

MCCHD STAFF USE ONLY

Septic Application Fee: \$150.00
Permit Fee: Assessed when issued
Invoice #: _____
Date Paid: _____



MCCHD STAFF USE ONLY

Log # _____

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

Wastewater Treatment System and Well Application

Please submit by email envhealth@missoulacounty.us, mail/in person at 301 W Alder Street Missoula MT, 58902

Assigned Address: Cannot accept application without (Apply w/Co. Road Dept. 6089 Training Dr. 406.258.3701)

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 _____

Owner's address _____ City _____ State ____ Zip Code ____

Email: _____ Phone # _____

Owner Paying Invoice: Yes ____ No ____ EMAIL FOR INVOICE _____

Applicant Information (if different from owner)

Applicant's name _____

Applicant's address _____ City _____ State ____ Zip Code ____

Email: _____ Phone # _____

Applicant Paying Invoice: Yes ____ No ____ EMAIL FOR INVOICE _____

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: _____

Must include a site map, and will the well be:

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

Section 2

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

Wastewater System Information:

Type of System: New ____ Replacement ____ Tank/Connection Only ____ Modification ____

Intended Use: Residential ____ Number of dwelling units ____ Number of bedrooms ____
Will there be a basement? ____ Will it be finished? ____
Commercial ____ Use _____ # Employees ____ # Customers ____
Other ____ Describe Use _____

Surface Water: Describe closest surface water: _____ Distance to Drainfield: _____ (ft)

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

Drainfield Elevation: Same/Below Septic Tank ____ (ft) Above Septic Tank ____ (ft)

Distance from Tank to Drainfield: _____ (ft)

Did you attach FLOOR PLANS? YES (cannot review septic application without)

Attach floor plans (no larger than 11" by 17") for all plumbed structures to be served by any wastewater system. Floor plans don't have to be to scale and can be hand drawn. Please, label all rooms, show doorways and windows.

Section 3

Did you attach a SITE MAP? YES (cannot review septic or well application without)

Attached site plan (no larger than 11" by 17") showing the locations of all features listed below (existing and proposed). 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	____ Wells
____ Buildings	____ Surface Water	____ Easements and No Build Zones
____ Roads & Driveways	____ Floodplain/prone Areas	____ Wells/Drainfields 100ft from Property

On the site map, did you show measurements to the drainfield (septic only):	At least 100 feet from wells	Yes ____ No ____
	At least 100 feet from surface water	Yes ____ No ____
	At least 100 feet from floodplain	Yes ____ No ____
	At least 10 feet from septic tanks	Yes ____ No ____
	At least 10 feet from property lines	Yes ____ No ____
	At least 10 feet from buildings	Yes ____ No ____
	Approximate slope across drainfield	Yes ____ No ____

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

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

Applicant's Signature: _____ Date: _____