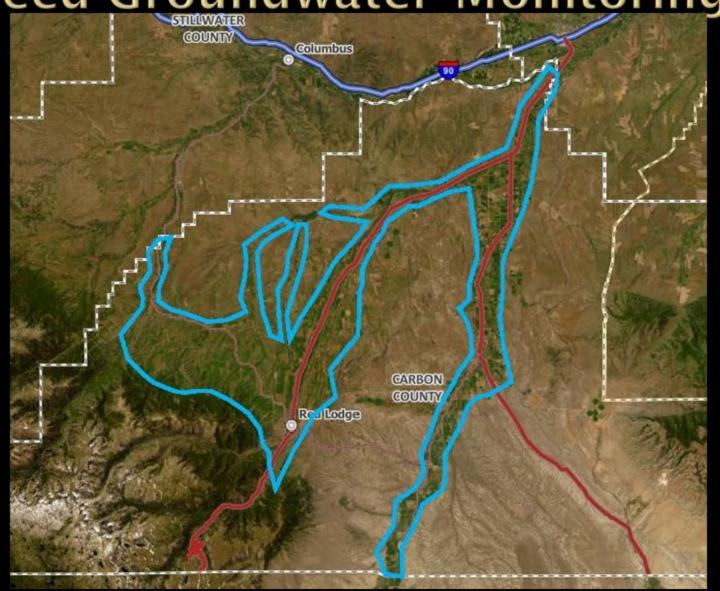


Carbon County Environmental Health Department 17 W 11th St ~ PO Box 466 ~ Red Lodge, MT 59068 https://co.carbon.mt.us/departments/sanitarian/

## **2025 INTENT TO GROUNDWATER MONITOR**

Company							
Qualified Site Evaluator							
Property Owner  Site Address  (If no address is available please provide the road name)							
COSA EQ # Block Lot / Tract COS / Minor Sub #							
Section Township Range Cadastral Geocode:							
# of wells Coordinates (Decimal Degrees)							
Has this site been monitored before?  Yes No If Yes, when was it monitored  Who did the monitoring?  Estimated Start Date 2025							
Road Map (wide and close views if possible)  Map with wells clearly marked and #'s you assigned to them  Special instructions (i.e. locked gate, animals, directions to site)  MDEQ Appendix C: "Observation must be done during the time when ground water levels are highest. This is typically during spring runoff or during the irrigation period, but may also be at some other time during the year. Observation must be done weekly or more frequently during the appropriate periods of suspected high ground water. Observation must include at least two weeks of observation prior to and after the ground water peak, otherwise the reviewing authority may reject the results." ***Be aware that a site may experience multiple "peaks", especially if irrigation influenced, and observations will likely need to continue AFTER the first peak/fall***  I hereby attest that the ground water monitoring will be completed in accordance with state and local regulations for Wastewater Treatment Systems.							
Signature Date							
This section to be completed by the Environmental Health Department							
Comments							
Ground Water Monitoring # Date Audited in Field							
Reviewed By							

Areas in Carbon County That May Need Groundwater Monitoring



## **2025 GROUND WATER OBSERVATION RESULTS**

GEOCOORDINATES (DECIMAL DEGREES):					<b>LEGAL</b> :			
	NORTH		WEST		SECTION	TOWNSHIP	RANGE	
PROJECT:					<u>EQ#:</u>	<u> </u>		
COS/PLAT:								
<b>CADASTRAL G</b>	EOCODE:				A= Distance	to top of casing to the groun	nd water level in pipe (inches).	
OWNER:					"dry" in this	column.	r the total depth measured and	
OBS WELL #:		TRACT/LOT #:			B= Distance	B= Distance from top of casing to the natural ground surface (inches).		
QUALIFIED SITE EVALUATOR MONITORING/CERTIFYING RESULTS: NAME:					Ground Water Observation Well Design			
COMPANY:					*	<b>↑</b>	Water tight	
				-	Not to	o scale 2' A B	well cap	
DATE	TIME	A (INCHES)	B (INCHES)	A-B (INCHES)	·		Ground surface	
							Glound surface	
						8' minimum		
							reen	
						Water level 4 (7'	minimum) 🔀	
							<b>=</b>	
							A CONTRACTOR OF THE CONTRACTOR	
						<b>▼</b> 🗱 🕈		