

APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

Deer Lodge, Powell and Granite Counties

Date of Application 09-05-04

County Powell

1. Property Owner's Name Donald J. or Ella M. Goodbread
2. Owner's Address P.O. Box 86 City Ovando Phone 793-2572
3. Legal description of property _____
4. Agent or contractor's name Donald Goodbread
5. Dimensions of property 2.12 acres
6. Residence: # of bedrooms 2 garbage disposal _____ automatic washer _____ commercial or other _____
7. Type of water supply (well, spring, municipal, etc.) well
8. How far is the proposed sewage system from the nearest river, stream, lake, natural water way or drainage
>100'
9. Type of soil or soil classification (clay, sand, gravel, loam) loamy sand
10. Soil percolation rates ~15 min/in
11. Proximal location of bedrock if applicable >8'
12. Proximal location of highest ground water level >8'
13. Type of proposed individual sewage disposal system (absorptive or evaporative) absorptive
14. What sanitary restrictions are imposed against this property if any none (conservation easement)
15. Is the property part of a legal subdivision NO
16. Is the property in a flood plain or in an area subject to flooding or standing water NO
17. General topography (flat or sloping) sloping
18. Design of the proposed individual sewage disposal system (draw on reverse side)
19. Additional information Install 1000 gallon septic tank & 150' total drainfield
(max line length 100')

This information that has been given is true to the best of my knowledge and I understand that if any of the application information is found to be untrue that my application and/or permit will not be valid.

DATE 09-05-04

Chad [Signature]
Health Authority

Ella M. Goodbread
Applicant's signature

\$30 fee enclosed

TRI-COUNTY HEALTH DEPARTMENT-INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

Date issued 8/05/2004

Installation for Donald or Ella Goodbread
(owner)

Location, Lot, Block Ovando

Mailing Address PO Box 86, Ovando, MT

Disposal System for house Number of Bedrooms 2
(house, shop, etc.)

Legal Description of the Property: Sec. 24, T15N, R13W, PMM Powell Co.

PRIMARY TREATMENT

Distance from septic tank to: Foundation 14 feet, Well >50' (Proposed location)

Canal, Streams, Lakes, etc. >50 feet, Ground Water (high water table) >6 feet,

Property Line >10 feet, Size of Septic Tank 1000 gallons

Construction Material Concrete
(concrete, steel, etc.)

Percolation Rate ≈ 15 min/in

SECONDARY TREATMENT

Type of proposed individual sewage disposal system Absorptive
(absorptive, evaporative, etc)

Distance from drain field to: Foundation 30 feet, Nearest well >100 feet, (Proposed)

Canals, Streams, Lakes, etc. >100 feet, Property line >10 feet,

Ground Water (high water table) >6 feet, Washed stone size 1.5"

Maximum slope 2"-4" per 100 feet, Drain field 150 lineal feet.

INSPECTION NOTES - To be filled out by Health Inspector

Minimum Construction Requirements Must Be Met:

- Insp. Results O.K.
- 1. Tank size 1000 gallons
 - 2. Material concrete
 - 3. D-Box Yes No Baffle Yes No
 - 4. Sump Yes No Size gal/dose
 - 5. Treatment field lines length 150LF

- Insp. Results O.K.
- 6. Depth (to finished grade) 5' max 3' min *★ should not be over 3'*
 - 7. Bedding below pipe 8" max 6" min above pipe 4" max 2" min
 - 8. Distance to water source >100' surface water >100'
 - 9. Inlet, outlet (caulked) Yes No
 - 10. Effluent filter Yes No

DRAWING/

PROBLEMS: See reverse side

Inspection Date Self inspection Approved Not approved

By Karen Solberg, R.S.
Sanitarian or Health Authority

Tri-County Environmental Health Granite, Powell, Deer Lodge Counties
800 South Main, Anaconda, MT 59711

SEPTIC SYSTEM SELF INSPECTION

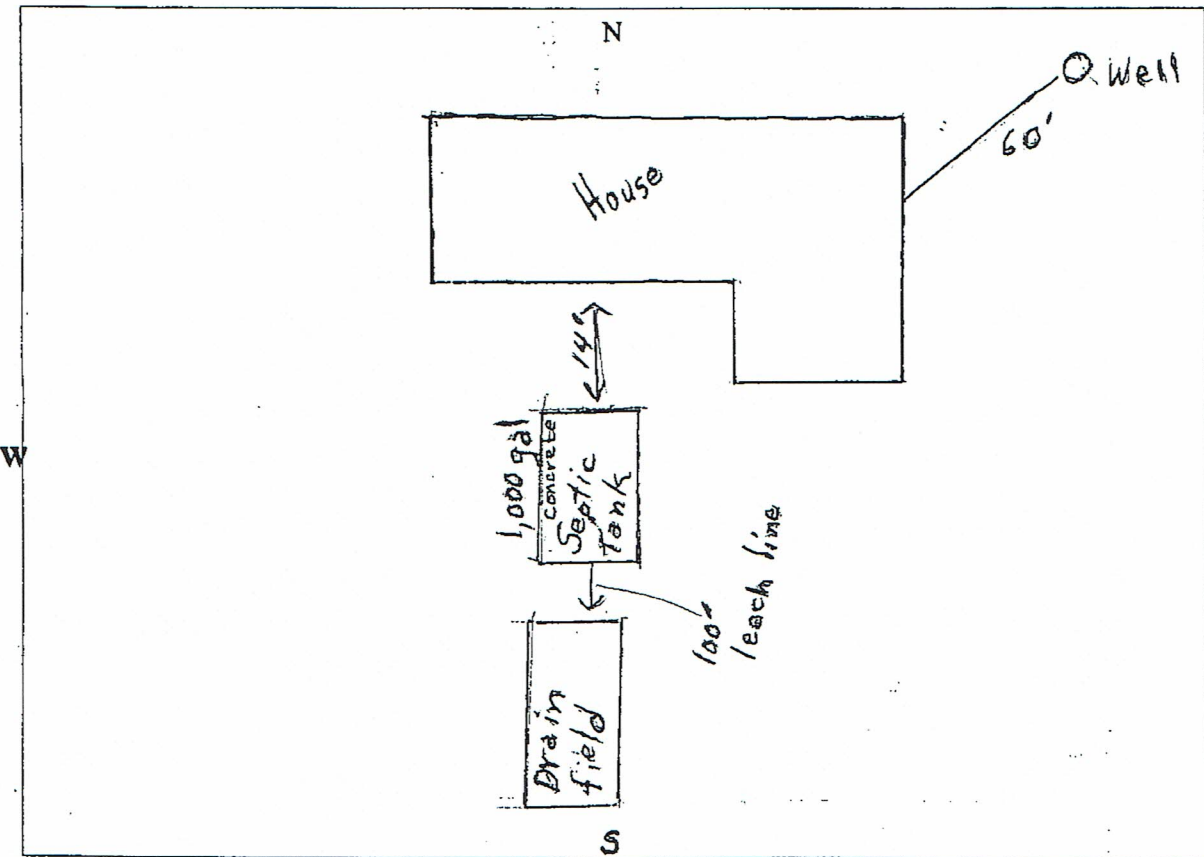
Please notify sanitarian of completed septic system and allow 24 hours for inspection to be completed. Septic systems in Powell County arrange inspections on Thursday. Inspections in Granite county arrange on Mondays. If sanitarian is unable to inspect the system, complete ALL parts of this form and return to Tri-County Environmental Health within 30 days. You can attach your own form if you do computer drawings, but please provide all the information below.

COUNTY Powell
CURRENT PROPERTY OWNER Donald S. / Ella M. Goodbread
PROPERTY ADDRESS/LEGAL DESCRIPTION 41753 Hwy 200, Ovando, MT. 59854
LOT/TRACT/PARCEL _____ SECTION 24 TOWNSHIP 15N RANGE 13W
SUBDIVISION NAME _____

DATE OF INSTALLATION 7/22/05 CONTRACTOR owner

Please draw the septic system as built below. Include ALL of the following information:

Distance from well to septic tank 10 W / E Distance from well to drain field _____
Distance from tank to foundation 15' Distance from drain field to foundation 30'
Distance from tank to drain field 10' Tank size and material 1,000 gal / concrete
Tank to Distribution box 20' Number and length of laterals 2 - 75'
Depth of drain field minimum 3' maximum 5'
Type of drain field (pipe and gravel, chamber, sand-lined, other) PERFORATED pipe + gravel
Distance from property lines: drainfield 100' septic tank 500' well NINE



I declare this information to be true, complete and correct to the best of my knowledge.

Property Owner or Authorized Agent's Signature Donald J. Goodbread