

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

of Acres:

Depth to Bedrock

Distance to surface water

Back Ground Nitrate Result

Perc.Rate (min./inch)

Application Rate

Average K Value

Hydraulic Gradient (l)

Mixing Zone Length

Final Non Deg Result

Final Phosphorus Breaththrough

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:** _____

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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
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:

Table with 5 columns: Lot#, Block#, Subdivision Name, COS#, #Acres. Includes Township and Range information.

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

Table with 3 columns: Description, Amount, Date/Initials. Includes fees for New System, Replacement System, Approved Subdivision, Special Case Fees, Site Visit, and Non-Standard System.

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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.

Table with 4 columns: Soil Description, Depth (in inches), Soil Description, Depth (in inches). Rows 1-3.

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, impondments, 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)

[Large empty rectangular box for drawing or notes]

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