



CCHD: 115 4th Street South, Great Falls, MT 59401 (406) 454-6950

Subsurface Wastewater Treatment System Application

Directions: Fill out the following application completely and submit with the appropriate septic permit application fee (contact CCHD for the applicable fee amount). Minimum requirements for a permit may include, but are not limited to, submitting a copy of a Certificate of Survey, excavating an 8 foot deep test pit within 25 feet of the proposed system, performing a percolation test, taking a nitrate sample from an existing or nearby well, and/or providing additional information to fulfill the minimum requirements outlined in the Cascade County Wastewater Treatment System Regulations. Note: Permit fees are non-refundable.

General Information

Property Owner(s) _____

Home Phone # _____ Cell# _____

Mailing Address _____ City _____ ST _____ Zip _____

Email _____

Installer name _____ Installer phone & email _____

Site Information

Site Address _____ Parcel Size (acres) _____

Town/City _____ Zip Code _____

(If new construction, the address will be issued following Septic Permit Approval)

Is the property located in an approved subdivision? Yes - attach *Certificate of Subdivision Approval* (COSA) No Unknown

Name of Subdivision _____ Phase _____ Lot/Tract _____ Block _____

Section _____ Township _____ Range _____

Are there any sanitary restrictions or easements on this property prohibiting the construction of a structure requiring water, sewer or storm water (i.e. agricultural covenant, sanitary restriction exemption noted on survey, etc.)? Yes No

Is the property located in the 100-year floodplain? Yes No

NOTE: floodplain MUST be at least 100 feet from the 100-year Floodplain. If you cannot meet this setback or don't know if you are in the floodplain, please call CCHD for additional information.

Is the proposed drainfield at least 100 feet from surface water (e.g. ponds, rivers, creeks, etc.)? Yes No

What is the water source for the property (e.g. well, cistern, spring, etc.)? _____

If a well - what is the approximate depth in feet? _____

Purpose of Application – Mark all that apply in each section

- New construction
- Upgrade/Expansion (show existing system on Site Plan)
- Replacement tank only
- Replacement drainfield only

Describe reason for tank or drainfield replacement(s), if known

If applicable, Existing Permit(s) # _____

- Residential (complete *Residential* Section)
- Commercial (complete *Commercial* Section)

- Multiple-User (serves more than 2 units)
- Public (Note: A public wastewater system serves 25 or more people, 60 days or more a year or has 15 or more service connections). These systems must be reviewed and approved by DEQ prior to issuance of county septic permit.
- DEQ approval # _____



Residential Yes No

of Living Units* ____ (*area under one roof that can be used for one residence with facilities for sleeping, cooking and sanitation)
 # of Bedrooms in each living unit (add 1 for unfinished basement) _____ # of people on the system _____
 Is there a water treatment system currently in use (e.g. Water softener, RO unit, etc.)? No Yes Type: _____
 If new construction, are water treatment devices planned? No Yes Type: _____

Commercial Yes No

of commercial units* _____ (*Commercial unit is defined as the area under one roof that is occupied by a business or other nonresidential use. A building housing two businesses is considered two commercial units.)

Describe the nature of each business to be served. Be specific _____

Will there be any floor drains? Yes No If **Yes**, contact the Health Department to discuss EPA requirements.

What quantity & type of wastewater will be generated by the facility? Be specific & show calculations

Strength of wastewater Residential Other (high-strength) Describe: _____

Maximum # of employees per day _____
 Estimated # of customers using the system per day _____

Attestation, Certification & Authorization

By signing below, I hereby attest that I am the legal owner of the property and that the information provided herein and attached in support of this application is true, complete, and accurate to the best of my knowledge. I understand that if any of the application information is found to be incorrect and/or any restrictions (e.g. sanitary restrictions, agricultural covenant, etc.), delinquent taxes or community decay citations or liens have not been properly resolved at the time the permit is issued, the permit can be invalidated. I further understand and agree that, if approved, the Septic Permit for the system proposed is valid for 180 days after the issue date unless extended by the Health Department. I understand that a change in use or any modification may require review and approval by the Health Department. I certify that the wastewater treatment system will be installed according to the Cascade County Regulations for Subsurface Wastewater Treatment Systems and all other state and local law, rules and regulations. I understand that Cascade County does not guarantee the performance of any wastewater treatment system. I hereby attest that I have verified the wastewater treatment system will be located on my property as described herein. I hereby authorize the City-County Health Department to enter upon my property to conduct any required inspection upon 24-hours notice of the Department.

