



## CASCADE COUNTY SUBSURFACE WASTEWATER TREATMENT SYSTEM Permit Application Form

**Directions:** Fill out the following application completely and submit with appropriate septic permit application fee. Minimum requirement for a permit may include submitting a copy of a Certificate of Survey, excavating an 8' deep test pit within 25 feet of the proposed system, performing a percolation test, taking a nitrate sample from an existing or nearby well, and/or providing additional information to fulfill the minimum requirements outlined in the Cascade County Wastewater Treatment System Regulations.

\_\_\_\_\_  
Property Owner Last Name (Company if Commercial)                      First Name                      Property Owner Other

\_\_\_\_\_  
\*Address Where System is to be Installed                      City/Town                      Home phone / Cell phone

\*(If new construction, address may be issued following septic permit approval)

\_\_\_\_\_  
Current Mailing Address                      City/Town                      State                      Zip Code                      Owner email (to send copy of permit)

# of Acres \_\_\_\_\_ Residence or Commercial R/C # of Bedrooms \_\_\_\_\_ # of People on System \_\_\_\_\_

Parcel ID # \_\_\_\_\_ Geo Code # \_\_\_\_\_ New or Replacement System? **NEW / REP**

Are there existing or planned water treatment systems in the home? **YES/ NO** (Ex. H2O softener, RO units, Other \_\_\_\_\_)

Is Property Located in Approved Subdivision **YES / NO**

Name of Subdivision: \_\_\_\_\_ Subdivision Approval Number: \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Other Legal Description: \_\_\_\_\_ Water Supply: \_\_\_\_\_

If Well, Depth in Feet \_\_\_\_\_ Is Property Located in 100 Year Floodplain? **YES / NO**

Is proposed drainfield 100' from surface bodies of water (ponds, rivers, creeks, etc)? **YES / NO**

Are there any Sanitary Restrictions or easements on this property which would prohibit the construction of a structure requiring water and sewer (i.e. agricultural exemption, sanitation act exemptions not on plat)? **YES / NO**

This information is correct to the best of my knowledge. **I understand that if any of the application information is found to be incorrect, and/or any restrictions, delinquent taxes or community decay citations placed on this property have not been properly removed at the time the permit is issued, my application and/or permit will be invalid.** This permit does not obligate this office to guarantee the performance of the system. The permit is issued based on sizing requirements based on application information, previous permits issued for property if any, and on-site evaluation as set forth by the State of Montana and adopted by Cascade County. Permittee shall provide 24 hr notice prior to any required inspection by the department. Permit will be invalid if system is not installed within 180 days of issue date. THIS PERMIT IS ISSUED WITH THE UNDERSTANDING THAT THE MINIMUM REQUIREMENTS OF CASCADE COUNTY REGULATIONS FOR SUBSURFACE WASTEWATER TREATMENT SYSTEMS WILL BE MET.

\_\_\_\_\_  
**Signature of Applicant (Owner of property)**                      **Date**

Prior to issuance of a septic permit, approval by the Cascade County Planning Department must be obtained for compliance with Zoning, Floodplain, Commercial Development, and Subdivision Regulations.

**County Planning Dept./ Location Conformance**                      \_\_\_\_\_

**Permit Application #** \_\_\_\_\_ **Date** \_\_\_\_\_ **Septic Fee Amount Paid**