

## 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.

| <b>Water analysis lab</b>    | <b>Location</b> | <b>Website</b>  |
|------------------------------|-----------------|---|
| Bridger analytical lab       | Four Corners    | <a href="https://www.bridgeranalyticallab.com/">https://www.bridgeranalyticallab.com/</a> |
| Alpine Analytical Laboratory | Helena          | <a href="https://www.alpineanalytical.com/">https://www.alpineanalytical.com/</a>         |

\*\*\* 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 ground 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

# of Acres:

Depth to Bedrock

Distance to surface water

Back Ground Nitrate Result

Perc. Rate (min./inch)

Application Rate

Average K Value

Hydraulic Gradient (I)

Mixing Zone Length

Final Non Deg Result

Final Phosphorus Breakthrough

Confined Aquifer

(Attach Data used to determine)

Soil Profile:

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: \_\_\_\_\_

## Meagher County Subsurface Wastewater Treatment System

Meagher County  
PO Box 309, White Sulphur Springs, Montana 59645  
(406) 547-3612

### 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: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Agent Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Purpose of Application (Mark all that apply)**

- ☐ New   ☐ Upgrade   ☐ Replacement
- Previous Permit # \_\_\_\_\_ Failed? ☐ Yes ☐ No
- ☐ Residential   ☐ Shared   ☐ Commercial
- ☐ Single Family   ☐ Multiple User   ☐ Public
- ☐ Industrial

**If Replacement (check one)**

Tank Only: \_\_\_\_\_ Drainfield Only: \_\_\_\_\_ Extension: \_\_\_\_\_  
Total System: \_\_\_\_\_

**Other Information:**

# if 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 |
| New System Fee (Owner Installed or by uncertified Installer): | \$650.00 |
| Replacement System Fee:                                       | \$100.00 |
| 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 + mileage)                    | \$575.00 |

Date Fee Received: \_\_\_\_\_  
Fee Amount Paid: \_\_\_\_\_  
Initials that fees were Received: \_\_\_\_\_



**Meagher County Subsurface Wastewater Treatment System**

Meagher County  
PO Box 309, White Sulphur Springs, Montana 59645  
(406) 547-3612

**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: \_\_\_\_\_

## Meagher County Subsurface Wastewater Treatment System

Meagher County  
PO Box 309, White Sulphur Springs, Montana 59645  
(406) 547-3612

### 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: \_\_\_\_\_

# **Meagher County Subsurface Wastewater Treatment System**

Meagher County  
PO Box 309, White Sulphur Springs, Montana 59645  
(406) 547-3612

## **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:

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

d. Non-deg

\_\_\_\_\_  
Installer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certificate #

\_\_\_\_\_  
County Sanitarian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved