



# JEFFERSON COUNTY ENVIRONMENTAL HEALTH OFFICE

PO Box H Boulder, MT 59632

Phone: 406-225-4126

## Application for On-Site Wastewater Treatment System Permit

### Permit # \_\_\_\_\_

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Property Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

(The following information can be located at the Montana Cadastral Mapping web site)

Legal Description of Property: Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

GEO-CODE \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_ Acres \_\_\_\_\_

### WATER INFORMATION:

Type of water supplying property (Well, Municipal, Cistern, etc.): \_\_\_\_\_

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

Will the absorption (drainfield) area be located within 100 feet of a designated floodplain? \_\_\_\_\_

### 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: \_\_\_\_\_

Multi-family dwelling: \_\_\_\_\_ of units: \_\_\_\_\_

Commercial property: \_\_\_\_\_ Estimated sewage flow (gallons/day): \_\_\_\_\_

**\* If Test Pit required for soil profile evaluation, the test pit shall be to be "8 feet deep"**

Name of Installer: \_\_\_\_\_ Phone # \_\_\_\_\_

Installer's Email Address \_\_\_\_\_

## Permit #

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.

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*NOTIFY THIS DEPARTMENT AT LEAST 24 HOURS PRIOR TO COMPLETION OF SYSTEM INSTALLATION. DO NOT COVER SYSTEM UNTIL APPROVAL IS GRANTED BY HEALTH AUTHORITY.**

***Please make Checks payable to Jefferson County***

**Mail To: Environmental Health Department, PO BOX H Boulder MT 59632**

**TO BE COMPLETED BY THE DEPARTMENT**

Fee Paid: \_\_\_\_\_ (\$250.00 / certified installer; \$350.00 / non-certified installer)

Date Received: \_\_\_\_\_ Check # \_\_\_\_\_

## 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 drainfield area; designated replacement area. Measure and record distances from proposed system location and items identified in layout

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***NORTH*** (draw arrow)

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**Directions for locating property or attached map: *(Please Attach Google Map)***

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