Teton County Wastewater Treatment System Permit Application

Owner's Name:			Phone:							
Owner's Address:										
Physical Address of Site:										
Assessment Code:	Geocode	:								
Legal Description: Section Township	Ra	ange I	Lot: Size of P	arcel:						
Setbacks Met For: Y	les No	Spec	cial Conditions		Yes	No				
Wells > 100 feet		Sani	tary Restrictions							
Surface Water >100 feet		Exis	ting System							
Floodplain > 100 feet		Upg	rade Required							
Property Lines, Buildings > 10 feet		Insic	Inside or Near Floodplain							
Water Lines > 10 feet		Publ	Public Sewer < 200 feet							
Groundwater/Bedrock >8 feet]								
Slope < 15%, Engineered 15-25%]								
Water Supply:		Backgrou	ind Nitrate:	mg/L						
Soil Type:	Тур	e of System: New	Replacemen	ıt						
Application Rate: Gal per day / sq f From: Plat Approval Site Evaluation	ť	Building:	Residential	Bedrooms Basement:	Gal/I Yes	Day No				
Engineer			Commercial	Gal/Day						
			Use:							
System Description: Septic Tank Gal	llons	Concrete	Other:							
Drainfield: line	eal feet o	f 24-inch 36-inch	Chambers Perforated Pipe Other:							
Additional Notes:										

This system does not meet minimum standards for subdivision and may limit ability of the owner to subdivide the property. Yes, explain:

Method used for nonsignificance determination pursuant to Water Quality Act and ARM 17.30.701 et al:

Fees must be paid to Teton County before a permit is valid. \$25 plus mileage round trip from Choteau to site using current State mileage rate.

Date Paid:

As permit applicant, I agree to comply with all the requirements for installation as described in the county regulations and conditions on the permit. The permit is valid for twelve (12) months from date of purchase. The wastewater treatment system must be completed and connected to a structure within this time and inspected by the county prior to covering the system. A copy of the permit must be on site at all times during construction and inspection of the system and a completed permit must be submitted to the Sanitarian's office.

Applicant:

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Provide drawing of system below or attach drawing that includes the following:

Plan for Proposed Wastewater Treatment System Plan for Proposed Replacement Area Property Lines Surface Water (Including Irrigation Ditches) Driveways & Parking Areas Existing & Proposed Structures Existing & Proposed Wells Existing Wastewater Systems Mixing Zone Location Utility Lines North Direction Arrow Legend and Scale Direction & Percent Slope 100-Year Floodplain Other Applicable Information

I certify that this septic system has been installed according to current County & State septic system regulations.

Septic Installer: _____

Print Name:

Plan Approved By: _____

Date: _____

Date:

Date: _____

Installation Inspected By:

Austin Moyer - Teton County Sanitarian - (406) 466-2150 - Sanitarian@3Rivers.Net