



CASCADE COUNTY SUBSURFACE WASTEWATER TREATMENT SYSTEM
INSTALLER REPORT FORM

CITY-COUNTY HEALTH DEPARTMENT, 115 4TH St South, Great Falls, MT 59401

Property Owner's Name _____ Permit # _____
Property Address _____

Location of:
[] Septic tank
[] Drain field
[] Replacement area
[] Wells (Existing, Proposed, Neighbor)
[] Cistern
Distance from tank to:
[] Structure(s)
[] Drain field
[] Well / Cistern
Distance from drain field to:
[] Well / Cistern
[] Property lines
[] Surface water
[] 100-year Floodplain
Indicate:
[] % Slope across drain field
[] Direction of slope
See back for example diagram



CHECKLIST (Please populate all applicable spaces)

1. Septic Tank + Dose Tank (if pumped)

- a. Size: _____ gallons
b. Type: Concrete / Poly
c. Approved Effluent Filter - Yes / No
d. Baffles - Yes / No
e. Access Port w/in 1' of surface - Yes / No

2. Pressure Dosed Systems:

- a. Squirt Test Date _____
b. Alarm Working - Yes / No
Hardwired when tested - Yes / No
d. Pump dynamic head _____
e. Pump GPM _____

3. Drainfield

- a. Lineal Feet Installed _____
b. Gravel or Gravel-less Trenches
c. If Gravel-less, Chamber Width _____ inches
d. If Gravel, Trench Width _____ inches
e. Inches of Gravel under pipe _____
f. Inches of Gravel over pipe _____
h. Trench Depth _____ inches
i. Distance from water/well _____
k. Ground water depth _____
l. Depth to bedrock _____

Installer Signature _____

Date _____

Health Authority Signature _____

Date _____

Approved (Yes/No)

SAMPLE LOT LAYOUT TEMPLATE - INSTALLER REPORT