Signature _____ Date _____

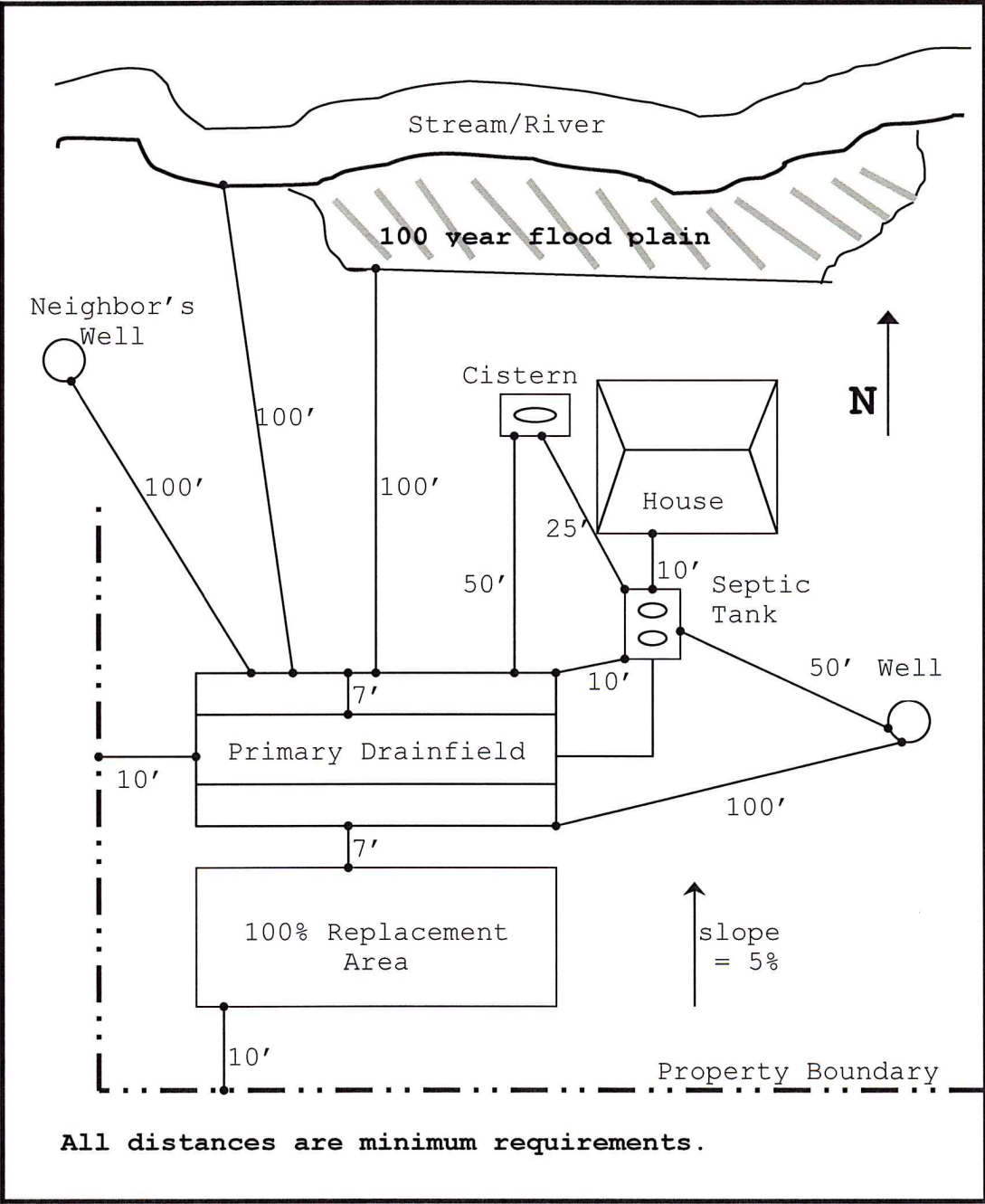
*******OFFICE USE ONLY*******

Prior to issuance of a Septic Permit, approval by the Cascade County Planning Department must be obtained for compliance with zoning, floodplain, commercial development, and subdivision regulations.

