

**CASCADE COUNTY SUBSURFACE WASTEWATER TREATMENT SYSTEM  
INSTALLER REPORT FORM**

CITY-COUNTY HEALTH DEPARTMENT, 115 4<sup>TH</sup> St South, Great Falls, MT 59401

Property Owners Name \_\_\_\_\_ Permit # \_\_\_\_\_  
Owners Address \_\_\_\_\_

(information needs to include: location, size, slope, and depth of building sewer, location of cleanouts, location of septic tank, drainfield, and 100% replacement area, location of proposed wells, existing wells, cisterns, and water lines in the area of the proposed system and any lots adjacent to it, lot boundaries, location of water courses, irrigation ditches, lakes, impoundments, including the 100 year floodplain in the immediate area, percent slope of ground surface and direction of slope, location of soil profile holes and any percolation test holes, north point and scale in feet)



**CHECKLIST**

**1. Septic Tank**

- a. Size: \_\_\_\_\_ gallons
- b. Type: \_\_\_\_\_ concrete/poly
- c. Approved Effluent Filter \_\_\_\_\_ yes/no
- d. Baffles \_\_\_\_\_ yes/no
- e. Access Port w/n 1' of surface \_\_\_\_\_ yes/no

**2. Pressure Dosed Systems:**

- a. Squirt Test Date \_\_\_\_\_
- b. \* Floats Correct \_\_\_\_\_ yes/no
- c. \* Alarm Working \_\_\_\_\_ yes/no  
\* tested after hard wired
- d. Pump dynamic head \_\_\_\_\_
- e. Pump GPM \_\_\_\_\_

**3. Drainfield**

- a. Lineal Feet Installed \_\_\_\_\_
- b. Gravel or Gravelless Trenches
- c. If Gravelless, Chamber Width \_\_\_\_\_ inches
- d. If Gravel, Trench Width \_\_\_\_\_ inches
- e. Inches of Gravel under pipe \_\_\_\_\_
- f. Inches of Gravel over pipe \_\_\_\_\_
- h. Trench Depth \_\_\_\_\_ feet
- i. Distance from water/well \_\_\_\_\_
- k. Ground water depth \_\_\_\_\_
- l. Depth to bedrock \_\_\_\_\_

\_\_\_\_\_  
Installer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Authority Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved (yes/no)