

MISSOULA CITY-COUNTY HEALTH DEPARTMENT
 301 W. ALDER (406)523-4755
SEWER PERMIT AND APPLICATION

OWNER NAME: Ken Donovan PHONE: _____
 OWNER ADDRESS: Polson MT
 CERTIFIED INSTALLER: Matthew Bros
 LOCATION OF INSTALLATION: NW 1/4 SW 1/4 T 20 R 17 S 1
 ADDRESS OF SITE: 433 Gen Pulaski Dr.
 CERTIFICATE OF SURVEY: # _____ SUBDIVISION: Remicks Swan River Tract
 LOT: _____ BLOCK: _____ TRACT: _____ SIZE OF PARCEL: 1 acre
 GENERAL AREA NAME: Condon

SEPARATION ADEQUATE FOR:
 (INFO SUPPLIED BY APPLICANT)(CHECK ALL)

Special Conditions and Other Information

	YES	NO
WELLS >100'	<input checked="" type="checkbox"/>	
WATER LINES >10'	<input checked="" type="checkbox"/>	
FLOODPLAIN >100'	<input checked="" type="checkbox"/>	
SURFACE WATER >100'	<input checked="" type="checkbox"/>	
HGW >4', >5', >6'	<input checked="" type="checkbox"/>	
BEDROCK >6'	<input checked="" type="checkbox"/>	
SLOPE <25%	<input checked="" type="checkbox"/>	
PROPERTY LINES, BLDGS >10'	<input checked="" type="checkbox"/>	

*SANITARY RESTRICTIONS ?	YES ___ NO <input checked="" type="checkbox"/>
*ANY EXISTING SEPTIC SYSTEMS?	YES ___ NO <input checked="" type="checkbox"/>
UPGRADE REQUIRED?	YES ___ NO <input checked="" type="checkbox"/>
*INSIDE OR NEAR FLOODPLAIN:	YES ___ NO <input checked="" type="checkbox"/>
*PUBLIC SEWER LESS THAN 200 FEET:	YES ___ NO <input checked="" type="checkbox"/>
*PROPERTY LOCATED IN MWTPSA?	YES ___ NO <input checked="" type="checkbox"/>
FOR NEW OR INCREASED USE	
___ SUBDIVISION PLAT LANGUAGE EXISTS	
___ DEED RESTRICTION FILED	
*PROPERTY LOCATED IN S.T.E.P. AREA?	YES ___ NO <input checked="" type="checkbox"/>
___ CITY S.T.E.P. TANK & PERMIT REQUIRED	

SOIL TYPE: Sandy silt
 WATER SUPPLY: well

TYPE OF SYSTEM TO BE INSTALLED: X NEW: _____ REPLACEMENT
 SYSTEM SIZING: X RESIDENTIAL #OF BEDROOMS: 2 GAL/DAY: 300
 _____ COMMERCIAL USE _____ GAL/DAY: _____

APPLICATION RATE (Gal/day or sq. ft./bedroom): 18
 FROM: PLAT APPROVAL _____; SITE EVALUATION X; ENGINEER _____
 SYSTEM SIZE & DESCRIPTION: 1000 Gallons (X concrete, _____ S.T.E.P., _____ other) septic tank
 with 125 lineal feet of 24 inch trench drainfield as per site plan attached. Install an 8 inch capped riser from tank to surface.
 S.T.E.P. tanks requires manway and lid to be inspected by the City.

SPECIAL CONDITIONS: 10" gravelless

As purchaser of this permit, I agree to comply with all requirements for installation as described in Missoula City-County Health Code Regulation #1, State Water Quality Bureau Regulations and special conditions described above. This document does not release me from complying with any other State, Federal or Local regulations including but not limited to zoning, building and floodplain regulations.

This permit is valid for twelve (12) months from date of purchase. Sewage disposal systems must be completed within this time and inspected by the Department prior to covering the system. A copy of this permit is to be on site at all times during construction and inspection of the system. Please use the permit number in the upper right hand corner for reference when you call for a final inspection.

