

PERMIT # _____

MADISON COUNTY APPLICATION FOR WASTEWATER TREATMENT SYSTEM

Incomplete applications will not be processed. All permits are valid for 12 months from date of issuance. After that time, a \$100.00 fee will continue the permit for another year. The permit is void if the system is not installed within 24 months, and another must be purchased.

PART A This is a New System _____ Upgrade or Replacement _____

1. Name of property owner: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
2. Name of Applicant: (if not the owner) _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
3. Name of Madison County Licensed Installer: _____
4. Authorized Road Address: _____
5. Legal Description of property: ___ 1/4 ___ 1/4, Section____, Township____, Range____, Acres____.
Subdivision _____ Lot #____ OR COS _____, Parcel or Tract _____
6. The number of structures, both existing and proposed, to be connected to the system _____ Number of bedrooms to be served by the system _____. OR Estimated volume of wastewater produced (for non-residences) _____.
7. Attach a site plan IAW the Madison County Wastewater Regulations 5.2.7 and described on the 2nd page of this application.
8. Attach a copy of the most current DEQ approval (COSA) or a Non-Degradation Analysis IAW MT MCA 75-5-303.
9. Include a fee in accordance with the Schedule of Fees found in Appendix A of the Madison County Wastewater Regulations. This fee is nonrefundable.
10. To protect the application’s interest, proof of compliance or the ability to comply with other agencies’, districts’ or other governmental entities’ bylaws, ordinances, zoning laws, rules or regulations, when deemed pertinent by the Department.

Make Checks payable to: Madison County Sanitarian

Submit application to: Madison County Sanitarian

PO Box 278

Virginia City, MT 59755

I hereby declare that the information above is true, complete and correct to the best of my knowledge.

The wastewater treatment system will be installed according to the Madison County Regulations for Wastewater Treatment Systems and the DEQ. I acknowledge that the Madison County Health Department is not bound or obligated to guarantee this systems’ operation. I further agree to give a minimum of 24 business-hours’ notice for inspection of the system and understand approval is required by this department before it is back filled.

Signature of Applicant

Dated

PART B

***** IMPORTANT *****

The application will not be accepted if any of the following site plan information is missing. **Must include:** ^aShape and size of the entire parcel, ^bproximity to all water supplied, other septic system(s), open bodies of water and floodplain within the property and within 100 feet of the property boundary, ^cdesign of the wastewater treatment system, ^darea of 100% replacement absorption system, ^elocation of any drainage ways, if present, ^flocation of all house site(s), driveways, outbuildings, etc. within the property boundary, ^gnorth point.

*All efforts must be made to keep the site plan contained within one sheet of paper. A two-page site plan can be accepted if scaling/sizing restricts resolution.

Example Site Plan:

