



www.healthygallatin.org

Gallatin City-County Health Department

Environmental Health Services
215 W. Mendenhall, Rm 108
Bozeman, MT 59715-3478
406-582-3120 • Fax: 406-582-3128

Intent to Groundwater Monitor

Company _____

Person performing monitoring _____

Property Owner _____

Site Address _____
(If no address is available please provide the road name)

COSA _____ EQ # _____

Block _____ Lot / Tract _____ COS / Minor Sub # _____

Section _____ Township _____ Range _____ SE Confirmation # _____

of wells _____ Estimated monitoring start date _____

Has this site been monitored before? Yes No If Yes, when was it monitored _____

Previous groundwater monitoring # _____ Who did the monitoring _____

- Road Map (wide and close views if possible)
- Map with wells clearly marked and #'s you assigned to them
- Special instructions (i.e. locked gate, animals, directions to site) _____

MDEQ Appendix C: "Observation must be done during the time when ground water levels are highest. This is typically during spring runoff or during the irrigation period, but may also be at some other time during the year. Observation must be done weekly or more frequently during the appropriate periods of suspected high ground water. Observation must include at least two weeks of observation prior to and after the ground water peak, otherwise the reviewing authority may reject the results."

- I hereby attest that the ground water monitoring will be completed in accordance with state and local regulations for Wastewater Treatment Systems.

Signature _____ Date _____

This section to be completed by the Health Department

Comments _____

Ground Water Monitoring # _____ Date Entered in Computer _____

Reviewed By _____