



Mineral County Environmental Health and Planning
P.O. Box 396
300 River Street
Superior, MT
(406) 822-3525

APPLICATION FOR HIGH SEASONAL GROUNDWATER MONITORING

Groundwater Monitoring Fee - \$325.00

Distance Charge (distance to site, one-way from Environmental Health Department, 1- time charge - \$5 per mile

(Please make check payable to Mineral County)

Applicant's Name _____ Phone # _____

Applicant's Address _____

Owner's Name (if different) _____

Location of test holes: _____ 1/4 _____ 1/4 Township _____ Range _____ Section _____

Address of site _____

Certificate of Survey (COS) # _____ Subdivision _____

Lot _____ Size of Lot or Parcel _____

GEOCODE _____

- Provide 1) a site plan that shows the entire parcel, a North arrow, and detailed location of the test holes and 2) 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 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. 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 until monitoring is complete.

Signature of Applicant _____ Date _____