

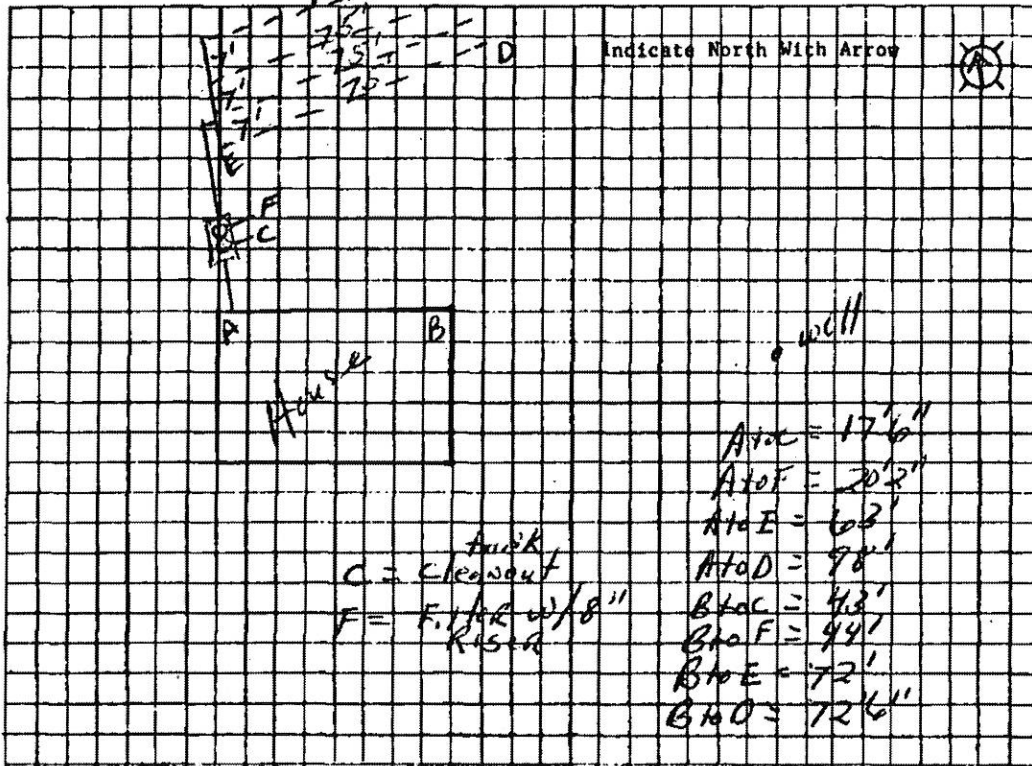
MISSOULA CITY-COUNTY HEALTH DEPARTMENT  
301 W. Alder 523-4755

**INDIVIDUAL SEWER SYSTEM INSPECTION REPORT**

Name of Owner Laurea Ike  
 Legal Address/Location S.W. 1/4 T20 R16 S18 - 6384 Hwy 83 mm 39  
 Certified Installer Row Mathew 2001-49

Type System: New  Replacement   
 Septic Tank: Capacity: 1000 gal.  Other  gal., Material: Concrete  Other  , Depth to top: 1 ft. in.  
 Drainfield: Total length 200 ft., # of laterals 4 , Trench Depth 2-30 in. to bottom  
 Seepage Pit: Height  ft., Depth to Top  ft. in  
 Distance of Installation From: Property Lines: 10' Wells: 102' Surface Water: NA Other

