

Meagher County Pre-Septic Application Checklist

Before submitting a wastewater system application, the following must be completed:

- Obtain an official address from the Clerk & Recorder's Office

| Phone Number | Email |
|----------------|--------------------------------|
| (406) 547-3022 | clerkandrecorder@meagherco.net |

- Contact the Clerk & Recorder to determine boundaries and property size

| Phone Number | Email |
|----------------|--------------------------------|
| (406) 547-3022 | clerkandrecorder@meagherco.net |

- Contact Kevin with Great West Engineering, the county's contracted planning department, to determine flood plain status and zoning

| Phone Number | Email |
|----------------|---------------------------|
| (406) 740-7250 | kangland@greatwesteng.com |

- If this is a new build, contact the county road department to determine accessibility.

| Phone Number | Email |
|----------------|--------------------|
| (406) 547-3716 | road@meagherco.net |

- Complete a site visit request and pay the designated fees to the county

| Phone Number | Website |
|----------------|--------------------------------|
| (406) 547-3022 | clerkandrecorder@meagherco.net |

- Upon approval of a site visit request, an 8' (minimum) deep test pit must be dug within 25' of the proposed septic drainfield, as well as at least 100' away from any body of water. This can be done by the individual or a certified installer.
- During the site visit, a soil analysis is conducted by a Registered Sanitarian, a licensed Professional Engineer or a licensed installer approved by the county. A water sample from the nearest well is also needed for the non-degradation analysis required by the MT DEQ.

| Water analysis lab | Location | Website |
|------------------------------|-----------------|---|
| Bridger analytical lab | Four Corners | https://www.bridgeranalyticallab.com/ |
| Alpine Analytical Laboratory | Helena | https://www.alpineanalytical.com/ |

*** Work may not begin on the installation of the septic system until a completed wastewater system application and applicable fee have been received, and a permit to construct has been issued from the sanitarian ***

Meagher County Subsurface Wastewater Treatment System

Meagher County Environmental Health Department
 P.O. Box 309, White Sulphur Springs, Montana 59645
 (406) 547-3612

SEPTIC PERMIT

Property Owner: Last Name or Company _____ First Name _____

Property Owner: Other Names _____

Address of Property _____ City _____

Installer's Name _____

Is groundwater within 8' of grand surface? Yes No Is bedrock within 8' of ground surface? Yes No

Is Non-Deg. & Phos. Breakthrough analysis required: Yes No If not why? _____

% slope for absorption field: _____

Categorically Exempt Yes No

Average K Value

Soil Profile:

of Acres:

Hydraulic Gradient (l)

Depth to Bedrock

Mixing Zone Length

Distance to surface water

Final Non Deg Result

Back Ground Nitrate Result

Final Phosphorus Breaththrough

Perc.Rate (min./inch)

Confined Aquifer

Application Rate

(Attach Data used to determine)

Tank Size _____

Tank Type _____

Drain Field Type _____

Drain Field Size _____

Special Permit Conditions:

Signature of Health Authority Issuing Permit: _____ Date: _____

Date called for Insp. _____

Final Inspection _____

System Approved _____

Year Installed _____

CIRF Received _____

CIRF received date _____

Comments about installed system:

Signature of Health Authority Approving Installed System: _____ Date: _____

Septic Permit #**Meagher County Subsurface Wastewater Treatment System**

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Permit Application Form

Directions: Fill out the following application form completely and submit, along with the Soil Profile and proposed Site Report to the Clerk & Recorder's Office. The appropriate Permit Application fee is due at that time.

Property Owner: _____

Agent Applicant: _____

Mailing Address: _____

Mailing Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Purpose of Application (Mark all that apply)

New Upgrade Replacement

If Replacement (check one)

Previous Permit # _____ Failed? Yes No

Tank Only: _____ Drainfield Only: _____ Extension: _____

Residential Shared Commercial

Total System: _____

Single Family Multiple User Public

Other Information:

Industrial

of Bedrooms: _____ Basement: Yes No Unfinished

Estimated flow rate (Gal per day): _____

Legal Address of Property: _____

Lot# _____

Block# _____

Subdivision Name _____

COS# _____

1/4 _____

Section _____

Township _____

Range _____

#Acres _____

Name of Installer: _____ **Phone:** _____

Square Footage of Drain Field: _____ Gravel System: _____ Gravel less Chambered System: _____

This information is correct to the best of my knowledge. The permit does not obligate Meagher County to guarantee the performance of the system. The permit is issued based on minimum sizing requirements based on application information, previous permits issued for the property, if any, and on-site evaluation as set forth by the State of Montana and adopted by the Meagher County. Permittee shall provide 24 hour notice prior to any required inspection by the department. Permit will be invalid if the system is not installed within 12 months of issue date.

