

Instructions for Plan Review Water/Wastewater Summary

1. Establishment

Provide the establishment's name and location. If available provide the license number issued by the Montana Department of Public Health and Human Services (MDPHHS).

2. Legal Description of Property

The establishment's property location legal description and a copy of the Certificate of Subdivision Approval (COSA) if applicable. This can be obtained at the Gallatin County Clerk and Records Office (406.582.3050). If you have questions call our office at 406.582.3120 for assistance.

3. Business

Briefly describe the type of business. If applicable provide the number of meals served daily.

- Quantity of wastewater can be found in Circular DEQ 4-Montana Standards for Subsurface Wastewater Treatment Systems, 2013 Edition, Chapter 3.
- To determine the type of wastewater that will be generated by the establishment go to Typical Wastewater Flows From Commercial, Industrial, And Other Nonresidential Sources (Table 3.1-1 and/or Table 3.1-2).

<http://healthygallatin.org/wp-content/uploads/2014/04/DEQ4-2013-Final1.pdf>

4. Water Supply

- **Private** If system is non-public provide current (within last 3-months) water testing results from an analytical testing laboratory.
Circular FCS 1-2012 will apply to non-public water supplies serving licensed establishments and you must meet the standards described.

<https://dphhs.mt.gov/Portals/85/publichealth/documents/FCS/CircularFcs12012.pdf>

- **Public** Provide a copy of a current utility bill or letter from the public entity as evidence of service.

5. Wastewater

- **Private** If the establishment is using a private wastewater treatment system the permit number can be found at <http://healthygallatin.org/septic-records/> or contact our office for assistance (406.582.3120)
- **Public** Provide a copy of a current utility bill or letter from the public entity as evidence of service.



Licensed Establishment Plan Review Water/Wastewater Summary

Complete all sections – mark NA if not applicable (instructions on back)

1.	Establishment Name _____ License # _____ Physical Address _____ City _____
2.	Legal Description of Property COSA _____ EQ # _____ (Certificate of Subdivision Approval/Release of Sanitary Restrictions OR Public System Approval) Lot/Tract _____ Block _____ COS/Minor Sub _____ Section _____ Township _____ Range _____ What does COSA/Public System allow _____ _____
3.	Business Type of Business _____ If applicable # of meals served daily _____ What quantity & type of wastewater will be generated by the facility _____ _____ Maximum # of employees per day _____ Maximum # of customers per day _____ Total Commercial Flow / GPD _____ Is a grease trap provided? Yes <input type="checkbox"/> No <input type="checkbox"/> Size & Location _____ How will the grease trap be cleaned and maintained? _____ _____
4.	Water Supply <input type="checkbox"/> Private Current water testing results for both bacteria (coliform) and nitrates are required <input type="checkbox"/> Public Name of Entity/PWSID Number _____
5.	Wastewater <input type="checkbox"/> Private Local wastewater treatment permit # _____ Approved for _____ <input type="checkbox"/> Public Name of Entity _____