

Dept

MISSOULA CITY-COUNTY HEALTH DEPARTMENT  
301 W. ALDER, MISSOULA MT 59802  
(406) 258-4755 FAX (406) 258-4781

PERMIT #: 2016-079W

FEE AMOUNT: \$90.00

WELL PERMIT

DATE PAID: 06/13/2016

Owner Name: Steve Butler

Phone: 406-240-4442

Owner Address: P.O. Box 93

City: Frenchtown

State: MT

Zip: 59834

Installer: TBD

Location of Installation: 1/4 NW T 16 R 20 S 20

Other: n/a

Address of Site: 27355 Mountaintop Road

City: Frenchtown

Certificate of Survey #: 6284

Subdivision: n/a

Tract: 4 Lot: n/a Block: n/a Other: n/a

Parcel Size: 20 acres

General Area Name: MILL CRK-FT

Geocode: 2533-20-1-01-01-0000

Certificate of Subdivision approval on file?	<u>NO</u>
Site plan matches state approval?	<u>N/A</u>
Site Modification Required?	<u>N/A</u>
Site plan from Site Evaluation?	<u>NO</u>

Any existing septic systems?	<u>YES</u>
SEPTIC PERMIT #:	<u>2001-432</u>
Any applicable mixing zones?	<u>YES</u>
All separations met?	<u>YES</u>

PRE-INSPECTION REQUESTED: NO

PRE-INSPECTION DATE: n/a

TYPE OF WELL: REPLACEMENT

INTENDED USE OF WELL: DRINKING WATER SUPPLY

DRINKING WATER WELLS: INDIVIDUAL

NUMBER OF CONNECTIONS: 1

ADDITIONAL COMMENTS:

This is a permit to install a well to replace the existing well that has silted in. Install the well in the area indicated on the site plan. Maintain 100' separation to the drainfield. Call the Department upon completion of well for location inspection.

**NOTE: All wells must be installed as shown on the Certificate of Subdivision Plat Approval (76-4-130 MCA) if applicable.**

As purchaser of this permit, I agree to comply with all location requirements for installation as described in Missoula City-County Health Code Regulation #5, ARM 36.21.638, ARM 17.36.331(1)(c), DEQ Circular 3 Section 3.2.3 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.

**Property owner has the ultimate responsibility to determine the location of the well prior to construction**

This permit is valid for twelve (12) months from date of purchase. Wells must be completed and inspected by the Department within this time. 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.

Individual drinking water wells should be tested routinely for bacterial contamination. Well testing services are available at the Missoula City-County Environmental Health Department.

Permit purchaser: Butler  
Health Authority: Jeanna Miller

Date: 6-14-16  
Date: 6/14/16



2016-079W

Applicant Notified: 6/14/16

Application Fee: 90  
Date Paid: 5/19/16

**PAID**  
90 ✓ 5/19/16  
a.j. 6/13/16

**Wastewater Treatment System and Well Application**

Owner's name STEVE BUTLER Phone # 406-240-4442  
Owner's address 27355 MOUNTAINTOP RD PO BOX 93  
City: FRENCHTOWN State: MT Zip Code: 59834  
Certified Installer: CAMP WELL DRILLING (if you haven't decided yet, ensure installer is certified by MCCHD)

**Applicant Information** (if different from owner)

Applicant's name \_\_\_\_\_ Phone # \_\_\_\_\_  
Applicant's address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Legal description of site:** (Can be found on your tax statement or the Missoula County Property Database at [www.co.missoula.mt.us/Owner/Default.aspx](http://www.co.missoula.mt.us/Owner/Default.aspx))

Geocode: 04-2533-20-1-01-01-0000 Short Legal: T 16N R 20W Section 20 ¼ Section ?  
Certificate of Survey # or Subdivision Name: 6284  
Tract or Lot 4 Block (if applicable): \_\_\_\_\_ Size of lot or parcel: 20 ACRE

