

Application Fee: \$ _____
 Septic permit Fee: \$ _____
 Well permit Fee: \$ _____
 TOTAL Paid: \$ _____
 Date Paid: _____
 App. Notified: _____



Log # _____

Environmental Health
 301 W. Alder
 Missoula, MT 59802
 Phone 406.258.4755
 Fax 406.258.4781
 www.missoulacounty.us/HealthDept

Wastewater Treatment System and Well Application

Address Assigned by the County Road Dept. (Apply at Public Works, 6089 Training Dr., PH: 406.258.4753):

Address: _____ City: _____ Zip _____

Legal description of site: (Find on your tax statement or at <http://gis.co.missoula.mt.us/propertyinformation/>)

Geocode: 04- _____ - _____ - _____ - _____ Short Legal: T _____ R _____ Section _____ ¼ Section _____

Certificate of Survey # or Subdivision Name: _____

Tract or Lot _____ Block (if applicable): _____ Size of lot or parcel: _____

Owner Information

Owner's name _____ Phone # _____

Owner's address _____

City: _____ State: _____ Zip Code: _____ Email _____

Certified Installer: _____ (Must be certified by MCCHD)

Applicant Information (if different from owner)

Applicant's name _____ Phone # _____

Applicant's address _____

City: _____ State: _____ Zip Code: _____ Email _____

Section 1

Are you applying for a well permit? _____ YES (Fill out this section)
 _____ NO (Skip to Section 2)

Type of Well: New _____ Replacement _____ Reason for Replacement: _____

Intended Uses of Well: _____

Number and description of dwelling units and structures that will be connected to the well: _____

Will the well be:

At least 100 feet from septic systems	Yes _____ No _____ Unsure _____
Out of the floodplain	Yes _____ No _____ Unsure _____
At least 100 feet from surface water	Yes _____ No _____ Unsure _____

Section 2

Are you applying for a septic permit? _____ YES (Fill out this section)
_____ NO (Skip to Section 3)

Wastewater System Information: New _____ Replacement _____ Modification _____
Residential _____ Number of dwelling units _____ Number of bedrooms _____
Will there be a basement? _____ Will it be finished? _____
Commercial _____ Use _____ # Employees _____ # Customers _____
Other _____ Describe Use _____

Will the drainfield be:

At least 100 feet from wells	Yes _____	No _____	Unsure _____
At least 10 feet from water lines	Yes _____	No _____	Unsure _____
At least 100 feet from floodplain	Yes _____	No _____	Unsure _____
At least 100 feet from surface water	Yes _____	No _____	Unsure _____
At least 6 feet from groundwater	Yes _____	No _____	Unsure _____
At least 10 feet from property lines	Yes _____	No _____	Unsure _____
At least 10 feet from buildings	Yes _____	No _____	Unsure _____
On a slope less than 25%	Yes _____	No _____	Unsure _____

Surface Water: Describe the nearest surface water to the drainfield: _____
How close is it to the drainfield? _____

Drinking Water: What is the drinking water source for the parcel? _____
(Well, Spring, Lake, etc.)
How many structures are served by the water system? _____

Floor Plans: Attach floor plans (no larger than 11" by 17") for all structures to be served by the wastewater system (even if they are not directly connected to the system.) Floor plans don't have to be to scale and can be hand drawn. Label the rooms.

Section 3

Existing Structures: Describe existing structures, wells and wastewater systems on the parcel: _____

Site Plan: Attach a site plan (no larger than 11" by 17") showing the locations (existing and proposed) of all features (existing and proposed) listed below. Site plans can, but don't have to be prepared to scale by a professional engineer or architect. If the site plan is not drawn to scale, include enough measurements to accurately depict where everything is on the property.

- | | | |
|---------------------|---------------------------------|--|
| * Property Lines | * Wastewater Systems | * Water Supplies (wells) |
| * Buildings | * Surface Water | * Easements and No Build Zones |
| * Roads & Driveways | * Floodplain & Floodprone Areas | * Wells and Wastewater Systems within
100 feet of your property |

Certification: I certify that the information I have provided on this application is accurate and true and that the submitted site plan is an accurate representation of all required elements.

Applicant's Signature: _____ Date: _____