

Missoula City-County Health Department
301 W. Alder
Missoula MT 59802
(406) 258-4755

APPLICATION FOR HIGH SEASONAL GROUNDWATER MONITORING

Applicant's Name _____ Phone # _____

Applicant's Address _____

Owner's Name (if different) _____

Location of test holes: _____ 1/4 _____ 1/4 T _____ R _____ S _____

Address of site _____

Certificate of Survey (COS) # _____ Subdivision _____

Lot _____ Size of Lot or Parcel _____

GEOCODE _____

- Provide a USGS map depicting the property; a drawing of the property with detailed location of the test holes; and directions or a map showing how to access the site (each no larger than 11x17).
- Number of test holes _____

CONDITIONS:

1. **The deadline for receipt of application and installation of test pipes is May 1 for the Missoula area (Seeley Lake area deadline is April 1).** The applicant is responsible for locating and installing test pipes.
2. The testing period may extend one year depending upon conditions peculiar to property: i.e., spring runoff, elevated streams, irrigation, etc.
3. Sufficient perforated pipes shall be installed to a **depth of nine (9) feet** to adequately define the groundwater conditions in the drainfield and replacement areas. Sufficient area must be available at the elevation tested to install the drainfield proposed and provide replacement area room.
4. The Department may refuse to accept seasonal high groundwater data when precipitation or snow pack water equivalent is more than 20% below historical average.
5. The applicant is aware that Missoula City-County Health Department Regulation #1 states, "A groundwater depth at any time of less than 6 feet from the natural ground surface shall preclude the use of conventional subsurface sewage treatment and disposal systems."
6. Applicant certifies by signature below that he/she has legal authority to grant the Department access to the property for the purpose of groundwater monitoring, and that such permission is granted for one year (May 1 – April 30) until monitoring is complete.

Signature of Applicant _____ Date _____



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