

# SEPTIC PERMIT

Fergus

County

<u>Cease</u>			<u>David</u>		
Property Owner: Last Name or Company Name		First Name		Property Owner: Other Names	
<u>1094</u>	<u>Lime Kiln Rd</u>	<u>East</u>	<u>Lewistown</u>	<u>John</u>	<u>Niebur</u>
Address #	Street Name	City		Installers name	% slope for absorption field

Is groundwater water within 8' of ground surface?  Is bedrock within 8' of ground surface?

Is Non-Deg. & Phos. Breakthrough analysis required?  If not, why? \_\_\_\_\_

Categorically Exempt

# of Acres 40

Depth to Bedrock \_\_\_\_\_

Distance to surface water \_\_\_\_\_

Back Ground Nitrate Result \_\_\_\_\_

Perc. Rate (minutes/inch) \_\_\_\_\_

Application Rate 0.6

Back Ground Nitrate Result \_\_\_\_\_

Average K value \_\_\_\_\_

Hydraulic Gradient (l) \_\_\_\_\_

Mixing Zone Length \_\_\_\_\_

Final Non Deg Result \_\_\_\_\_

Final Phosphorus Breakthrough \_\_\_\_\_

Confined Aquifer

(Attach data used to determine.)

Soil Profile:

0-6" very sandy clay loam with organics

6-16" very sandy clay loam

16-33" sandy loam

33-63" sandy clay loam

63" bottom of hole

1000 concrete Gravelless Chambers (22") 120

Tank Size Tank Type Drain Field Type Drainfield Size

**Special Permit Conditions:**  
 Lat: 47\*08.514' Long: W109\*20.754'

Signature of Health Authority Issuing Permit Deen L. Pomeroy R.S. Date 05/16/2012

n 4 2012 yes 12/18/2012

Date called for inspection Final Inspection System approved Year installed CIRF received CIRF received date

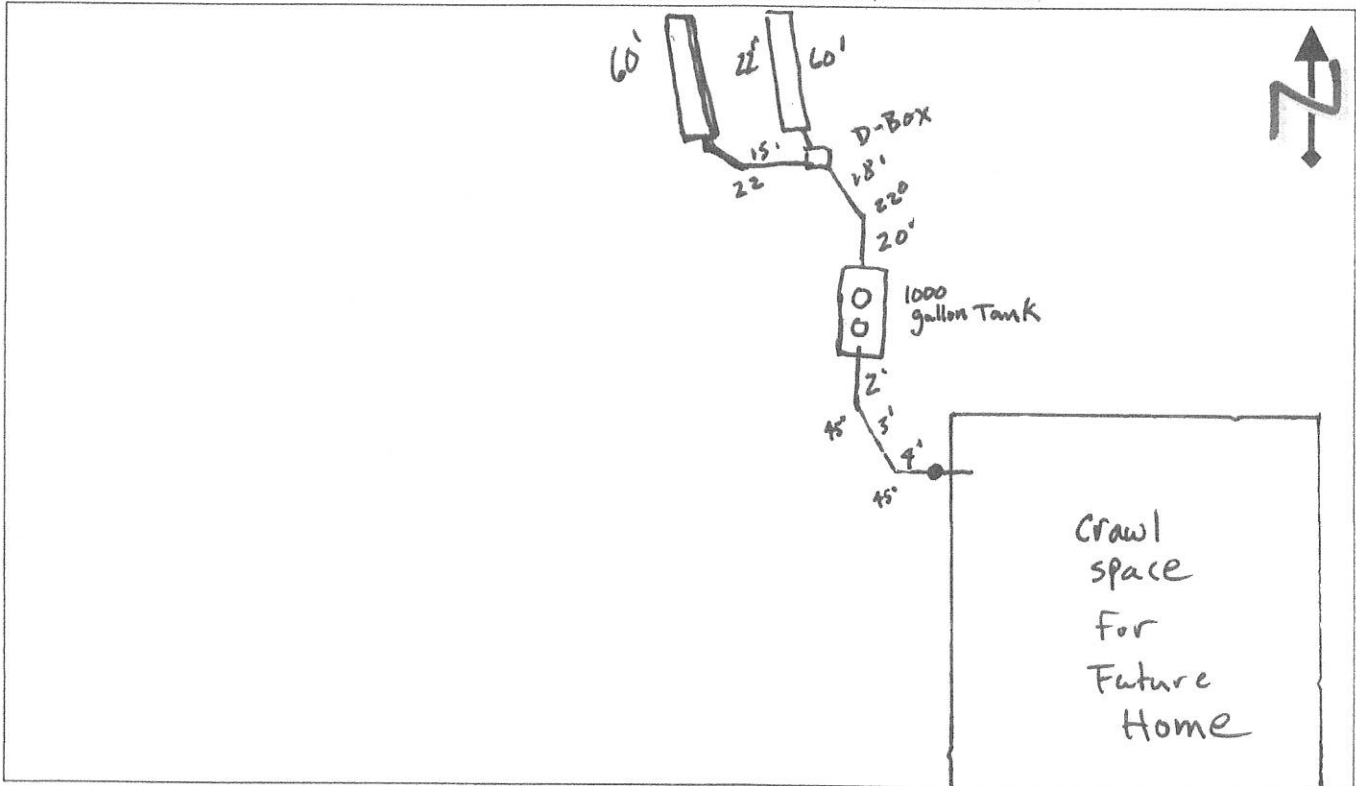
Comments about installed system:

Signature of Health Authority Approving Installed System Deen L. Pomeroy R.S. Date: 12/19/2012

Owners Address Limekiln Rd

County Fergus

(Information needs to include: location, slope, and depth of building sewer, location of cleanouts, location of septic tank, drainfield, and 100% replacement area, location of proposed wells, existing wells, cisterns, and water lines in the area of the proposed system and any lots adjacent to it, lot boundaries, location of water courses, irrigation ditches, lakes, impoundments, including the 100 year floodplain in the immediate area, percent slope of ground surface and direction of slope, location of soil profile holes and any percolation test holes, north point and scale in feet)



This report due back to CMHD office within 10 days of completion of the installation of this septic system.

Final Septic Permit cannot be issued without receipt of an Installer Report Form.

**CHECKLIST**

1. Septic Tank

- a. Size: 1000 gallons
- b. Type: concrete/poly
- c. Approved Effluent Filter yes/no
- d. Baffles yes/no
- e. Access Port w/in 1 ft. of surface yes/no

2. Administration

- a. New or Replacement \_\_\_\_\_
- b. Reason for Failure \_\_\_\_\_
- c. Street Address obtained yes/no
- d. Non-degradation addressed yes/no

3. Drainfield

- a. Lineal Feet Installed 120'
- b. Gravel or Gravelless Trenches \_\_\_\_\_
- c. If Gravelless, Chamber Width 22 inches
- d. If Gravel, Trench Width \_\_\_\_\_ inches
- e. Inches of Gravel under pipe \_\_\_\_\_
- f. Inches of Gravel over pipe \_\_\_\_\_
- g. Trench Depth 2.5 feet
- h. Percent grade of land slope \_\_\_\_\_
- i. Distance from water sources \_\_\_\_\_
- j. Groundwater Depth \_\_\_\_\_
- k. Bedrock Depth \_\_\_\_\_

[Signature]  
 Certified Installer Signature

[Signature]  
 Health Authority Signature

11/10/2012      7056  
 Date                      Certificate #

12/19/2012      Y  
 Date                      Approved (yes/no)

Mail to 507 West Main St, Lewistown, MT 59457; Fax to 406-535-6429 or E-mail to [cmhealth@co.fergus.mt.us](mailto:cmhealth@co.fergus.mt.us)