



Wastewater Treatment System Application

General Information

Property Owner _____ Phone # _____

Mailing Address _____ City _____ ST _____ Zip _____

Email _____

Applicant / Agent _____ Phone # _____

Mailing Address _____ City _____ ST _____ Zip _____

Email _____

GCCHD reviews applications electronically, therefore email is the primary correspondence method. Contact us for other arrangements

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)

Geocode _____

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

- | | |
|---|---|
| <input type="checkbox"/> New
<input type="checkbox"/> Upgrade/Expansion (show existing system on site plan)
<input type="checkbox"/> Replacement Failed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If failed: <input type="checkbox"/> Catastrophic <input type="checkbox"/> Non-Catastrophic
<input type="checkbox"/> Permit Modification (complete Permit Modification Section)
<input type="checkbox"/> Plumbed Detached Structure (complete Detached Structure Section)
<input type="checkbox"/> Existing Permit #(s) _____
Proof of pumping required for all existing systems on the Tract of Record | <input type="checkbox"/> Residential (complete Residential Section)
<input type="checkbox"/> Commercial (complete Commercial Section)
<input type="checkbox"/> Mixed Use (complete both)
<input type="checkbox"/> Individual (1 connection or unit)
<input type="checkbox"/> Shared (2 connections or units)
<input type="checkbox"/> Multiple-User (3-14 connections or units)
<input type="checkbox"/> Public (15 or more connections/units OR serves 25 or more people per day for 60 or more days per year) |
|---|---|

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 unit(s)****

- 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 _____

System Design

Type of System Proposed _____

Level II or NSF 245 Component? Yes No Manufacturer _____

Model _____

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

Size & type of tank(s) proposed _____

The following must be completed by the deeded property owner(s). If more than one person shown on the deed, each owner must sign. In the case of a corporation, limited liability company, etc., the applicant must submit documentation of signatory authority.

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

_____ I certify that the wastewater treatment system will not serve more than 24 people daily for more than 60 days per
Initial year, unless I have obtained the public system approvals necessary.

_____ I understand and agree that, if approved, the Authorization to Construct for the system proposed herein is
Initial valid for 24 months unless otherwise specified.

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

_____ I understand that any Authorization-to-Construct is only valid for a single scheduled inspection. Any components
Initial not installed at the time of inspection will require a new application, applicable supplemental documentation, and corresponding fee(s).

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

_____ I/We have designated _____
Initial to act as an authorized agent on our behalf for the purpose of providing additional information or revisions to this Application. I/We further understand that revisions may require a new application to be signed and submitted by all property owner(s).

Property Owner Name (print) _____

Signature _____

Date _____

(If necessary)

Property Owner Name (print) _____

Signature _____

Date _____

(If necessary)

Property Owner Name (print) _____

Signature _____

Date _____