



Wastewater Treatment System Application

General Information

Property Owner _____ Phone # _____
Mailing Address _____ City _____ ST _____ Zip _____
Email _____
Applicant / Agent _____ Phone # _____
Mailing Address _____ City _____ ST _____ Zip _____
Email _____

Site Information

Site Address _____ Parcel Size _____
(Contact Gallatin County GIS Department 406.582.3049 for address)
COSA _____ EQ # _____
(Certificate of Subdivision Approval/Release of Sanitary Restrictions OR Public System Approval)
Lot/Tract _____ Block _____ COS/Minor Sub _____ Section _____ Township _____ Range _____
Site Evaluation # _____ Groundwater Monitoring # _____
Is this related to an active compliance case Yes No

Purpose of Application – Mark all that apply in each section

New
 Upgrade/Expansion (show existing system on site plan)
 Replacement Failed Yes No (Describe Below)
 Permit Modification (complete Permit Modification Section)
 Plumbed Detached Structure (complete Detached Structure Section)
 Existing Permit #(s) _____
Date septic tank last pumped _____
 Residential (complete Residential Section)
 Commercial (complete Commercial Section)
 Individual/Shared
 Multiple-User
 Public

Residential Yes No

of Living Units _____ Total Residential Flow/GPD _____
of Bedrooms in each living unit (add 1 for unfinished basement) _____
Describe living unit(s) & failure (if applicable) _____

Permit Modification Yes No

An issued Authorization to Construct that is not expired.
 Any change to an existing permit to operate with no physical change to the wastewater treatment system components.
Reason for Request _____

Plumbed Detached Structure(s) Yes No ****Do NOT complete this section for separate living units**

Will the structure(s) be used for Private/Personal Commercial (complete Commercial Section)

Will the structure(s) have bedrooms or sleeping accommodations? Yes No How many _____

Will the structure(s) have kitchen facilities? Yes No

Describe use _____

Commercial Yes No

of commercial units _____ (Commercial unit means the area under one roof that is occupied by a business or other nonresidential use. A building housing two businesses is considered two commercial units. ARM 17.36.101 and ARM 17.36.912)

Describe the nature of each business to be served and failure (if applicable). Be specific _____

Will septic system serve a food service establishment? Yes No

and size of grease traps _____ (show on site plan)

Will there be any floor drains? Yes No If yes, contact GCCHD to discuss EPA requirements

If not Public, describe in detail how the number of people using the system (employees & customers) will NOT exceed 24 people per day for more than 60 days a year. _____

What quantity & type of wastewater will be generated by the facility? Be specific & show calculations

Strength of wastewater Residential Other Describe _____

Maximum # of employees per day _____ GPD per employee _____ Total GPD for employees _____

Maximum # of customers per day _____ GPD per customer _____ Total GPD for customers _____

Total Commercial Flow / GPD _____

_____ I certify that the wastewater treatment system will not serve more than 24 people daily for more than 60 days per year.
Initial

System Design

Type of System Proposed _____

Level II Component? Yes No Make & Model _____

Design flow – Total GPD for the wastewater treatment system (Residential + Commercial) _____

Size & type of septic & pump tank _____

_____ I hereby attest that I am the legal owner of the property or an agent thereof and that the information provided is complete and accurate to the best of my knowledge.
Initial

_____ I understand that a change in use or any modifications may require review and approval by the Health Officer.
Initial

_____ I further certify that the wastewater treatment system will be installed according to state and local regulations for Wastewater Treatment Systems and any conditions specified on the Authorization to Construct.
Initial

Signature _____ **Date** _____