



**Fergus County Subsurface Wastewater Treatment System**  
 712 W. Main Street Suite 101  
 Lewistown, Montana 59457

**Permit Application**

**Directions:** Fill out the following application form completely and submit, along with the Soil Profile and proposed Site Report to the Planning Office. The appropriate Permit Application fee is due at that time.

Property Owner: \_\_\_\_\_ Agent Applicant: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Purpose of Application (Mark all that apply)**

- New  Upgrade  Replacement
- Previous Permit # \_\_\_\_\_ Failed?  Yes  No
- Residential  Shared  Commercial
- Single Family  Multiple User  Public
- Industrial

**If Replacement (check one)**

Tank Only: \_\_\_\_\_ Drainfield Only: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Total System: \_\_\_\_\_

**Other Information:**

# if Bedrooms: \_\_\_\_\_ Basement:  Yes  No  Unfinished  
 Estimated flow rate (Gal per day): \_\_\_\_\_

**Legal Address of Property:** \_\_\_\_\_

_____	_____	_____	_____	_____
Lot#	Block#	Subdivision Name	COS#	
_____	_____	_____	_____	_____
Geocode	Section	Township	Range	#Acres

**Name of Installer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 Square Footage of Drain Field: \_\_\_\_\_ Gravel System: \_\_\_\_\_ Gravel less Chambered System: \_\_\_\_\_

**This information is correct to the best of my knowledge.** The permit does not obligate Fergus County to guarantee the performance of the system. The permit is issued based on minimum sizing requirements based on application information, previous permits issued for the property, if any, and on-site evaluation as set forth by the State of Montana and adopted by the Fergus County. Permittee shall provide 24 hour notice prior to any required inspection by the department. Permit will be invalid if the system is not installed within 12 months of issue date.

\_\_\_\_\_  
 Signature of Applicant Date

New System Fee (Certified Installer):	\$200.00	Date Fee Received: _____
New System Fee (Owner Installed or by uncertified Installer)	\$650.00	Fee Amount Paid: _____
		Initials that fees were Received: _____

Site Visit	\$275.00
Non-Standard System (\$157.00/hr)	Hourly



Septic Permit # \_\_\_\_\_

**Fergus County Subsurface Wastewater Treatment System**  
712 W. Main Street suite 101  
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**Site Plan Layout**

Property Owner: \_\_\_\_\_

Installer: \_\_\_\_\_

Site Address Location: \_\_\_\_\_

In the space below, sketch the proposed wastewater treatment system. Include the following: (1) property boundaries; (2) water supply location(s); (3) drainages and surface waters (rivers, streams, canals, irrigation ditches); (4) floodplains and floodways; (5) proposed / existing buildings; (6) location of driveway and roads; (7) location of proposed system (must be located in DEQ or County Sanitarian approved area); (8) percolation and/or test pit locations; (9) direction and the degree of slope in the drainfield area; and (10) designated replacement area. Measure and record distances from the proposed system location and the items identified on the layout.

**North**

Directions to find the property: \_\_\_\_\_

\_\_\_\_\_

The information given on this form is true to the best of my knowledge and I understand that if any application information is found to be untrue, my application and permit will be invalid. I also understand that the permit fee may not be refundable. I further understand that inspection and approval of this treatment system does not constitute assumption by the County Sanitarian or its representatives of liability for the failure of the system. I, as property owner, shall be responsible for the proper maintenance of the system and for abatement of any nuisance arising from its failure.

By my signature below, I am stating that I understand that my septic system must be installed in a DEQ or County Sanitarian approved area.

Signature of Property Owner: \_\_\_\_\_



Septic Permit # \_\_\_\_\_

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**Site Evaluation Report**

Property Owner: \_\_\_\_\_ Installer: \_\_\_\_\_

Site Address Location: \_\_\_\_\_ Soil Evaluator: \_\_\_\_\_

Complete site evaluations are mandatory for new systems that require local review prior to permit issuance. This report must be completed by a Certified septic installer or a person officially recognized by the County Sanitarian as knowledgeable in soils and geology.

Percolation test results and a soil profile description are normally not required for replacement of existing systems. However, the County Sanitarian reserves the right to require site evaluation information for replacements on a case by case basis.

**Percolation Test Results:** \_\_\_\_\_ min/inch

This test must be done in accordance with Circular DEQ-4 in the area of the proposed drainfield. Detailed percolation test data sheet must accompany application.

Soil Description	Depth (in inches)	Soil Description	Depth (in inches)
1.		4.	
2.		5.	
3.		6.	

**Depth to Seasonal High Groundwater:** \_\_\_\_\_ feet

How determined: \_\_\_\_\_ Date of determination: \_\_\_\_\_

\*Marginal sites may require groundwater monitoring\*

**Depth to Bedrock:** \_\_\_\_\_ feet

How determined: \_\_\_\_\_

**Potential for flooding:** \_\_\_\_\_

**Other information provided:** \_\_\_\_\_

**STATEMENT OF ACCURACY:**

I, \_\_\_\_\_, have completed this report and hereby declare that the information herein provided is true, complete and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

License No: \_\_\_\_\_ Title: \_\_\_\_\_