



Missoula City-County Health Department
ENVIRONMENTAL HEALTH
 301 West Alder Street | Missoula MT 59802-4123
 www.missoulacounty.us/HealthDept
 Phone | 406.258.4755

MCCHD STAFF USE ONLY
Log #: _____
Fee: \$70.00
Date Paid: _____

SEPTIC DETERMINATION APPLICATION

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

Owner/Applicant's Information:

Name: _____ Phone # _____

Email Address _____

Mailing Address _____

If different, property owner name: _____ Phone: _____

Property Information:

Address: _____ City: _____ Zip _____

Legal Description of Property: <https://gis.missoulacounty.us/propertyinformation/>

Location: _____ 1/4 _____ 1/4 Section _____ T _____ R _____

TAX ID: _____ GEOCODE: _____

Certificate of Survey # _____ Or Subdivision name: _____

Current System:

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

Proposed Project: Please check any that apply:

I am replacing, 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** and other relevant information as required by the Department (there is space on the back of this application).
2. **A site plan** 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 existing floor plan of **all** structures and the proposed final floor plan of **all** structures with all rooms identified.

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

Applicant Signature: _____ **Date:** _____