Permit purchaser: [Signature] Date: 10/20/98
 Health Authority: [Signature] Date: 10/20/98

SEWER PERMIT CHECKLIST

ALL PERMITS:

SITE PLAN ATTACHED TO PERMIT

HOOK-UP TO MUNICIPAL SEWER IS REQUIRED IF: (CHECK ONE)

- <200' TO PROPERTY LINE IF IN CITY LIMITS CALLED AND REFERRED TO CITY ENGINEERS OFFICE
 <200' TO BUILDING IF OUTSIDE CITY LIMITS DATE _____
 NOT WITHIN 200 FEET OF MUNICIPAL SEWER _____ PERSON CONTACTED

SPECIAL MANAGEMENT AREAS: (see section XV of Health Code)

- LINDA VISTA - Connect to public sewer.
 MWTPSA - IF YES, IS DEED RESTRICTION FILED? YES _____
OR SUBDIVISION PLAT LANGUAGE EXISTS: YES _____
 RATTLESNAKE - ONE SYSTEM PER LOT - 25' VERTICAL & 100' HORIZONTAL SEPARATION FROM VALLEY
 ROMAN CREEK/TOUCHETTE LANE (W 1/2 SEC 27, S 28, E 1/2 S 29, T 15N, R 21W)
(NORTH OF I-90 AND SOUTH OF FRENCHTOWN CANAL) - CONDITIONS MET _____

TYPE OF PARCEL: (CHECK ONE)

- SUBDIVISION FILED PRIOR TO 5/27/61, REQUIRES A SITE EVALUATION. S.E. IN FILE _____ (YES OR NO)
 SUBDIVISION FILED AFTER 5/27/61 WITHOUT LIFTING, REQUIRES SUBDIVISION REVIEW. S.E. IN FILE _____
 SUBDIVISION FILED AFTER 5/27/61 WITH RESTRICTIONS LIFTED AND RECORDED
 COS W/LIFTING ON FILE/RECORDED
 COS WITH >20 ACRE EXEMPTION (REQUIRES SITE EVALUATION) SITE EVALUATION ON FILE _____ (YES OR NO)
 COS WITHOUT LIFTING ON FILE (IS USUALLY AN EXEMPTION FOR WHICH NO PERMIT CAN BE ISSUED i.e. AG., CEMETERY, etc.)
 TRACTLAND REQUIRES A SITE EVALUATION. (>5 (BEFORE 1973), >10 (BEFORE 1975), >20 ACRES)

NEW PERMITS:

PLANNING/ZONING PERMIT REQUIRED (CHECK ONE)

- INSIDE BUILDING INSPECTOR ZONE - BUILDING PERMIT APPLICATION REQUIRED
 IN ZONED AREA OR IN OR NEAR FLOODPLAIN OR SUBDIVISION FOR LEASE OR RENT - COMPLIANCE PERMIT REQUIRED.
 OUTSIDE BUILDING INSPECTOR ZONE - NOT IN ZONED AREA OR IN FLOODPLAIN.

SIZE OF PARCEL OR PARCELS: _____

- IF <1/2 ACRE, OWNERSHIPS OF CONTIGUOUS LOTS (prior to May 19, 1986)
DETERMINED FROM ASSESSORS OFFICE. (SEE SECTION V(D)(2))

REPLACEMENT SYSTEMS:

HIGH GROUND WATER OR BEDROCK (CHECK ONE)

