Gallatin City-County Health Department, Environmental Health Services
215 W. Mendenhall Rm 108, Bozeman, MT 59715 (406) 582-3120

Wastewater Treatment System Application

General Information

Property Owner_____ Phone #_____

Mailing Address _____ City_____ ST_____ Zip_____

Email_____

Applicant / Agent_____ Phone #_____

Mailing Address _____ City_____ ST_____ Zip_____

Email_____

GCCHD reviews applications electronically, therefore email is the primary correspondence method. Contact us for other arrangements

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)

Geocode_____

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

☐ New

☐ Upgrade/Expansion (show existing system on site plan)

☐ Replacement Failed? ☐ Yes ☐ No

If failed: ☐ Catastrophic ☐ Non-Catastrophic

☐ Permit Modification (complete Permit Modification Section)

☐ Plumbed Detached Structure (complete Detached Structure Section)

☐ Existing Permit #(s)_____

Proof of pumping required for all existing systems on the Tract of Record

☐ Residential (complete Residential Section)

☐ Commercial (complete Commercial Section)

☐ Mixed Use (complete both)

☐ Individual (1 connection or unit)

☐ Shared (2 connections or units)

☐ Multiple-User (3-14 connections or units)

☐ Public (15 or more connections/units OR serves 25 or more people per day for 60 or more days per year

Residential ☐ Yes ☐ No

of Living Units_____ Total Residential Flow/GPD_____

# of Bedrooms in each living unit (add 1 for unfinished basement) _____

Describe living unit(s) & failure (if applicable)_____

Permit Modification ☐ **Yes** ☐ **No**

☐ 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 unit(s)****

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_____

System Design

Type of System Proposed_____

Level II or NSF 245 Component? ☐ Yes ☐ No Manufacturer_____

Model_____

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

Size & type of tank(s) proposed _____

The following must be completed by the deeded property owner(s). If more than one person shown on the deed, each owner must sign. In the case of a corporation, limited liability company, etc., the applicant must submit documentation of signatory authority.

_____ I hereby attest that I am the legal owner of the property and that the information provided is
Initial complete and accurate to the best of my knowledge.

_____ I certify that the wastewater treatment system will not serve more than 24 people daily for more than 60 days per
Initial year, unless I have obtained the public system approvals necessary.

_____ I understand and agree that, if approved, the Authorization to Construct for the system proposed herein is
Initial valid for 24 months unless otherwise specified.

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

_____ I understand that any Authorization-to-Construct is only valid for a single scheduled inspection. Any components
Initial not installed at the time of inspection will require a new application, applicable supplemental documentation, and corresponding fee(s).

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

_____ I/We have designated _____
Initial to act as an authorized agent on our behalf for the purpose of providing additional information or revisions to this Application. I/We further understand that revisions may require a new application to be signed and submitted by all property owner(s).

Property Owner Name (print) _____

Signature _____

Date_____

(If necessary)

Property Owner Name (print) _____

Signature _____

Date_____

(If necessary)

Property Owner Name (print) _____

Signature _____

Date_____