COUNTY APPLICATION FOR WASTEWATER TREATMENT SYSTEM

Incomplete applications will not be processed. All permits are valid for 12 months from date of issuance. After that time, a $50.00 fee will continue the permit for another year. The permit is void if the system is not installed within 24 months, and another must be purchased.

PART A

1. Name of property owner:____________________ City:____________________ State:______ Zip:__________
   Phone:____________________

2. If the person completing this application is not the owner, give:
   Name of applicant:____________________ City:____________________ State:______ Zip:__________
   Phone:____________________

3. Legal description of property: _____ 1/4 _____ 1/4, Section _____, Township _____, Range _____,
   consisting of_________ acres, located in the County of Phillips, Montana.

4. Authorized road address:
   Please submit directions to location property:

5. Subdivision name:
   Lot, Tract or Parcel, Block:
   COS:____________________

6. Type of structure(s) to be served:
   _____ One single family dwelling
   _____ Other (please describe)

7. Number of bedrooms in dwelling:__________

8. Estimated volume of wastewater produced (commercial only):

9. Name of Rosebud County licensed installer:

10. Does the property have DEQ approval?
    _____ Yes and #____________________
    _____ No (see part C)

11. Does the property have any exemptions noted on plat?
    _____ Yes – type of exemption ________________________________
    _____ No

12. A permit fee of $350.00 for pressure dose, $50.00 for gravity system in accordance with the
    Rosebud County Regulations for Wastewater Treatment Systems is enclosed.

13. This is:
    _____ New system
    _____ Upgrade or replacement

14. Type of Water Supply and Wastewater Treatment System proposed:

Return application to:
    County Sanitarian, PO Box 743, Lewistown MT  59457

I hereby declare that the information above is true, complete and correct to the best of my knowledge. The wastewater treatment system will be installed according to the Rosebud County Regulations for Wastewater Treatment Systems and the DEQ. I acknowledge that the Rosebud County Health Department is not bound or obligated to guarantee this systems' operation. I further agree to give a minimum of 24 hours notice for inspection of the system before it is back filled.

_________________________________________  Dated

Signature of Applicant
PART B

*** IMPORTANT ***

15. The application will not be accepted if any of the following site plan information is missing. Must include: shape and size of parcel, location of house site and all buildings, percent and direction of slope, proximity to all water supplies to include wells, open bodies of water, streams and floodplain within 100 feet of the property, areas of high ground water, and the design of the wastewater treatment system area for 100% replacement absorption system.

NORTH

Example with setback distances

PART C (Complete this section if the property does not have DEQ approval.)

16. Name of site evaluator or engineer:________________________________________
    Qualifications:_________________________________________________________________

17. Give a description of the soil profile to a minimum depth of 8 feet:____________________

18. Give the estimated depth to the seasonal high groundwater table and how this was determined:
    __________________________________________________________________________

19. Give the results of one percolation test and show the location on the site plan. Perc test must be performed in the drainfield area:________________________________________

20. Nitrate/Nitrite background test results from closest well:_______________________________
    Specific conductance test results:_______________________________________________

21. Please attach well log.

22. Show the direction and percent of land slope across the proposed absorption system on the site plan.

23. Is the property located in the Madison County Floodplain and/or evaluate the potential for flooding or accumulation of surface water:________________________________________________________________

Signature of Evaluator or Engineer ___________________________ Dated ___________________________