

**CARBON COUNTY
SANITARIAN OFFICE
P.O. Box 466
Red Lodge, Montana 59068
(406) 446-1694**

**APPLICATION
for
ON-SITE WASTEWATER TREATMENT SYSTEM**

**** Please note that an application could take up to 10-14 business days to process****

Date: _____

New Construction (\$150 fee) _____ Repair/Replace Existing System (\$100 fee) _____

PLEASE MAKE CHECKS PAYABLE TO CARBON COUNTY.

PLEASE INCLUDE A SITE PLAN WITH APPLICATION...

Rural Address Location (If applicable): _____

Legal Description: _____

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

Owner of Record: _____

Mailing address: _____

Phone: _____

Type of Dwelling: _____

Designed for _____ bedrooms

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 Carbon County Regulations for on-site Wastewater Treatment Systems and the terms of the permit. I acknowledge that Carbon County has not designed my system and that these requirements do not bind or obligate Carbon County to guarantee this systems operation. I further agree to have the system inspected before backfilling.

Applicant: _____

(Owner of Record)