

BROADWATER COUNTY ENVIRONMENTAL HEALTH OFFICE

Courthouse: 515 Broadway Townsend, MT 59644 Phone: (406) 266-9209

Application for On-Site Wastewater Treatment System Permit

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Property Owner's Name: _____

Current Mailing Address: _____

City/State/Zip: _____ Phone #: () _____

Legal Description of Property: _____ ¼ of Section _____ Township _____ Range _____

Legal (street/road) Address of Property: _____

Subdivision Name: _____ Lot/Block Number: _____

Certificate of Survey (COS) Number: Book _____ Page _____ or Document No. _____

Dept. of Environmental Quality Certificate of Approval # (for less than 20 acres): _____

Property Size (acres): _____

SEPTIC SYSTEM INFORMATION:

Type of system to be installed (check one): New _____ Replacement _____ Upgrade _____

If replacement (check one): Tank only _____ Drainfield only _____ Extension _____ Total system _____

Treatment system will serve: (check one below)

Single family dwelling: _____	# of Bedrooms: _____
Shared system (2 units): _____	Basement: Yes/No Unfinished
Multiple-user (3-14 units): _____	(circle one)
Commercial Property: _____	Industrial: _____
Other: _____	

Name of Installer: _____ Phone #: _____

FEE: \$250.00 (Certified Installer; List Available) or \$350.00 (Non-Certified Installer) \$300.00 Site Evaluation (A site evaluation is required if your property is over 20 acres or does not have a DEQ Certificate of Subdivision Approval.) \$100.00 Tank Replacement Only

The information given on this form is true to the best of my knowledge and I understand that if any application information is found to be untrue, my 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 representatives 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.

By my signature below, I am stating that I understand that my septic system must be installed in a DEQ or Departmental approved area. In accordance with the Broadwater County Floodplain Management Ordinance, I understand that no building may be constructed in a floodplain without a valid permit from the Broadwater County Floodplain Administrator.

Signature of Property Owner: _____

*******LOT LAYOUT MUST BE PROVIDED ON BACK OF THIS FORM*******

FOR OFFICE USE ONLY

PD: \$

Check #:

Date:

Estimated flow rate (Gal per day): _____ Approved application rate: _____ Square feet/bedroom : _____

Square footage of drainfield: _____ Gravel system: _____ Gravel less chambered system: _____

Chambered laterals: _____

LOT LAYOUT

In the space below, sketch the proposed wastewater treatment system. Include the following:

- (1) Property boundaries
- (2) Water supply location(s)
- (3) Drainages and surface waters (rivers, streams, canals, irrigation ditches)
- (4) Floodplains and Floodways
- (5) Proposed/existing buildings
- (6) Location of driveway and roads
- (7) Location of proposed system (Must be located in DEQ or Department Approved Area)
- (8) Percolation and or test pit locations
- (9) Direction and the degree of slope in the drainfield area
- (10) Designated replacement area. Measure and record distances from the proposed system location and the items identified on the layout.

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North

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Directions to property:
