



Site Evaluator Registration Application

www.healthygallatin.org

Name _____ Business Phone _____
 Business _____ Cell Phone _____
 Mailing Address _____ Email _____
 City/State/Zip _____

Qualified Site Evaluator means a soils scientist, professional engineer, registered sanitarian, hydro geologist, or geologist who has experience and knowledge of soil morphology. Other individuals will be considered qualified after providing, to the reviewing authority, evidence of experience describing soils or experience conducting necessary test procedures.

The Site Evaluator Registration of Competency is not transferable and shall be valid for a one year time period from February 1 through January 31.

Site Evaluator Registration Requirements

- Applications for a **new** Site Evaluator registration require:
 1. A registration application.
 2. A registration fee.
 3. An examination fee and successful completion of the Site Evaluator examination with a score of 80% or greater. The applicant may be allowed one (1) re-test at no additional charge. (Exam fee includes the first year's registration fee.) A Qualified Site Evaluator, as defined in DEQ 4, is exempt from taking the exam.
- Applications for a Site Evaluator registration **renewal** require:
 1. A registration Application.
 2. A registration fee.
 3. The renewal Application must be made within sixty (60) days of the registration expiration.

Study Material

1. Health Code Chapter 3, Regulations for Wastewater Treatment Systems (effective August 23, 2015)
2. Health Code Chapter 3, Administrative Procedures For Wastewater Treatment Systems
3. Administrative Rules of Montana ("ARM") Section 17.36, Subchapter 9 ("Treatment Rules")
4. Circular DEQ 4, "Montana Standards for Subsurface Wastewater Treatment Systems." ("DEQ 4")
5. Basic Pump and Pressure Distribution
6. Guidelines – Non-degradation Analysis
7. EPA Manual

Qualifications: License/Degree _____
 **Provide documentation of qualifications: current license/registration, degree, college transcripts

- I understand that my registration file is public information and any complaints and/or Department reprimands are part of my file and are available for public viewing upon request.
- I agree to adhere to all applicable state and local wastewater treatment or Sanitation Act regulations.

Signature _____ Date _____

This section to be completed by the Health Department			
Qualifications Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	Test Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New	Amount Paid _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> CC	Receipt # _____
<input type="checkbox"/> Renewal	Date Tested _____	Score _____	Version Taken _____
<input type="checkbox"/> Info Update	Date Tested _____	Score _____	Version Taken _____
Comments _____			

Approved By _____	Date _____	Registration Expires _____	