Application Fee: $_____
Septic permit Fee: $_____
Well permit Fee: $_____
TOTAL Paid: $_____
Date Paid:_____
App. Notified: _____

Missoula Public Health
City-County Health Department

Log #

Environmental Health
301 W. Alder
Missoula, MT 59802
Phone 406.258.4755
Fax 406.258.4781
www.missoulacounty.us/HealthDept

Wastewater Treatment System and Well Application

Address Assigned by the County Road Dept. (Apply at Building Division, 6089 Training Dr., PH: 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 _____ Phone # _____

Owner's address _____

City: _____ State: ____ Zip Code: _____ Email_____

Certified Installer: _____ (Must be certified by MCCHD)

Applicant Information (if different from owner)

Applicant's name _____ Phone # _____

Applicant's address _____

City: _____ State: ____ Zip Code: _____ Email_____

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: _____

_____

Will the well be:	At least 100 feet from septic systems	Yes ____ No____ Unsure ____
	Out of the floodplain	Yes ____ No____ Unsure ____
	At least 100 feet from surface water	Yes ____ No____ Unsure ____

Section 2

Are you applying for a septic permit? YES ☐ (Fill out this section)

NO ☐ (Skip to Section 3)

Wastewater System Information: New _____ Replacement _____ Modification _____

Residential ____ Number of dwelling units _____ Number of bedrooms _____

Will there be a basement? _____ Will it be finished?_____

Commercial ____ Use _____ # Employees _____ # Customers _____

Other ____ Describe Use _____

_____

Will the drainfield be:

At least 100 feet from wells	Yes ____ No____ Unsure ____
At least 10 feet from water lines	Yes ____ No____ Unsure ____
At least 100 feet from floodplain	Yes ____ No____ Unsure ____
At least 100 feet from surface water	Yes ____ No____ Unsure ____
At least 6 feet from groundwater	Yes ____ No____ Unsure ____
At least 10 feet from property lines	Yes ____ No____ Unsure ____
At least 10 feet from buildings	Yes ____ No____ Unsure ____
On a slope less than 25%	Yes ____ No____ Unsure ____

Surface Water: Describe the nearest surface water to the drainfield: _____

How close is it to the drainfield? _____

Drinking Water: What is the drinking water source for the parcel? _____

(Well, Spring, Lake, etc.)

How many structures are served by the water system? _____

Did you attach FLOOR PLANS? ☐ **YES**

Attach floor plans (no larger than 11" by 17") for all structures to be served by the wastewater system (even if they are not directly connected to the system.) Floor plans don't have to be to scale and can be hand drawn. Label the rooms.

Section 3

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

_____

_____

Did you attach a SITE PLAN? ☐ **YES**

Attach a site plan (no larger than 11" by 17") showing the locations (existing and proposed) of all features (exiting and proposed) listed below. 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
* Buildings
* Roads & Driveways
* Wastewater Systems
* Surface Water
* Floodplain & Floodprone Areas
* Water Supplies (wells)
* Easements and No Build Zones
* Wells and Wastewater Systems within 100 feet of your property

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

Applicant's Signature:_____ Date: _____