**Address Assigned by the County Road Department** (located at 199 West Pine St, PH: 258- 4866):

Address: 27355 MOUNTAINTOP RD City: FRENCHTOWN Zip 59834

\*\*\*\*\***Well Applications Only**\*\*\*\*\*

Type of Well: New  Replacement  Reason for Replacement: OLD WELL SILTED IN  
Intended Uses of Well: \_\_\_\_\_  
Number and description of dwelling units and structures that will be connected to the well: HOUSE

Will the well be:  
At least 100 feet from septic systems Yes  No \_\_\_\_\_ Unsure \_\_\_\_\_  
Out of the floodplain Yes  No \_\_\_\_\_ Unsure \_\_\_\_\_  
At least 100 feet from surface water Yes  No \_\_\_\_\_ Unsure \_\_\_\_\_

**(OVER: Please complete other side)**

\*\*\*\*\* Wastewater Applications Only \*\*\*\*\*

**Wastewater System Information:**    New \_\_\_\_\_ Replacement \_\_\_\_\_ Modification \_\_\_\_\_

Residential \_\_\_\_\_    Number of dwelling units \_\_\_\_\_    Number of bedrooms \_\_\_\_\_

Commercial \_\_\_\_\_    Will there be a basement? \_\_\_\_\_    Will it be finished? \_\_\_\_\_

Other \_\_\_\_\_    Use \_\_\_\_\_    # Employees \_\_\_\_\_ # Customers \_\_\_\_\_

Describe Use \_\_\_\_\_

**Will the drainfield be:**

At least 100 feet from wells	Yes _____ No _____ Unsure _____
At least 10 feet from water lines	Yes _____ No _____ Unsure _____
At least 100 feet from floodplain	Yes _____ No _____ Unsure _____
At least 100 feet from surface water	Yes _____ No _____ Unsure _____
At least 6 feet from groundwater	Yes _____ No _____ Unsure _____
At least 10 feet from property lines	Yes _____ No _____ Unsure _____
At least 10 feet from buildings	Yes _____ No _____ Unsure _____
On a slope less than 25%	Yes _____ No _____ Unsure _____

**Surface Water:**    Describe the nearest surface water to the drainfield: \_\_\_\_\_

How close is it to the drainfield? \_\_\_\_\_

**Drinking Water:**    What is the drinking water source for the parcel? \_\_\_\_\_

(Well, Spring, Lake, etc.)

How many structures are served by the water system? \_\_\_\_\_

**Floor Plans:** Attach floor plans (no larger than 11" by 17") for all structures to be served by the wastewater system (even if they are not directly connected to the system.) Floor plans don't have to be to scale and can be hand drawn. Label the rooms.

