

ON SITE SEWAGE DISPOSAL
PERMIT APPLICATION



STILLWATER COUNTY
ENVIRONMENTAL HEALTH DEPARTMENT
PO BOX 1276 / 431 Quarry Road
Columbus, MT. 59019
Phone: 322-8055 Fax: 322-1118

APPLICATION NO. _____
OFFICE USE ONLY
FEE PAID _____
CHECK # _____

Owner of Record _____ Date: _____
Phone: _____
Address of Record Owner: _____
Rural Address: _____
Legal Description _____
Name of Subdivision & Parcel Identification: _____
Size of Parcel: _____
Number of Bedrooms: _____ Type of Dwelling: _____

SITE EVALUATION

Percolation Rate _____ min/in Soils Application Rate _____ gpd/ft.
Depth to Seasonal High Groundwater _____
How was this determined? _____
Date Determined _____
Depth to Bedrock _____

DISPOSAL SYSTEM

Septic tank size _____ gal. Length Drainfield _____ ft.
Distance from septic tank to foundation _____ ft.
Distance from septic tank to property line _____ ft.
Distance from septic tank to well _____ ft.
Distance from septic tank to state water (irrigation, stream, lake or pond) _____ ft.
Distance from septic tank to 100 year floodplain _____ ft.

Distance from drainfield to foundation _____ ft.
Distance from drainfield to property line _____ ft.
Distance from drainfield to well _____ ft.
Distance from drainfield to state water (irrigation, stream, lake or pond) _____ ft.
Distance from drainfield to 100 year floodplain _____ ft.
Distance from drainfield to any slope of 25% or greater _____ ft.

Please include a sketch of proposed disposal system (include unit, nearest well, stream, irrigation ditch, lake, 100 year floodplain.

I hereby acknowledge that the sewage disposal system for the above dwelling or facility will be installed by a Stillwater County approved licensed installer or self installed.

Owner of Record: _____
Signature

Installer: _____
Name