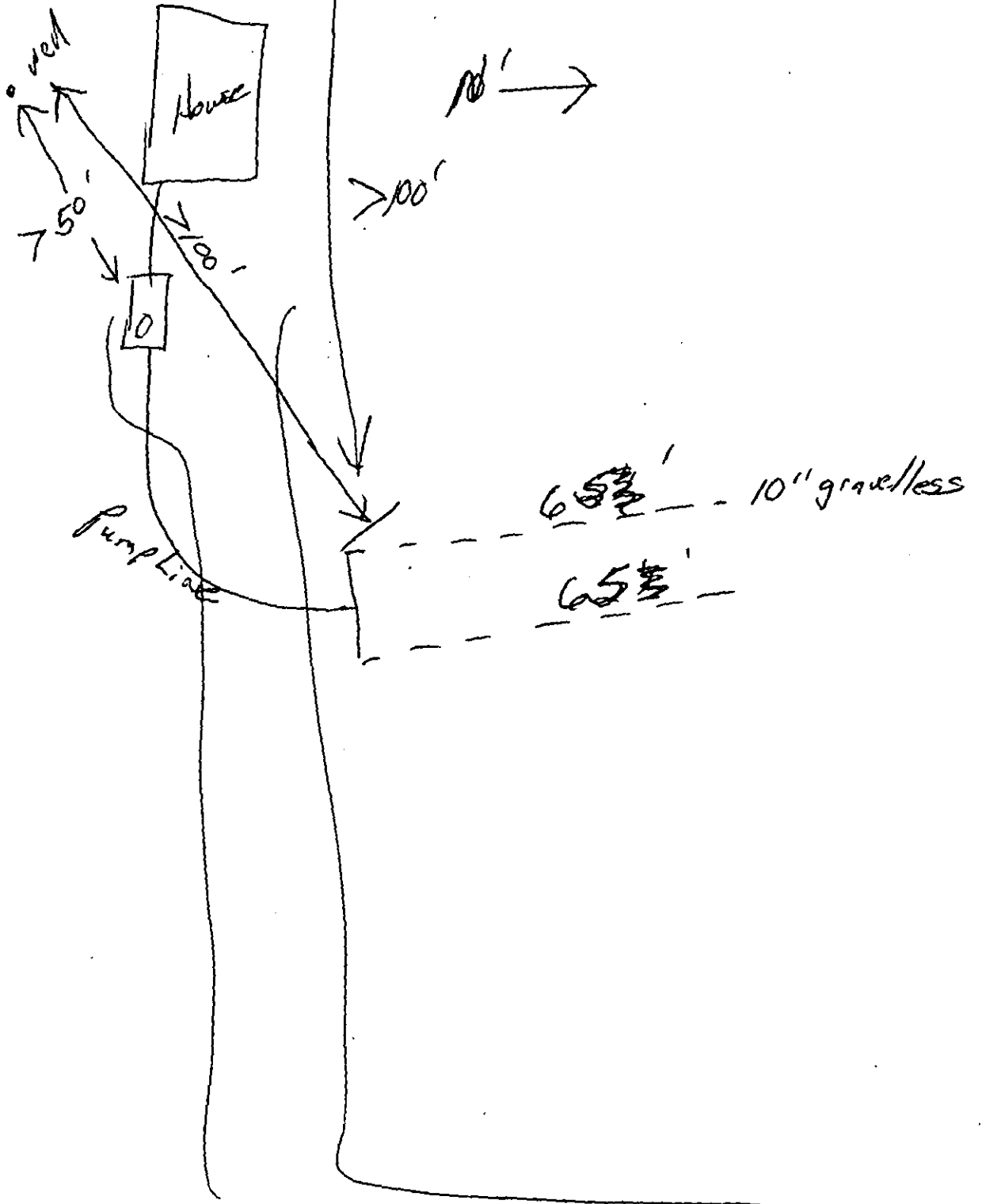
- HIGH GROUNDWATER OR BEDROCK AREA - DRAINFIELD, ADSORPTION BED, OR SHALLOW SEEPAGE PIT REQUIRED
 NOT A HIGH GROUND WATER OR BEDROCK AREA

SITE VISIT:(CHECK ONE)

- SITE VISIT REQUIRED TO VERIFY ROOM FOR: 1) DRAINFIELD, ABSORPTION BED OR SEEPAGE PITS
2) GROUNDWATER 3) WELLS 4) ETC.
 SITE VISIT NOT NECESSARY TO VERIFY SOILS, SPACE FOR ADSORPTION AREA, DISTANCE TO WELLS, OR GROUNDWATER.

Swan
River

Matthew Boos/
Donovan



General Putaski