



**STILLWATER COUNTY  
ENVIRONMENTAL HEALTH  
PO Box 1276 / 431 Quarry Rd  
Columbus, Montana 59019  
(406) 322-8055**

**APPLICATION**  
for  
**ON-SITE WASTEWATER TREATMENT SYSTEM**

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

New Construction (\$150 fee) \_\_\_\_\_ Repair/Replace Existing System (\$100 fee) \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO STILLWATER COUNTY.**

**PLEASE INCLUDE A SITE PLAN WITH APPLICATION.**

**Rural Address Location:** \_\_\_\_\_  
(MUST HAVE VALID ADDRESS ASSIGNED BY SWC DES BEFORE SUBMITTING APPLICATION)

Legal Description: Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Tract \_\_\_\_\_ COS/PLAT # (If applicable): \_\_\_\_\_

Owner of Record: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Dwelling (residential/shop/etc.): \_\_\_\_\_

Number of bedrooms or estimated wastewater flow (gpd): \_\_\_\_\_

Installer: \_\_\_\_\_

**Acknowledge:**

I hereby declare that the information above is true, complete and correct to the best of my knowledge. The system will be installed in accordance with Stillwater County Wastewater Disposal and Treatment Regulations and the terms of the permit. I acknowledge that Stillwater County has not designed my system and that these requirements do not bind or obligate Stillwater County to guarantee this systems operation. I further agree to have the system inspected for compliance before backfilling.

Applicant: \_\_\_\_\_  
(Owner of Record)

\_\_\_\_\_  
(Date)