



JEFFERSON COUNTY ENVIRONMENTAL HEALTH OFFICE

PO Box H Boulder, MT 59632

Phone: 406-225-4126

WASTEWATER TREATMENT SYSTEM PERMIT REQUEST

Requestor: _____ Date: _____

Phone: _____ E-mail: _____

PROPERTY INFORMATION

Current Owner's Full Name: (required) _____

Physical Address: (required) _____

Geo Code: _____ or COS#: _____

Owner at Time of Installation: _____

Approximate year system was installed: _____

Legal Description: _____

Section: _____ Township: _____ Range: _____

Subdivision (required) _____ Lot: _____

Any other information or additional property owner names that may help in the search: _____

DEPARTMENT RESPONSE

Permit # _____ applies to this parcel; approved for _____ bedrooms.

Condition: Due to limited information available, the department cannot guarantee that Permit # _____ is applicable to this parcel

There is no permit of record for the parcel

Other comments: _____