Soil Type Silt PAVED: YES  NO



Installation Inspected: Approved  Disapproved

Self Inspected By: Row Mathew Sanitarian Date 10/30/01

Corrections Necessary: \_\_\_\_\_

Inspection Witnessed By: \_\_\_\_\_ Date 1/1

Deficiencies Corrected: yes  no  Sanitarian Date 1/1

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

OWNER NAME: Lauren Ika PHONE: 407 754-2626  
 OWNER ADDRESS: 8720 Hwy 10 Butte MT  
 CERTIFIED INSTALLER: Matthew Bros  
 LOCATION OF INSTALLATION: 1/4 SW 1/4 T 26 R 16 S 18  
 ADDRESS OF SITE: PO Box 1332 Hwy 83 (mm 39) 6384  
 CERTIFICATE OF SURVEY: # \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
 LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ TRACT: \_\_\_\_\_ SIZE OF PARCEL: 17 acres  
 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"/>	<input type="checkbox"/>
WATER LINES >10'	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOODPLAIN >100'	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SURFACE WATER >100'	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HGW >4', >5', >6'	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BEDROCK >6'	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SLOPE <25%	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROPERTY LINES, BLDGS >10'	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*SANITARY RESTRICTIONS ?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
*ANY EXISTING SEPTIC SYSTEMS?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
UPGRADE REQUIRED?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
*INSIDE OR NEAR FLOODPLAIN:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
*PUBLIC SEWER LESS THAN 200 FEET:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
*PROPERTY LOCATED IN MWTPSA?	YES <input type="checkbox"/> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
___ CITY S.T.E.P. TANK & PERMIT REQUIRED	

SOIL TYPE: Silt  
 WATER SUPPLY: well

TYPE OF SYSTEM TO BE INSTALLED: \_\_\_\_\_ NEW:  REPLACEMENT  
 SYSTEM SIZING:  RESIDENTIAL #OF BEDROOMS: 3 GAL/DAY: 375  
 \_\_\_\_\_ COMMERCIAL USE \_\_\_\_\_ GAL/DAY: \_\_\_\_\_

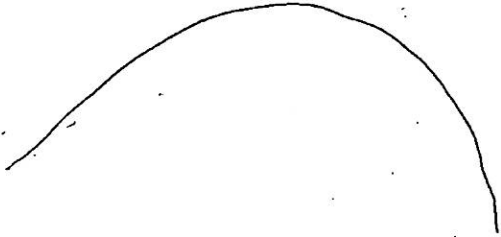
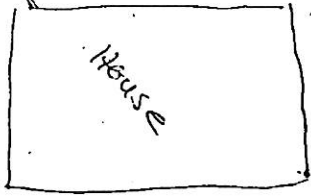
APPLICATION RATE (Gal/day or sq. ft./bedroom): .5  
 FROM: PLAT APPROVAL \_\_\_\_\_; SITE EVALUATION \_\_\_\_\_; ENGINEER \_\_\_\_\_  
 SYSTEM SIZE & DESCRIPTION: 1000 Gallons (  concrete, \_\_\_\_\_ S.T.E.P., \_\_\_\_\_ other) septic tank  
 with 300 lineal feet of 24 inch trench drainfield as per site 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: \_\_\_\_\_  
 \_\_\_\_\_

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: \_\_\_\_\_  
 Health Authority: [Signature] Date: 10/15/01



↑  
N

Lauren Ike

⊕  
Well

STATE OF MONTANA  
DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION  
1424 9TH AVENUE P.O.BOX 201601 HELENA, MONTANA 59620-1601

# GENERAL ABSTRACT

**Water Right Number:** 76K 29513-00 GROUND WATER CERTIFICATE  
**Version:** 1 -- ORIGINAL RIGHT  
**Version Status:** ACTIVE

**Owners:** CIRCLE B RANCH LLC  
PO BOX 917  
CONDON, MT 59826

**Priority Date:** SEPTEMBER 11, 1980 at 02:00 P.M.  
**Enforceable Priority Date:** SEPTEMBER 11, 1980 at 02:00 P.M.

**Purpose (use):** DOMESTIC  
**Maximum Flow Rate:** 6.00 GPM  
**Maximum Volume:** 1.50 AC-FT

**Source Name:** GROUNDWATER  
**Source Type:** GROUNDWATER

**Point of Diversion and Means of Diversion:**

<u>ID</u>	<u>Govt Lot</u>	<u>Qtr Sec</u>	<u>Sec</u>	<u>Twp</u>	<u>Rge</u>	<u>County</u>
1		SWNWSW	17	20N	16W	MISSOULA

