

**BIG HORN COUNTY**  
**ENVIRONMENTAL HEALTH DEPARTMENT**  
 809 N CUSTER AVE  
 HARDIN, MT 59034



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**Application for**

Septic Permit #

**Subsurface Wastewater Treatment System Permit**

Directions: **Fill out the following application form completely** and submit the appropriate permit application fee. Minimum requirements for obtaining a subsurface wastewater treatment system may include obtaining a copy of the certificate of survey for your parcel of property from the **Clerk & Recorder's office**, excavating an 8 foot deep test pit in the area of the proposed system, performing a site visit, taking a nitrate sample from an existing or nearby well, and/or providing other information to fulfill the minimum requirements outlined in the Big Horn County Regulations for Subsurface Wastewater Treatment Systems.

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

<u>Lot#(s)</u>	<u>Block#</u>	<u>Subd/Addition:</u>	<u>COS#</u>
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<u>1/4 Sect.</u>	<u>Section</u>	<u>Twntshp</u>	<u>Range</u>	<u># of acres</u>	<u>Residence or Commercial</u>	<u># of bedrooms</u>	<u># of people on system</u>
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**GeoCode#** \_\_\_\_\_ **County:** \_\_\_\_\_

**New or Replacement System?** \_\_\_\_\_ **Reason for replacing:** \_\_\_\_\_

**Other Legal Description** \_\_\_\_\_

**Water Supply** \_\_\_\_\_ **If well, depth in feet** \_\_\_\_\_ **Is your property in a 100 yr flood plain** \_\_\_\_\_

**Is drainfield 100 feet from surface bodies of water** (wells, ponds, river, creeks, etc.) \_\_\_\_\_ **Perc. Rate (if required)** \_\_\_\_\_

**Are there any sanitary restrictions on the property which would prohibit the construction of a structure requiring water and sewer, (i.e. agriculture or sanitation act exemptions noted on plat)?** \_\_\_\_\_

*This information is correct to the best of my knowledge. I understand that if any of the application information is found to be incorrect and/or any restrictions or delinquent taxes placed on this property have not been properly removed at the time that the permit is issued, my application will be invalid. The permit is issued based on the 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 BHCPH. The permit holder shall provide 24-hour notice prior to any required inspection by the department. Permit will be invalid if system is not installed within 12 months of issue date. **THE PERMIT IS ISSUED WITH THE UNDERSTANDING THAT THE MINIMUM REQUIREMENTS OF BHCPH REGULATIONS FOR SUBSURFACE WASTEWATER TREATMENT SYSTEMS WILL BE MET.***

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

Email Address: \_\_\_\_\_ Installer: \_\_\_\_\_

System Type	Fee by Engineer	Fee by Self-Designed
New System	\$150.00 (Site visit not included)	\$300.00 (Site visit included)
New System in an Approved subdivision	\$100.00	\$150.00
Replacement Tank	\$50.00	\$75.00
Replacement Drainfield	\$150.00	\$300.00

**FOR OFFICE USE ONLY**

Fee amount paid: \_\_\_\_\_

Date fee paid: \_\_\_\_\_

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