



Sweet Grass County Environmental Health  
P.O. Box 888  
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### ONSITE WASTEWATER PERMIT APPLICATION

New Construction \_\_\_\_\_ Repair/Replacement \_\_\_\_\_ Site Visit \_\_\_\_\_ Permit Extension \_\_\_\_\_

#### Owner Information

Property Owner _____	Owner Agent _____
Mailing Address _____	
Email _____	Telephone Number _____

Rural Address Location: \_\_\_\_\_

#### LEGAL DESCRIPTION

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ ¼ Section \_\_\_\_\_ COS # \_\_\_\_\_  
Lot/Tract \_\_\_\_\_ Block \_\_\_\_\_ Subdivision Name \_\_\_\_\_ COSA # \_\_\_\_\_

#### SELECT ONE OPTION

- 1.) Residential \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ # of houses on System \_\_\_\_\_ Short-term rental? \_\_\_\_\_  
2.) Commercial \_\_\_\_\_ Type \_\_\_\_\_ # of People on System \_\_\_\_\_

Nitrate Results: \_\_\_\_\_ mg/L

Installer name: \_\_\_\_\_

#### 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 Onsite Wastewater 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 submissions, the applicant is required to submit information identified in the Stillwater County Onsite Wastewater Treatment Regulations.

\_\_\_\_\_  
Signature of Property Owner or Owner Agent

\_\_\_\_\_  
Date

#### REQUIRED ITEMS

- Water Sample Results (Nitrates)
- COS/Plat or COSA
- Site Plan

#### OFFICE USE ONLY

Date Paid: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Check # \_\_\_\_\_  
Comments: \_\_\_\_\_