



REQUEST FOR SEPTIC PERMIT INFORMATION

Property Owners Last Name

First Name

Address Where System is Installed

Year Installed

Original Owners Last Name (When installed)

Parcel ID # _____ **Geo Code #** _____

Section _____ **Township** _____ **Range** _____

Name of Subdivision/Phase _____

Lot# _____ **Block#** _____

Fill in as much information as possible and return to City-County Health Department. Our fax # is 454-6959. We will search our data base and respond with results by fax or email.

Well logs can be obtained at Montana Groundwater Information Center web page: <http://mbmggwic.mtech.edu>

Please return requested Septic Permit to:

Fax # _____ **Attn :** _____

Or Email address _____