



Onsite Wastewater Treatment System Permit Application

Park County Environmental Health
 Phone: (406) 222-4145 Fax: (406) 222-4763
 414 E. Callender Street
 Livingston, MT 59047

For office use only:

Permit Number _____
 Application Fee \$ _____
 Receipt # _____
 Check # _____
 Paid by _____
 Tax ID # _____

Owner information

Property owner _____ Phone _____

Mailing address _____ City, State _____ Zip _____

Statement of Accuracy and Permission to Inspect:

As the owner of the parcel of land described within the permit application, my signature below declares the information provided here is to the best of my knowledge. I acknowledge that the County Sanitarian and/or members of the Park County Board of Health are hereby empowered and authorized to enter upon my private property for the purpose of inspection and investigation concerning the onsite wastewater treatment system that treats, discharges, or disposes of wastewater to determine compliance with Park County and the State of Montana regulations.

Property owner signature (**required**) _____ Date _____

Property information

Site Address/Location _____ Town/City _____

Section _____ Township _____ Range _____ COSA COS # _____

Name of Subdivision (if applicable) _____ Tract/Lot # _____ Acres _____

Directions to site _____

Permit information (Check all that apply)

System to be installed by _____
Park County licensed installer

New Repair/Replacement System Upgrade/Expansion Connect to Existing
 Permit # _____

Residential system Seasonal residence Full-time residence

Number of living units _____ **Living unit means the area under one roof that can be used for one residential unit and which has facilities for sleeping, cooking, and sanitation. A duplex is considered two living units.*

Number of bedrooms in each living unit (including unfinished basements) _____

Commercial system Private (serving ≤24 or more people <60 days per year daily) Public (serving 25 or more people ≥60 days per year daily)
**Public systems require Montana DEQ approval*

Number of commercial units _____

Daily design flow (gpd) _____ Rationale for design flow (include calculations) _____

System design and specifications*

Septic tank size _____ Pump chamber size _____ Concrete Fiberglass Other _____

Drainfield components _____

*On-site Wastewater treatment systems shall be designed and constructed in accordance with the requirements described in ARM Title 17, Chapter 36, Subchapters 1-8, Subdivision Rules, and ARM Title 17, Chapter 36, Subchapter 9, On-site Subsurface Wastewater Treatment, and Montana Department of Environmental Quality Circular DEQ 4, 2013 edition, Park County Onsite Wastewater Treatment Regulations, and "How to Perform a Non-degradation Analysis for Subsurface Wastewater Treatment Systems Under the Subdivision Review Process", Revised October 2015, or most recent editions.

Site evaluation report (if applicable, submit additional documents as necessary)

Date of soils test _____ Weather conditions _____

Horizon/Depth	Soil Description (include type, texture, structure, mottles, limiting layers, etc.)

Application rate according to Table 2.1-1 Montana DEQ Circular 4 _____ ft²/gpd

Comments/Unusual site features _____

Non-degradation analysis included: Yes No, this property meets the requirements of categorical exemption # _____

If no, provide further details _____

Please submit all applicable documentation with this application- including but not limited to: flood plain maps, proposed lot layout, septic layout, pump requirements, well and water line locations, surface water locations, ground water monitoring results, etc.

A permit will not be issued until all necessary documentation has been received and approved by this office

As a Park County licensed site evaluator, my signature verifies that I have addressed the above parameters for this site. I have completed the site evaluation according to all applicable rules and regulations and the documentation provided above accurately reflects the conditions at this site. All information herein provided is true, complete, and correct to the best of my ability and knowledge.

Signature of site evaluator

Printed name

Date