Signature of Applicant

Date

| | | |
|---|----------|---|
| New System Fee (either by Certified Installer): | \$575.00 | Date Fee Received: _____ |
| New System Fee (Owner Installed or by uncertified Installer): | \$650.00 | Fee Amount Paid: _____ |
| Replacement System Fee: | \$100.00 | Initials that fees were Received: _____ |
| Replacement System Fee (self-Installed): | \$200.00 | |
| New System Fee for lot in an approved Subdivision: | \$150.00 | |
| Approved Subdivision - Self Installed | \$300.00 | |
| Special Case Fees - Non-Deg Septic Permit | \$300.00 | |
| Site Visit (+mileage) | \$400.00 | |
| Non-Standard System (\$90.00/hr + milage) | \$575.00 | |

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Meagher County
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Site Plan Layout

Property Owner: _____

Installer: _____

Site Address Location: _____

In the space below, sketch the proposed wastewater treatment system. Include the following: (1) property boundaries; (2) water supply location(s); (3) drainages and surface waters (rivers, streams, canals, irrigation ditches); (4) floodplains and floodways; (5) proposed / existing buildings; (6) location of driveway and roads; (7) location of proposed system (must be located in DEQ or County Sanitarian approved area); (8) percolation and/or test pit locations; (9) direction and the degree of slope in the drainfield area; and (10) designated replacement area. Measure and record distances from the proposed system location and the items identified on the layout.

North

Directions to find the property: _____

The information given on this form is true to the best of my knowledge and I understand that if any application information is found to be untrue, my application and permit will be invalid. I also understand that the permit fee may not be refundable. I further understand that inspection and approval of this treatment system does not constitute assumption by the County Sanitarian or its representatives of liability for the failure of the system. I, as property owner, shall be responsible for the proper maintenance of the system and for abatement of any nuisance arising from its failure.

By my signature below, I am stating that I understand that my septic system must be installed in a DEQ or County Sanitarian approved area.

Signature of Property Owner: _____

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Site Evaluation Report

Property Owner: _____

Installer: _____

Site Address Location: _____

Soil Evaluator: _____

Complete site evaluations are mandatory for new systems that require local review prior to permit issuance. This report must be completed by a licensed septic installer or a person officially recognized by the County Sanitarian as knowledgeable in soils and geology.

Percolation test results and a soil profile description are normally not required for replacement of existing systems. However, the County Sanitarian reserves the right to require site evaluation information for replacements on a case by case basis.

Percolation Test Results: _____ min/inch

This test must be done in accordance with Circular DEQ-4 in the area of the proposed drainfield. Detailed percolation test data sheet must accompany application.

| Soil Description | Depth (in inches) | Soil Description | Depth (in inches) |
|------------------|-------------------|------------------|-------------------|
| 1. | | 4. | |
| 2. | | 5. | |
| 3. | | 6. | |

Depth to Seasonal High Groundwater: _____ feet

How determined: _____ Date of determination: _____

Marginal sites may require groundwater monitoring

Depth to Bedrock: _____ feet

How determined: _____

Potential for flooding: _____

Other information provided: _____

STATEMENT OF ACCURACY:

I, _____, have completed this report and hereby declare that the information herein provided is true, complete and correct to the best of my knowledge.

Signed: _____

Date: _____

License No: _____

Title: _____

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Installers Report Form or "As Built"

Property Owner Name: _____

Property Address:

(Information needs to include: location, size, slope, and depth of building sewer, location of clean-outs, location of septic tank, drain field, and 100% replacement area, location of proposed wells, existing wells, cisterns, and water lines in the area of the proposed system and any lots adjacent to it, lot boundaries, location of water courses, irrigation ditches, lakes, impoundments, including the 100-year flood plain in the immediate area, percent slope of ground surface and direction of slope, location of soil profile holes and any percolation test holes, north point and scale in feet)

Checklist:

1. Septic Tank
 - a. Size: _____ gallons
 - b. Type: _____
 - c. Approved Effluent Filter
 - d. Baffles
 - e. Access Port w/1' of surface
2. Administration
 - a. New or Replacement
 - b. Reason for Replacing
 - c. Street Address
 - d. Non-deg
3. Drainfield
 - a. Lineal feet installed
 - b. Gravel/Gravel less
 - c. If Gravel less, Chamber Width _____ inches
 - d. If Gravel, Trench Width _____ inches
 - e. Inches Gravel under Pipe _____ inches
 - f. Inches Gravel over Pipe _____ inches
 - g. Trench Depth _____ inches
 - h. Percent grade of land slope _____ %
 - i. Distance from Water Source _____ feet
 - j. Groundwater depth _____
 - k. Bedrock Depth _____

Installer's Signature

Date

Certificate #

County Sanitarian Signature

Date

Approved