



Log # _____

Missoula City-County Health Department

ENVIRONMENTAL HEALTH

301 West Alder Street | Missoula MT 59802-4123
www.missoulacounty.us/HealthDept

Phone | 406.258.4755

Fax | 406.258.4781

Fee \$ _____

SEPTIC DETERMINATION APPLICATION

Applicant: _____ Phone: _____

Mailing Address: _____ Zip _____

Property owner: _____ Phone: _____

Mailing Address: _____ Zip: _____

Legal Address of site: _____ Zip: _____

____ 1/4, ____ 1/4, S ____ T ____ R ____ COS # or Subdivision Name: _____,

Tract, Lot or Parcel _____ Size of Parcel _____

Residential / Commercial: (circle one) Flow _____ gpd # Bedrooms _____ Bsmt? (Y/N) _____

Please check any that apply:

- I am remodeling and/or enlarging my house.
- My house has more bedrooms than the number on my septic permit.
- I know my septic permit number. It is _____
- Other: _____

A complete application must include the following:

1. A **description of the project** (there is space on the back of this application).
2. A **site plan** on paper no larger than 11" X 17", accurately showing all buildings, wells, septic systems, replacement areas, surface water and floodplain on or within 100 feet of the property.
3. **Detailed floor plans** on paper no larger than 11" X 17", showing the proposed project with all rooms identified.
4. Other relevant information as required by the Department to clearly define the scope of the project and to ascertain compliance with the Missoula City-County Health Code.

I certify that the information provided in this application is true and complete.

Applicant Signature: _____ Date: _____