\*\*\*\*\* All Applications \*\*\*\*\*

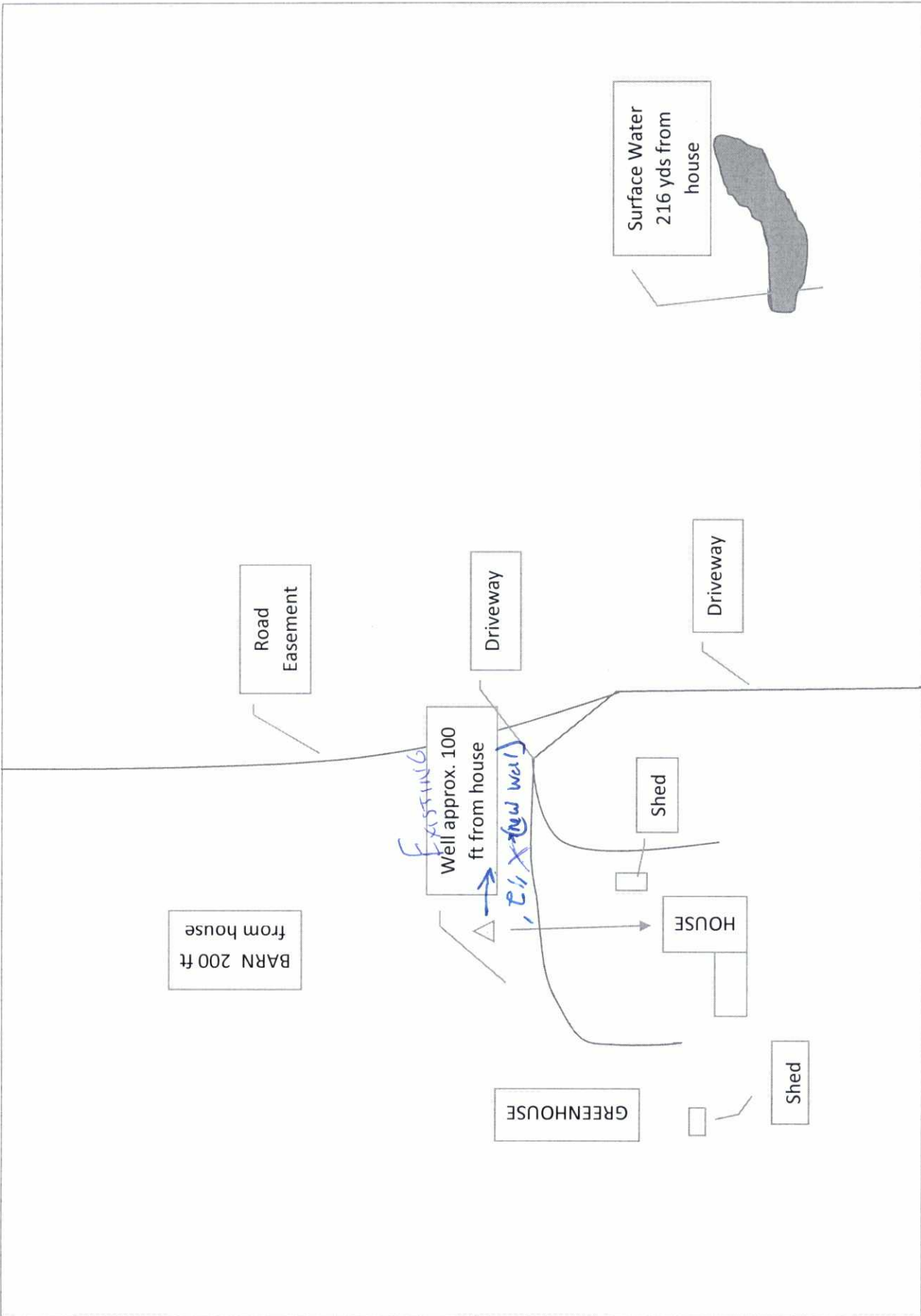
**Existing Structures:** Describe existing structures, wells and wastewater systems on the parcel: 3600 sq ft  
HOUSE, BARN, <sup>STANDARD</sup> SEPTIC 100 yds away FROM WELL, 2 STORAGE  
SHEDS, GREENHOUSE, OLD WELL 120' DEEP CURRENTLY PRODUCING  
HALF GALLON PER MINUTE

**Site Plan:** Attach a site plan (no larger than 11" by 17") showing the locations (existing and proposed) of all features (existing and proposed) listed below. Site plans can, but don't have to be prepared to scale by a professional engineer or architect. If the site plan is not drawn to scale, include enough measurements to accurately depict where everything is on the property.

- |                     |                                 |   |
|---------------------|---------------------------------|---|
| * Property Lines    | * Wastewater Systems            | * Water Supplies (wells)  |
| * Buildings         | * Surface Water                 | * Easements and No Build Zones                                  |
| * Roads & Driveways | * Floodplain & Floodprone Areas | * Wells and Wastewater Systems within 100 feet of your property |

**Certification:** I certify that the information I have provided on this application is accurate and true and that the submitted site plan is an accurate representation of all required elements.

Applicant's Signature:     Date: 6-13-16



BARN 200 ft from house

Road Easement

Well approx. 100 ft from house

Driveway

Driveway

Surface Water 216 yds from house

GREENHOUSE

HOUSE

Shed

Shed

Drainfield - approx. 80 ft from house