



Wastewater Treatment System Application

General Information

Property Owner Phone #
Mailing Address City ST Zip
Email
Applicant / Agent Phone #
Mailing Address City ST Zip
Email

Site Information

Site Address Parcel Size
(Contact Gallatin County GIS Department 406.582.3049 for address)
COSA EQ #
(Certificate of Subdivision Approval/Release of Sanitary Restrictions OR Public System Approval)
Lot/Tract Block COS/Minor Sub Section Township Range
Site Evaluation # Groundwater Monitoring #
Is this related to an active compliance case Yes No

Purpose of Application - Mark all that apply in each section

Checkboxes for application purposes: New, Upgrade/Expansion, Replacement, Permit Modification, Plumbed Detached Structure, Existing Permit, Residential, Commercial, Individual/Shared, Multiple-User, Public.

Residential Yes No

# of Living Units Total Residential Flow/GPD
# of Bedrooms in each living unit
Describe living unit(s) & failure (if applicable)

Permit Modification Yes No

Checkboxes for permit modification: An issued Authorization to Construct that is not expired, Any change to an existing permit to operate with no physical change to the wastewater treatment system components. Reason for Request

**Plumbed Detached Structure(s)**  Yes  No **\*\*Do NOT complete this section for separate living units**

Will the structure(s) be used for  Private/Personal  Commercial (complete Commercial Section)

Will the structure(s) have bedrooms or sleeping accommodations?  Yes  No How many \_\_\_\_\_

Will the structure(s) have kitchen facilities?  Yes  No

Describe use \_\_\_\_\_

**Commercial**  Yes  No

# of commercial units \_\_\_\_\_ (Commercial unit means the area under one roof that is occupied by a business or other nonresidential use. A building housing two businesses is considered two commercial units. ARM 17.36.101 and ARM 17.36.912)

Describe the nature of each business to be served and failure (if applicable). Be specific \_\_\_\_\_

Will septic system serve a food service establishment?  Yes  No

# and size of grease traps \_\_\_\_\_ (show on site plan)

Will there be any floor drains?  Yes  No If yes, contact GCCHD to discuss EPA requirements

If not Public, describe in detail how the number of people using the system (employees & customers) will NOT exceed 24 people per day for more than 60 days a year. \_\_\_\_\_

What quantity & type of wastewater will be generated by the facility? Be specific & show calculations

Strength of wastewater  Residential  Other Describe \_\_\_\_\_

Maximum # of employees per day \_\_\_\_\_ GPD per employee \_\_\_\_\_ Total GPD for employees \_\_\_\_\_

Maximum # of customers per day \_\_\_\_\_ GPD per customer \_\_\_\_\_ Total GPD for customers \_\_\_\_\_

Total Commercial Flow / GPD \_\_\_\_\_

\_\_\_\_\_ I certify that the wastewater treatment system will not serve more than 24 people daily for more than 60 days per year.  
*Initial*

**System Design**

Type of System Proposed \_\_\_\_\_

Level II Component?  Yes  No Make & Model \_\_\_\_\_

Design flow – Total GPD for the wastewater treatment system (Residential + Commercial) \_\_\_\_\_

Size & type of septic & pump tank \_\_\_\_\_

\_\_\_\_\_ I hereby attest that I am the legal owner of the property or an agent thereof and that the information provided is complete and accurate to the best of my knowledge.  
*Initial*

\_\_\_\_\_ I understand and agree that, if approved, the Authorization to Construct for the system proposed herein is valid for 24 months unless modified by the Health Officer.  
*Initial*

\_\_\_\_\_ I understand that a change in use or any modifications may require review and approval by the Health Officer.  
*Initial*

\_\_\_\_\_ I further certify that the wastewater treatment system will be installed according to state and local regulations for Wastewater Treatment Systems and any conditions specified on the Authorization to Construct.  
*Initial*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_