



REQUEST FOR SEPTIC PERMIT INFORMATION

Complete as much information as possible and submit request to the City-County Health Department. You may also fax the request to (406) 454-6959 or email it to sanitarians@casadecountymt.gov.

Property Information

Property Owner's Last Name

First Name

Address Where System is Installed

Year Installed

Original Owner's Last Name (owner when installed)

Parcel ID # _____ Geo Code # _____

Section _____ Township _____ Range _____

Name of Subdivision/Phase _____

Lot# _____ Block# _____

How would like the septic permit information sent?

Email _____

Fax # _____ Attn: _____

Contact information

Name of Party Requesting

Phone Number

*Well logs can be obtained at Montana Groundwater Information Center web page:
<http://mbmggwic.mtech.edu>