



JEFFERSON COUNTY ENVIRONMENTAL HEALTH OFFICE

PO Box H Boulder, MT 59632

Phone: 406-225-4126

Application for On-Site Wastewater Treatment System Permit

Property Owner's Name: _____

Mailing Address: _____

Property Address: _____

City / State / Zip: _____ Phone: _____

Email Address: _____

Legal Description of Property: _____ 1/4 _____ 1/4 Section _____ Township _____ Range _____

Subdivision name and Lot # _____

Is the Certificate of Survey (COS) of this property filed with the Clerk & Recorder's Office? _____ COS # _____

SOIL INFORMATION:

Soil description (to 7 feet): _____

Is bedrock within 7 feet of surface? _____ If yes, what depth? _____

GROUNDWATER INFORMATION:

Is groundwater within 7 feet of surface any time of the year? _____ If yes, depth from surface: _____

Is property subject to flooding or standing water? _____

Is absorption (drainfield) area located within 100 feet of a designated floodplain? _____

WATER SUPPLY INFORMATION:

Type of water supplying property (municipal, well, cistern, etc.): _____

Name of municipal supply (if applicable): _____ Depth of well (if applicable): _____

Any surface waters (streams, lakes, etc.) or wells within 100 feet of absorption field? _____

SEWAGE SYSTEM INFORMATION:

Type of system to be installed (**check one**): New _____ Replacement _____

If replacement (check one): Tank only _____ Drainfield only _____

Extension _____ Total system _____

Treatment system to serve (**check one**):

Single family dwelling: _____ # of bedrooms: _____ Sq. footage of home _____

Multi-family dwelling: _____ of units: _____

Commercial property: _____ Estimated sewage flow (gallons/day): _____

Does the property have DEQ approval? _____

Does the property have any exemptions noted on Certificate of Survey plat? _____

Name of Installer: _____ Phone # _____

Installer's Email Address _____

Lot Layout must be provided (see back for this form)

The above information is true to the best of my knowledge, and I understand that if any application information is found to be untrue, this application and permit will be invalid. I also understand that the permit fee may not be refundable. I further understand that inspection and approval of this treatment system does not constitute assumption by the Department or its representative of liability for the failure of the system, I, as property owner, shall be responsible for the proper maintenance of the system and for abatement of any nuisance arising from its failure.

Please make checks payable to Jefferson County

Signature of Property Owner: _____ Date: _____

TO BE COMPLETED BY THE DEPARTMENT

Fee paid: _____ (\$125 / certified; \$200 / non-certified) Date received: _____

Permit Number J _____

LOT LAYOUT

In the space below, sketch the proposed wastewater treatment system. Include the following: property boundaries; water supply location(s); drainages, natural waterways; all buildings; location of proposed system; percolation and test pit locations; direction and degree of slope in absorption (drainfield) area; designated replacement area. Measure and record distances from proposed system location and items identified in layout

NORTH (draw arrow)

Directions for locating property or attached map:
