

WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Name of Owner Circle B Ranch LLC c/o Ron Bullock

Legal Address/Location 4605 Waldbillig Road

Certified Installer Gary Lewis Soil Type Gravelly Sandy Clay

System Type:
 New Replacement _____
 Modified _____
 No. of Bedrooms Permitted 3
Trenches:
 Standard _____ Gravelless PATS _____
Distribution:
 Gravity _____ Pressure

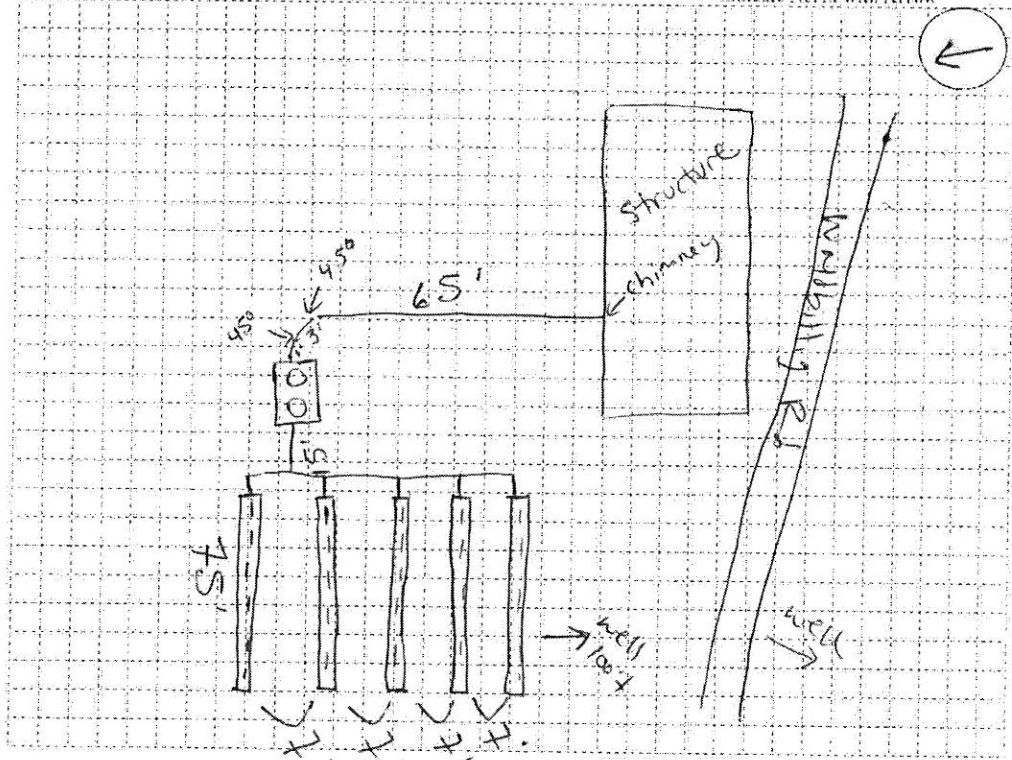
Squirt Height 9'
Septic Tank:
 Capacity (Gal) 1000 Pump: 500
 Concrete N
 Depth to top 3'
 Paved? N
 Filter N
 Child Safety Basket? N

BF Total length 375'
 Trench/Bed Depth (in) 24-36"
 # of Laterals 5
 Seepage Pit Height _____ ft.
 Depth to Top _____
 Distance of Abs System From:
 Prop. Lines: 100' Wells: 100'
 Surface Water: 100' Tank: 16'

Septic Tank- Latitude: D _____ M _____ S _____ Longitude: D _____ M _____ S _____
 Abs System- Latitude: D _____ M _____ S _____ Longitude: D _____ M _____ S _____

Didn't have gps equipment

Indicate North with Arrow



Approved Disapproved _____
 Sanitarian Liz Hickey Date 6.3.16

Corrections Necessary: ensure trenches are between 24-36" when backfilling

Inspection Witnessed By: [Signature] Date 6.3.16

Deficiencies Corrected: Yes _____ No _____
 Sanitarian _____ Date _____



NEW
DEPT

MISSOULA CITY-COUNTY HEALTH DEPARTMENT PERMIT #: 2015-163
301 W. ALDER, MISSOULA MT 59802
(406) 258-4755 FAX (406) 258-4781

