Permit No. 92-326

MISSOULA CITY-COUNTY HEALTH DEPARTMENT
301 W. Alder 721-5700

INDIVIDUAL SEWER SYSTEM INSPECTION REPORT

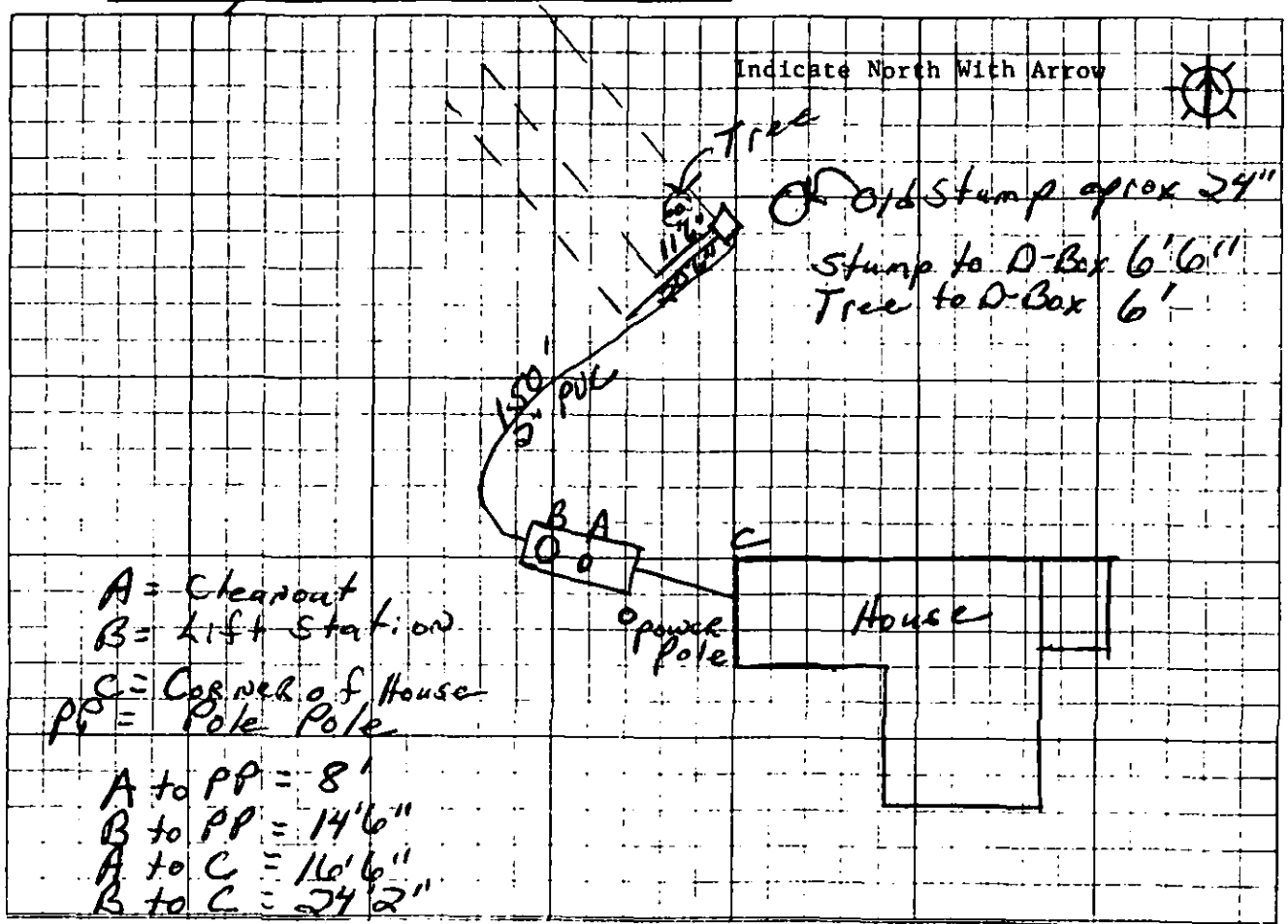
Name of Owner Sheldon Vernon

Legal Address/Location NE¼ T19 R16 S21 / Cordoor Hwy83 Summit

Certified Installer Matthew Bros Const.

Type System: New ___ Replacement X
Septic Tank: Capacity: 1000 gal. X Other ___ gal., Material: Concrete X Other ___, Depth to top: 1 ft. ___ in.
Drainfield: Total length 240 ft., # of laterals 3, Trench Depth 18-24 in. to bottom
Seepage Pit: Height ___ ft., Depth to Top ___ ft. ___ in
Distance of Installation From: Property Lines: ___ Wells: 100+ Surface Water: 100+ Other ___

Soil Type Sandy Loam



Installation Inspected: Approved X **Disapproved** ___

R. Matthew — 7/28/92
Sanitarian **Date**

Corrections Necessary: ___

Inspection Witnessed By: ___ ___/___/___ **Date**

Deficiencies Corrected: yes __ **no** __ ___ ___/___/___
Sanitarian **Date**

MISSOULA CITY-COUNTY HEALTH DEPARTMENT
301 W. Alder (406)721-5700 Permit # 92-326

SEWER PERMIT AND APPLICATION FEE $ 75.00

Owner/Applicants Name Sheldon Vernon Phone#

Owner/Applicants Address Hwy 83 Summit

Certified Installer Matthews Bros

Location of Installation: ____ 1/4 NE 1/4 T 19 R 16 Section 21
Address of Site Hwy 83
Certificate of Survey # HD #
Subdivision
Lot Block
Tractland
General area name Condon

Size of Lot or Parcel 10+ acres

Any existing structure or sewage disposal facilities: Yes X No

If Yes, Explain: failed system

Residential - Number of Bedrooms 2 Commercial gal/day 300

Water supply: Private X Public Multi-family

Soil Type Sandy loam

Depth to groundwater 10'+

Type of system to be installed: New Replacement X

System size: From Plat approval From site ~~evaluation~~ visit #
Application rate Gal./square Ft/day
Square feet per bedroom 240
Engineered

Description of System to be installed 1000 GAL TANK AND 240 lineal feet of drainfield

Special Conditions Pump station required with dist. box

As purchaser of this permit, I agree to install an individual sewer system which meets all requirements as specified in the Missoula County rules and regulations for subsurface sewage disposal systems.

Permit Pruchaser Gordon L. Matthews Date: 7/28/92

Health Authority Edward L. Wages Date: 7/28/92

This permit is valid for 12 months. Construction of the sewage disposal system must commence during this time or the permit is no longer valid. A final inspection by the Department is required prior to covering the installed system. Applicant's copy of the permit must be on-site at the time of inspection. Please use the permit number in the upper right hand corner for reference when you call for a final inspection.