

**Application Procedure–Well Permit  
Anaconda-Deer Lodge County  
Environmental Health Department  
800 Main St.  
Anaconda, MT 59711  
(406) 563-4035**

**Applicant:** A permit is necessary to install, or alter residential, commercial or public water wells in Deer Lodge County. Application is made by the owner to the Environmental Health Department at 800 Main St., Anaconda, MT. Prior to issuing a permit, your property must be evaluated to determine that the well installation will comply with county and state regulations. It is possible that this “**site evaluation**” has already been conducted as part of the subdivision process that created your property or was conducted prior to you owning the property. In the majority of cases, a piece of property under 20 acres has either gone through a site evaluation or has a **sanitary restriction** (no building requiring water or sewer may be built without lifting the restriction through Sanitation in Subdivisions review by the state DEQ.)

**Step 1:** Contact or visit the ADLC Planning Department (563-4010 or ADLC Courthouse, first floor) to see if you need a Development Permit. Development Permits are required for all projects where more than 1 cubic yard of soil is disturbed. Please provide a copy of your Development permit with your well permit application.

**Step 2:** Fill out the attached application and return to the Environmental Health Department. Complete all parts of the application and submit the review fee of \$30.

**Step 3:** Once the permit is issued to the owner of the property, the well driller may start work.

**Step 4:** After the well is completed, submit a copy of the Well permit report, a copy of the well log and any water sample results that are requested to Environmental Health Department, 800 Main St, Anaconda, MT 59711.

### **Water Sampling**

If your property lies within the **Superfund Planning District (SPD)**, new wells will be sampled for contaminants of concern through the ARWW&S Groundwater Monitoring Program. A representative from the Community Protective Measures Program (CPMP) will contact you to follow up for your sampling. This sampling is to measure the level of metals of concern from historic mining activities related to the Superfund. This does not include Bacteria or nitrate sampling.

It is between you and your well driller to decide who will be responsible for disinfecting and sampling the well. Recommended samples to be taken are Coliform bacteria and Total Nitrates. There are many other water quality tests available for a fee. Contact the department for sample bottles and tests available.

**Review of applications:** Once a **completed** application is received by the department, the permit will be issued within five (5) business days. Should one of the reviewing departments request further information regarding the application, the permit will be issued within five (5) business days of the applicant providing the information requested.

**Fee:** \$30 permit fee. Make checks out to ADLC Treasurer.

**Well Permit Application**  
**Anaconda-Deer Lodge County**

|                                |
|--------------------------------|
| OFFICE USE                     |
| _____ FEE PAID                 |
| _____ PERMIT NUMBER            |
| _____ SUPERFUND PLANNING DIST. |
| _____ DPS APPROVED?            |

**Owner Information:**

Name: \_\_\_\_\_ Phone : \_\_\_\_\_ ( required)

Owners Mailing Address \_\_\_\_\_

**About the Property:** (information can be found at <http://gis.mt.gov> OR call the County Assessor at 563- 4045)

Physical Address: \_\_\_\_\_

Geocode # 30 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Legal Description: Section \_\_\_\_\_ Township \_\_\_\_\_ N Range \_\_\_\_\_ W

Certificate of Survey: # \_\_\_\_\_ Parcel/Tract # \_\_\_\_\_ OR

Subdivision Name \_\_\_\_\_

Lot #: \_\_\_\_\_ Size of Parcel: \_\_\_\_\_

**About the Well:**

Name of Licensed Driller: \_\_\_\_\_

Type of System to be installed: New \_\_\_\_\_ Replacement \_\_\_\_\_

Residential \_\_\_\_\_ is the well for more than one residence? Yes No If yes, how many residences? \_\_\_\_\_

Commercial \_\_\_\_\_ Use: \_\_\_\_\_ Gallons/Day \_\_\_\_\_

Is this system a PUBLIC WATER SUPPLY? \_\_\_\_\_ Changes must be reviewed by the MDEQ Public Water Supply Section prior to any work.

**For NEW wells in a DEQ approved subdivision:**

**NOTE: DEQ approved site plans cannot be changed without a new DEQ review.**

Provide a copy of the site plan provided by DEQ or call the county sanitarian for a copy of your DEQ approved site plan.

**For NEW and Replacement wells on all other properties:**

| <b>Separation Adequate For: (information provided by Applicant)</b>                      | <b>YES</b> | <b>NO</b> | <b>Special Conditions and Other Information</b>                    | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|--|------------|-----------|
| Are all septic system Drainfields 100 feet or greater from well site                     |            |           | Are there Sanitary Restrictions on the property? **** (Check plat) |            |           |
| Are Septic Tanks (individual or shared by 1-2 homes ) 50 feet or greater from well site* |            |           | Is there an existing well on the property?                         |            |           |
| Floodplain greater than 10 feet**from well site  |            |           | Will existing wells be abandoned?                                  |            |           |
| Surface Water 100 feet or greater. ***from the well site                                 |            |           | If existing well is to be abandoned, is a plan attached?           |            |           |
| Property lines, buildings 10 feet or greater from well site                              |            |           | <b>Is the well in the Superfund Planning District?</b>             |            |           |

\*Multiple user-3 or more homes or connections or Public well- 15 connections or more-100'

\*\*If planning future subdivision, must be 100' from edge of floodplain.

\*\*\*May apply for a waiver pursuant to ARM 17.36.601

\*\*\*\*A sanitary restriction does not allow a building that requires water or sewer. The restriction must be lifted through a review before development of the property.

**Site Plan:** Provide copy of your DEQ approved site plan, OR if none- draw plan below including the following information:

- \*all lot boundaries
- \*all existing or proposed wells
- \*home site
- \*north arrow
- \*all surface waters, including irrigation ditches
- \*100 foot isolation zone drawn around the well sites
- \*location of any septic systems on the property and any within 100' of your property line

Authorization: I hereby declare that the above information is true, complete and correct to the best of my knowledge. I authorize the Environmental Health Department or their representatives to enter my property for the purpose of conducting a site evaluation and/or inspecting this well.

**Owner of Property** \_\_\_\_\_ **Date** \_\_\_\_\_

**COUNTY USE:**

Well to be drilled to minimum depth of: \_\_\_\_\_ feet

Well to be sampled by: owner driller ARWW&S Monitoring Program

The following water samples, if checked, are to be taken prior to consumption of water:

- |                   |                |                  |
|-------------------|----------------|------------------|
| _____ Arsenic     | _____ Copper   | _____ Zinc       |
| _____ Cadmium     | _____ Lead     | _____ TDS        |
| _____ Coliform    | _____ Nitrates | _____ Major Ions |
| _____ Other _____ |                |                  |

**PERMIT APPROVED?** Yes No

**Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Authority** \_\_\_\_\_ **Date** \_\_\_\_\_