



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)*

<b>Section 1</b>			
<b>APPLICANT INFORMATION (Please Print)</b>			
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:			
<b>Section 2</b>			
<b>DISPOSAL SITE INFORMATION (Complete as applicable – use one form for EACH site)</b>			
<b>Method of Disposal:</b> <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	
<b>Waste Category:</b> <i>(Check all that apply)</i>			<b>Estimated total gallons during license year:</b>
<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		
<b>Section 3</b>			
<b>LAND APPLICATION SITE INFORMATION (Complete ALL of Section 3 for Land Application sites)</b>			
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**

**LAND APPLICATION OPERATION AND MAINTENANCE PLAN** - *An operation and maintenance plan MUST BE INCLUDED and provides provisions for EACH of the following items:*

- (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><b>MAP</b> - A sketch or map <b>MUST BE INCLUDED</b> 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; <b>and</b></p> <p>(b) All roads, homes, buildings, water wells, surface waters, canyons, ravines, and floodplains within 500 feet of the property boundary</p>
	<p><b>State Historic Preservation Office (SHPO)</b> – 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: <a href="https://mths.mt.gov/Research/ResearchRequest">https://mths.mt.gov/Research/ResearchRequest</a></p> <p>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 <a href="https://sagegrouse.mt.gov/ProgramMap">https://sagegrouse.mt.gov/ProgramMap</a>)</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: \_\_\_\_\_