**Period of Diversion:** JANUARY 1 TO DECEMBER 31  
**Diversion Means:** WELL  
**Well Depth:** 140.00 FEET  
**Static Water Level:** 88.00 FEET  
**Casing Diameter:** 5.00 INCHES

**Purpose (Use):** DOMESTIC  
**Households:** 1  
**Volume:** 1.50 AC-FT  
**Period of Use:** JANUARY 1 to DECEMBER 31

**Place of Use:**

<u>ID</u>	<u>Acres</u>	<u>Govt Lot</u>	<u>Qtr Sec</u>	<u>Sec</u>	<u>Twp</u>	<u>Rge</u>	<u>County</u>
1			SWNWSW	17	20N	16W	MISSOULA

**Geocodes/Valid:** 04-2992-17-2-01-01-0000 - Y

**Remarks:**

OWNERSHIP UPDATE RECEIVED  
OWNERSHIP UPDATE TYPE DOR # 131374 RECEIVED 05/15/2015.

STATE OF MONTANA  
DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION  
1424 9TH AVENUE P.O.BOX 201601 HELENA, MONTANA 59620-1601

# GENERAL ABSTRACT

**Water Right Number:** 76K 30007010 GROUND WATER CERTIFICATE

**Version:** 1 -- ORIGINAL RIGHT

**Version Status:** ACTIVE

**Owners:** CIRCLE B RANCH LLC  
PO BOX 917  
CONDON, MT 59826

**Priority Date:** JULY 23, 2003 at 02:22 P.M.

**Enforceable Priority Date:** JULY 23, 2003 at 02:22 P.M.

**Purpose (use):** DOMESTIC  
LAWN AND GARDEN

**Maximum Flow Rate:** THIS RIGHT IS LIMITED TO THE ACTUAL AMOUNT USED UP TO 35 GALLONS PER MINUTE.

**Maximum Volume:** THIS RIGHT IS LIMITED TO THE ACTUAL AMOUNT USED UP TO 10 ACRE-FEET.

**Source Name:** GROUNDWATER

**Source Type:** GROUNDWATER

**Point of Diversion and Means of Diversion:**

<u>ID</u>	<u>Govt Lot</u>	<u>Qtr Sec</u>	<u>Sec</u>	<u>Twp</u>	<u>Rge</u>	<u>County</u>
1		NWSW	17	20N	16W	MISSOULA

**Period of Diversion:** JANUARY 1 TO DECEMBER 31

**Diversion Means:** WELL

**Well Depth:** 225.00 FEET

**Static Water Level:** 96.00 FEET

**Casing Diameter:** 6.00 INCHES

**Purpose (Use):** DOMESTIC

**Households:** 1

**Volume:**

**Period of Use:** JANUARY 1 to DECEMBER 31

**Place of Use:**

<u>ID</u>	<u>Acres</u>	<u>Govt Lot</u>	<u>Qtr Sec</u>	<u>Sec</u>	<u>Twp</u>	<u>Rge</u>	<u>County</u>
1			NWSW	17	20N	16W	MISSOULA

**Purpose (Use):** LAWN AND GARDEN

**Volume:**

**Period of Use:** APRIL 15 to OCTOBER 15

**Place of Use:**

<u>ID</u>	<u>Acres</u>	<u>Govt Lot</u>	<u>Qtr Sec</u>	<u>Sec</u>	<u>Twp</u>	<u>Rge</u>	<u>County</u>
1			NWSW	17	20N	16W	MISSOULA

**Geocodes/Valid:** 04-2992-17-2-01-01-0000 - Y

**Remarks:**

OWNERSHIP UPDATE RECEIVED

OWNERSHIP UPDATE TYPE DOR # 131374 RECEIVED 05/15/2015.