



25 W. Front St., Butte MT 59701-2801  
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<http://www.co.silverbow.mt.us/135/Health>  
Prevent. Promote. Protect.

## Butte Silver Bow City County Health Department

### Onsite Wastewater Treatment System Application

Date: \_\_\_\_\_

**Owner of Record Information**

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_ Owner's Email Address: \_\_\_\_\_

**Applicant Information** (if same as above mark yes) \_\_\_\_\_ Yes

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Phone #: \_\_\_\_\_ Applicant's Email: \_\_\_\_\_

**Property Information**

Address of Property: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Geo Code: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Size of the Parcel/Lot: \_\_\_\_\_

**Wastewater System Information**

New: \_\_\_\_\_ Replacement: \_\_\_\_\_ Modification: \_\_\_\_\_

**Wastewater System Use**

Residential: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_

Will the basement be finished \_\_\_\_\_ or unfinished \_\_\_\_\_ (unfinished basement is an additional bedroom)

Commercial – Describe Use: \_\_\_\_\_

# of Employees \_\_\_\_\_ # of Customers \_\_\_\_\_

Other – Describe Use: \_\_\_\_\_

Size of Septic Tank in Gallons: \_\_\_\_\_

Septic System Installer: \_\_\_\_\_

(Must be an approved Licensed Installer by the Butte Silver Bow Environmental Health Department)

**Wastewater System Site Evaluation**

MT DEQ (Department of Environmental Quality) Certification of Subdivision Approval

E.Q. Number: \_\_\_\_\_

Local Approval – Engineering or Land Development Firm Completed System Design:

**Set Back Distances**

Will the Drainfield be:

At least 100 ft from the Well Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

At least 100 ft from the Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

At least 100 ft from the Surface Water Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

Will the lowest part of the Drainfield be at least 4 ft above groundwater Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

At least 10 ft from the Foundations yes no unsure Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

At least 25 ft from any Slope greater than 35% Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

Will the Septic Tank Be:

At least 50 ft from the Well Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

Out or the 100 year floodplain Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

At least 10 ft from the property line Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

At least 50 ft from Surface Water Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

Placed in Groundwater Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

At least 10 ft from the Foundations Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

At least 25 ft from any Slope greater than 35% Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

**Site Plan:**

Attached is a site plan (no larger than 11" by 17 ") showing the location (existing and proposed) of all features (existing and proposed) listed below. Site plans can, but don't have to be prepared to scale by a profession engineer or architect. If the site plan is not drawn to scale, include enough measurement to accurately depict where everything is on the property. A site plan is to include the below information:

- \*Property Lines
- \*Buildings
- \*Roads & Driveways
- \*Well and Wastewater System with 100 feet of your property
- \*Wastewater System and Replacements
- \*Surface Water
- \*Floodplain & Floodprone Areas
- \*Water Supplies (wells)
- \*Easements

I hereby declare that the information above is true, complete, and correct to the best of my knowledge. I will install the waste water treatment system according to the Silver Bow County Regulations and the terms of the permit.

I acknowledge that the County has not designed my system and these requirements do not bind or obligate the County to guarantee the system operation. I further agree to give the Butte Silver Bow City County Health Department one (1) working day notice for inspection of the system before it is covered.

Applicant's Signature: \_\_\_\_\_

Date

**Office Use**

Septic Permit #: \_\_\_\_\_

Septic Permit Fee: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check # \_\_\_\_\_