



WASTE MANAGEMENT AND REMEDIATION DIVISION
 WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
 PO BOX 200901
 HELENA, MT 59620-0901
 406-444-5300

SEPTIC TANK, CESSPOOL, AND PRIVY CLEANER NEW DISPOSAL SITE APPLICATION FORM

(Complete one form for EACH new disposal site)

Section 1			
APPLICANT INFORMATION (Please Print)			
Name of Applicant:	Name of Business:	DEQ License Number:	
		<input type="checkbox"/> <i>New Applicant</i>	
Business Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
County:	Phone Number:	Fax Number:	
Location of Business Operation Records:			
Section 2			
DISPOSAL SITE INFORMATION (Complete as applicable – use one form for EACH site)			
Method of Disposal: <i>(Check all that apply)</i>			
<input type="checkbox"/>	Land Application Site	Complete Sections 3 & 5 of the application	
<input type="checkbox"/>	Wastewater Treatment Facility	Complete Sections 4 & 5 of the application	
<input type="checkbox"/>	Septage Processor or Composter	Complete Sections 4 & 5 of the application	
<input type="checkbox"/>	Licensed Class II Landfill	Complete Sections 4 & 5 of the application	
Waste Category: <i>(Check all that apply)</i>			Estimated total gallons during license year:
<input type="checkbox"/>	Septage		
<input type="checkbox"/>	Portable toilet/Vault toilet type waste		
<input type="checkbox"/>	Grease Trap Waste		
<input type="checkbox"/>	Sump Pumpings (specify type below)		
	<input type="checkbox"/> <i>Automatic Car Wash Bay Sump</i>		
	<input type="checkbox"/> <i>Attended Car Wash Bay Sump</i>		
	<input type="checkbox"/> <i>Unattended Car Wash Bay Sump</i>		
	<input type="checkbox"/> <i>Other Sump (specify type) _____</i>		
<input type="checkbox"/>	Graywater		
Section 3			
LAND APPLICATION SITE INFORMATION (Complete ALL of Section 3 for Land Application sites)			
Property Owner Full Legal Name: (ARM 17.50.803(5)a))		Property Owner Business/Organization Name as filed or registered with the Montana Secretary of State office: (ARM 17.50.803(5)(a))	
Property Owner Phone Number:		Property Owner FEDERAL TAX ID #: (Required if property owner is a business)	

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Property Owner Mailing Address:		City:	State:	Zip:
Site Physical Address:		City:	State:	Zip:
Directions to Site:				
Legal Description of Site: <i>(to nearest 1/4 section)</i> /4		Section:	Township:	Range:
County:		Type of Crop:		Estimated Depth to Ground Water:
Number of acres available for land application:		Crop Nitrogen Requirement: (pounds per acre per year --- <i>lbs N/acre/yr</i>)		Source of Ground Water Information:
Number of acres proposed for land application during license year:		Present use of adjacent lands:		Approximate Slope:
Soil Type:	Distance to nearest building:		Distance to closest surface water:	Is site zoned: <i>(If yes, list Zone. Zoning/Planning Officer signature required for zoned areas)</i>

SITE CRITERIA

- The site must be located outside the 100-year floodplain.
- Pumpings must not be applied within 150-ft of any state surface waters.
- Pumpings must not be applied within 100-ft of any state, federal, county or city highway or road.
- Pumpings must not be applied within 100-ft of a drinking water supply source.
- Pumpings must not be applied to lands with a slope greater than 6%.
- Pumpings being injected in to the soil must not be applied to lands with a slope greater than 12%.
- The site must be capable of handling the projected pumpings without exceeding the annual application rate (AAR).
- Pumpings must not be applied to lands that are likely to adversely affect threatened/endangered species or their habitat.
- Public access to the site must be restricted.
- Crop harvesting must be restricted at the site.
- Animal grazing must be restricted at the site.
- Litter will be controlled at the site. Litter must be removed within 6-hours of application.
- Local Health Department restrictions:

Have all site criteria been complied with? Yes No If not explain:

PROVIDE THE FOLLOWING DOCUMENTS WITH THE APPLICATION

	<p>LAND APPLICATION OPERATION AND MAINTENANCE PLAN - <i>An operation and maintenance plan MUST BE INCLUDED and provides provisions for EACH of the following items:</i></p> <ul style="list-style-type: none"> (a) Site access controls; (b) Types and sources of wastes; (c) Vector attraction, pathogen reduction measures; (d) Applicable animal grazing and crop harvesting restrictions; and (e) List of equipment available for managing each type of waste.
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(Section 3 – continued)

	<p>MAP - A sketch or map MUST BE INCLUDED that provides the following:</p> <p>(a) Property lines and boundary lines of : (i) acreage available for land application, and (ii) the acreage proposed for use during the license year; and (b) All roads, homes, buildings, water wells, surface waters, canyons, ravines, and floodplains within 500 feet of the property boundary</p>
	<p>State Historic Preservation Office (SHPO) – A cultural resource file search must be requested on the proposed land application site. SHPO charges a fee for this search. The “File Search Request Form” can be found online at SHPO’s web page: http://mhs.mt.gov/Portals/11/shpo/docs/FSRF.xlsx. Provide the following:</p> <p>(a) A copy of the SHPO file search results.</p>
	<p>Is the proposed site located in a Sage Grouse core, habitat, or connectivity area? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, attach a copy of the recommendation letter from DNRC’s Sage Grouse Habitat Conservation Program. (To begin the evaluation process with the Sage Grouse Habitat Conservation Program, visit https://sagegrouse.mt.gov/projects/.)</p>

PROPERTY OWNER SIGNATURE/CERTIFICATION

I, _____, hereby certify that I am the Property Owner or Designated Representative of the Property Owner (**CIRCLE ONE**) of the proposed disposal location and the applicant has my permission to use the site. By signing this form, I further certify that the applicant has provided me notification of the restrictions for crop harvesting and animal grazing following the land application of septage on the property.

(SIGNATURE MUST BE NOTARIZED AND INCLUDE PROOF OF OWNERSHIP)

SIGNATURE: _____ DATE: _____

TITLE: _____

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Section 4

INFORMATION FOR DISPOSAL AT:
WASTEWATER TREATMENT FACILITY, SEPTAGE PROCESSOR, COMPOSTER, OR CLASS II LANDFILL

Facility Name:

Facility Contact:

Phone Number:

Facility Location:

Facility Mailing Address:

WASTE TREATMENT FACILITY MANAGER SIGNATURE

I, _____, hereby certify that I am the Facility Operator, or Designated Representative of the Facility Owner or Operator (***CIRCLE ONE***) of the proposed disposal location and the applicant has my permission to use the site.

SIGNATURE: _____ DATE: _____

TITLE: _____

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Section 5

CERTIFICATIONS

APPLICANT CERTIFICATION

I _____, have completed this application for a specific disposal site. I hereby declare that the information provided is true and correct to the best of my knowledge, and that I have made reasonable inquiries where necessary to confirm such information.

SIGNATURE OF APPLICANT: _____ DATE: _____

HEALTH OFFICER CERTIFICATION

I, _____ am the Health Officer or Designated Representative of the County. I certify that this disposal site meets the physical requirements of Montana laws and rules governing septage disposal, and any applicable local health requirements.

SIGNATURE: _____ DATE: _____

TITLE: _____

ZONING CERTIFICATION (if required)

I, _____, an official with knowledge of the zoning district covering the proposed disposal location, certify that the use of the site is in conformance with local zoning regulations.

SIGNATURE: _____ DATE: _____

TITLE: _____