqgwic.mtech.edu> (406)496-4336) 3 or more attached _____.
 - d. Well background Nitrate-Nitrite Test - Water sample results attached _____.
18. **On attached page**, sketch the proposed septic system with lot boundaries.
Include: *All buildings, wells, waterways, drainage-ways, bedrock out-croppings, areas of high groundwater or ponding, driveways and roadways.*
 - a. **Show direction and degree or percentage of slope in drainfield area.**
 - b. **Label distances of the septic system from wells, waterways, houses, and property lines.**
 - c. **Show where a 100% replacement drainfield can be located for future use.**
19. The above information is true to the best of my knowledge and I understand that if any of this application is found untrue, my application and permit will not be valid. I further understand that inspection and approval of the above waste water treatment system by Beaverhead County Department of Environmental Health does not constitute assumptions of liability for the system failure. The property owner shall be responsible for the proper maintenance of the system and for abatement of any nuisance arising from its failure.

SIGNATURE OF APPLICANT _____ Date: _____

Proposed System Sketch

Please provide sketch (as detailed as possible) with dimensions and major landmarks. Show location of wells, water lines and other utilities, roads, driveways, streams, ponds, and property lines. Include location of neighboring wells and existing septic systems if within 100 feet of development.

Property Owners Name: _____