



STILLWATER COUNTY
ENVIRONMENTAL HEALTH
PO Box 1287/ 431 Quarry Rd
Columbus, Montana 59019
(406) 322-8055

APPLICATION
for
ON-SITE WASTEWATER TREATMENT SYSTEM

Date: _____

New Construction (\$200 fee) _____ Repair/Replace Existing System (\$200 fee) _____

PLEASE MAKE CHECKS PAYABLE TO STILLWATER COUNTY.

PLEASE INCLUDE A SITE PLAN WITH APPLICATION.

Rural Address Location: _____
(MUST HAVE VALID ADDRESS ASSIGNED BY SWC DES BEFORE SUBMITTING APPLICATION)

Legal Description: Section _____ Township _____ Range _____

Lot _____ Block _____ Tract _____ COS/PLAT # (If applicable): _____

Owner of Record: _____

Mailing address: _____

Phone: _____ Email: _____

Type of Dwelling (residential/shop/etc.): _____

Number of bedrooms or estimated wastewater flow (gpd): _____

Installer: _____

Acknowledge:

I hereby declare that the information above is true, complete and correct to the best of my knowledge. The system will be installed in accordance with Stillwater County Wastewater Disposal and Treatment Regulations and the terms of the permit. I acknowledge that Stillwater County has not designed my system and that these requirements do not bind or obligate Stillwater County to guarantee this systems operation. I further agree to have the system inspected for compliance before backfilling. As part of the Permit submission, applicant is required to submit information identified in the [Stillwater County Environmental Health Septic Permit Checklist](#) as well as the [Stillwater County Wastewater Disposal and Treatment Regulations](#).

Applicant: _____

(Owner of Record)

(Date)