



Central Montana
Environmental Health

Musselshell, Wheatland, Judith Basin, Golden Valley & Petroleum Counties

**Application for
Subsurface Wastewater Treatment System Permit**

Septic Permit # _____

Directions: Fill out the following application form completely and submit the appropriate permit application fee. Minimum requirements for obtaining a subsurface wastewater treatment system may include obtaining a copy of the certificate of survey for your parcel of property from the Clerk & Recorder's office, excavating a 10 feet deep test pit in the area of the proposed system, performing a percolation test, taking a nitrate sample from an existing or nearby well, and/or providing other information to fulfill the minimum requirements outlined in the Central MT Health District Regulations for Subsurface Wastewater Treatment Systems.

Property Owner: Last Name or Company Name	First Name	Property Owner: Other Names
Address Where System is to be Installed	City/Town	Phone #
Current Mailing Address	City/State	Zip/Code

Lot#(s) _____ **Block#** _____ **Subd/Addition:** _____ **COS#** _____

$\frac{1}{4}$ Sect. _____ Section _____ Twnshp _____ Range _____ # of acres _____ Residence or Commercial _____ # of bedrooms _____ # of people on system _____

GeoCode# _____ County: _____

New or Replacement System? _____ Reason for replacing: _____

Other Legal Description _____

Water Supply _____ If well, depth in feet _____ Is your property in a 100 yr flood plain _____

Is drainfield 100 feet from surface bodies of water (wells, ponds, river, creeks, etc.) _____ Perc. Rate (if required) _____

Are there any sanitary restrictions on the property which would prohibit the construction of a structure requiring water and sewer, (i.e. agriculture or sanitation act exemptions noted on plat)? _____

*This information is correct to the best of my knowledge. I understand that if any of the application information is found to be incorrect and/or any restrictions or delinquent taxes placed on this property have not been properly removed at the time that the permit is issued, my application will be invalid. The permit is issued based on the minimum sizing requirements based on application information, previous permits issued for the property, if any, and on-site evaluation as set forth by the State of Montana and adopted by CMHD. The permit holder shall provide 24-hour notice prior to any required inspection by the department. Permit will be invalid if system is not installed within 12 months of issue date. **THE PERMIT IS ISSUED WITH THE UNDERSTANDING THAT THE MINIMUM REQUIREMENTS OF CMHD REGULATIONS FOR SUBSURFACE WASTEWATER TREATMENT SYSTEMS WILL BE MET.***

Signature of Applicant _____

Date _____

Email Address: _____

Installer: _____

System Type	Fee by Certified Installer	Fee by Uncertified Installer
New System	\$475.00 \$575.00 (Site visit included)	\$650.00 (Site visit included)
Permit Only	\$200.00	\$375.00
New System in an Approved subdivision	\$150.00	\$300.00
Replacement Tank	\$75.00	\$125.00
Replacement Drainfield	\$150.00	\$300.00

FOR OFFICE USE ONLY

Fee amount paid: _____

Date fee paid: _____

Check #: _____ Initial: _____

Central Montana Health District
P.O. Box 427
Stanford, MT 59479