Location/Conformance (LC) Permit Application #: _____ LC Application Date: _____

Septic Permit #: _____ Approval Date: _____ Fee: \$ _____ Pmt type: _____ Date Paid: _____

ON-SITE WASTEWATER TREATMENT SYSTEM LOT LAYOUT EXAMPLE



Site Evaluation - SOIL PROFILE

DATE _____

Property Owner _____ Septic (N/R) _____ Subdivision _____ # of Lots _____

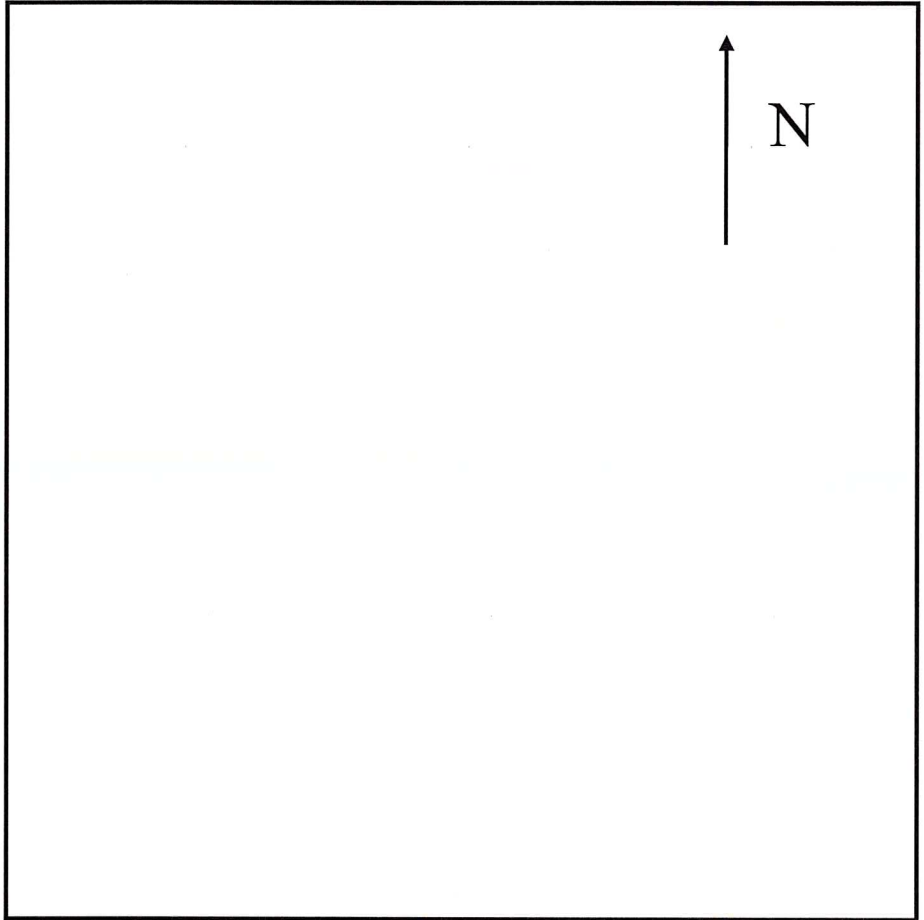
Property Address _____ Proposed Subdivision Name _____

Contractor _____ Legal: T _____ R _____ Sec _____ 1/4 _____ 1/4 _____

Soil Evaluator _____ Round trip mileage @ \$1.00/mile. # RT miles _____ Amount due _____

Include in the diagram all that apply.

- Wells
- Cisterns
- Existing Buildings
- Ground Water Sources (springs etc)
- Flood Plain
- Replacement Area,
- Slope (direction & percent)
- Water sources on adjacent property



Soil profile 1 Lot # _____

Soil profile 2 Lot# _____

Latitude: _____

Latitude: _____

Longitude: _____

Longitude: _____

Identify: soil types and thickness; depth to bed rock, seasonally high ground water, ground water, bottom of hole.

Application Rate: _____

Application Rate: _____

Depth in Inches: Soil Type:

Depth in Inches: Soil Type:
