



**SUBSURFACE WASTEWATER TREATMENT SYSTEM  
SITE VISIT REQUEST FORM**

Directions: Fill out the following request form **completely** and submit the appropriate fee. Minimum requirements for obtaining a subsurface wastewater treatment system include a copy of the survey for your property/parcel from the **Clerk & Recorder's Office**, excavating an 8-foot hole in the area of the proposed drainfield, taking a nitrate sample from an existing or nearby well or providing other information to fulfill the minimum requirements outlined in the CMHD Regulations for Subsurface Wastewater Treatment Systems.

**PROPERTY OWNER INFORMATION/PROPERTY INFORMATION**

Property Owner: Last Name or Company Name	First Name	Property Owner: Other Names
Address Where System is to be Installed	City/Town	Phone #
Current Mailing Address	City/State	Zip/Code

Lot # \_\_\_\_\_ Block # \_\_\_\_\_ Subdivision Name \_\_\_\_\_ COS # \_\_\_\_\_

1/4 \_\_\_\_\_ Section # \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ # of Acres \_\_\_\_\_ Residence/Commercial \_\_\_\_\_ # Bedrooms \_\_\_\_\_ #People \_\_\_\_\_

Geocode: \_\_\_\_\_ County: \_\_\_\_\_

Other Legal Description: \_\_\_\_\_

Septic Needs: \_\_\_\_\_ New \_\_\_\_\_ Replacement Reason for Replacement: \_\_\_\_\_

Water Supply: \_\_\_\_\_ If well, depth \_\_\_\_\_ ft. Is property in 100 yr floodplain? \_\_\_\_\_

Directions to Property: \_\_\_\_\_

*This information is correct to the best of my knowledge. I understand that if any of this information is found to be incorrect and/or any restrictions of delinquent taxes placed on this property have not been properly removed at the time the permit is issued, this permit/application will be deemed invalid.*

Signature of Site Visit Applicant/ Purchaser \_\_\_\_\_

Date \_\_\_\_\_

System Type	Fee by Certified Installer	Fee by Uncertified Installer
New System	\$475.00 (Site visit included)	\$650.00 (Site visit included)
Site Visit Only	\$275.00	\$275.00
New System in an approved subdivision	\$150.00	\$300.00
Replacement Tank	\$75.00	\$125.00
Replacement Drainfield	\$150.00	\$300.00
System Without an Approved Permit	\$300 + Permit Fees	\$300 + Permit Fees

**FOR OFFICE USE ONLY**

Fee Amount Paid: \_\_\_\_\_

Date Fee Paid: \_\_\_\_\_

Check #: \_\_\_\_\_ Initial: \_\_\_\_\_

[onechc.org/centralmontanahealthdistrict.org](http://onechc.org/centralmontanahealthdistrict.org)

**ONE HEALTH · CENTRAL MONTANA HEALTH DISTRICT**

*Caring for our communities, one person at a time.*

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