

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

#	
Basic Fee	
Mileage	
Extra Test Holes	
TOTAL \$	

APPLICATION FOR HIGH SEASONAL GROUNDWATER MONITORING

Applicant's Name	eant's Name Phone #					
Applicant's Address						
Owner's Name (if differe						
Location of test holes:	1/4	1/4 T	R	S		
Address of site						
Certificate of Survey (CO						
Lot						
GEOCODE						
and 2) directions or aNumber of test holesCONDITIONS:		_	`			
responsible for loc 2. The testing period	ating and install	e year depending u				
groundwater cond	ted pipes shall itions in the drain	be installed to a d nfield and replacem	ent areas. Su	fficient area must b		
4. The Department n	elevation tested to install the drainfield proposed and provide replacement area room. The Department may refuse to accept seasonal high groundwater data when precipitation or snow pack water equivalent is more than 20% below historical average.					
5. The applicant is groundwater depth	aware that Mis at any time of l	ess than 6 feet from treatment and disposit	Health Dep	round surface shall		
6. Applicant certifies	by signature be ne purpose of gr	low that he/she has coundwater monitor	legal authori	ty to grant the Dep		
Signature of Applicar	nt			Date		