PERMIT FEE AMOUNT: \$ 200.00

SEPTIC PERMIT

DATE PAID: 08/28/2015

Owner Name: Circle B Ranch LLC in c/o Ron Bullock Phone: 406-754-0037
Owner Mailing Address: PO Box 917 City Condon State MT Zip 59826
Certified Installer: Must be certified by this department
Location of Installation: 1/4 SW T 20 R 16 S 17 Other: N/A
Address of Site: 4605 Waldbillig Road City Condon Zip 59826
Certificate of Survey #: N/A Subdivision: N/A
Tract: N/A Lot: N/A Block: N/A Other: N/A Parcel Size: 20 acres
General Area Name: CLINTON Geocode: 2992-17-2-01-13-0000

Site plan matches state approval?	N/A	NON-DEG requirements met?	YES
All separations met?	YES	MWTPSA requirements met?	N/A
Any additional existing septic systems?	YES	Within 100' of Floodplain/Flood prone?	NO
Upgrade required?	NO	Well Permit Required?	NO
Floor Plans Attached?	YES	Checklist on reverse completed?	YES

WELL PERMIT #: pre-permit WATER SUPPLY: WELL-INDV
TYPE OF SYSTEM: Residential; #Dwelling Units- 1 #of Bedrooms- 1 + Unfinished Basement? YES
 Commercial: Use #Employees- #Customers-
DESIGN GALLONS PER DAY: 300

SYSTEM SIZING

APPLICATION RATE: (Gal/day or sq. ft./bedroom): .2 FROM: PCI Site Evaluation
SOIL TYPE: Gravelly sandy clay

SYSTEM DESIGN (TOTAL MINIMUM REQUIRED)

DISTRIBUTION TYPE: PRESSURE SEPTIC TANK SIZE: 1000 GAL DOSE TANK SIZE: 500 GAL
ABSORPTION SYSTEM TYPE: DRAINFIELD SQUARE FEET: 1,500 LINEAL FEET: 500
TRENCH WIDTH: 3 feet LINEAL FEET IF CHAMBERS ARE USED: 375

SPECIAL CONDITIONS/ADDITIONAL COMMENTS

System is to serve a new structure that will be used as a gathering place for family members. There are two bedrooms proposed (a loft and an unfinished basement). This system is being sized for 3 bedrooms per current minimum sizing requirements. Install in location shown on the attached site plan and in accordance with the attached designs. Install child safety basket on all risers 22" or greater in diameter. Install effluent filter on tank outlet.

Any well and/or drainfield must be installed as shown on an applicable Certificate of Subdivision Plat Approval (76-4-130 MCA)

As purchaser of this permit, I agree to comply with all requirements for installation as described in Missoula City-County Health Code Regulation #1, DEQ Circular 4 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.

Permit purchaser: EMILIES 5/10/16 See Attached Date: _____
Health Authority: Jamie L. Egan Date: 09/02/15

RECEIVED MAY 1 1 2016

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Address of Site: 4605 Waldbillig Road City Condon Zip 59826
Certificate of Survey #: N/A Subdivision: N/A
Tract: N/A Lot: N/A Block: N/A Other: N/A Parcel Size: 20 acres
General Area Name: CLINTON Geocode: 2992-17-2-01-13-0000

Site plan matches state approval?	<u>N/A</u>
All separations met?	<u>YES</u>
Any additional existing septic systems?	<u>YES</u>
Upgrade required?	<u>NO</u>
Floor Plans Attached?	<u>YES</u>

NON-DEG requirements met?	<u>YES</u>
MWTPSA requirements met?	<u>N/A</u>
Within 100' of Floodplain/Flood prone?	<u>NO</u>
Well Permit Required?	<u>NO</u>
Checklist on reverse completed?	<u>YES</u>

WELL PERMIT #: pre-permit WATER SUPPLY: WELL-INDV
TYPE OF SYSTEM: Residential: #Dwelling Units- 1 #of Bedrooms- 1 + Unfinished Basement? YES
 Commercial: Use #Employees- #Customers-
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Permit purchaser: [Signature] Date: 5-11-16
Health Authority: [Signature] Date: 08/02/15

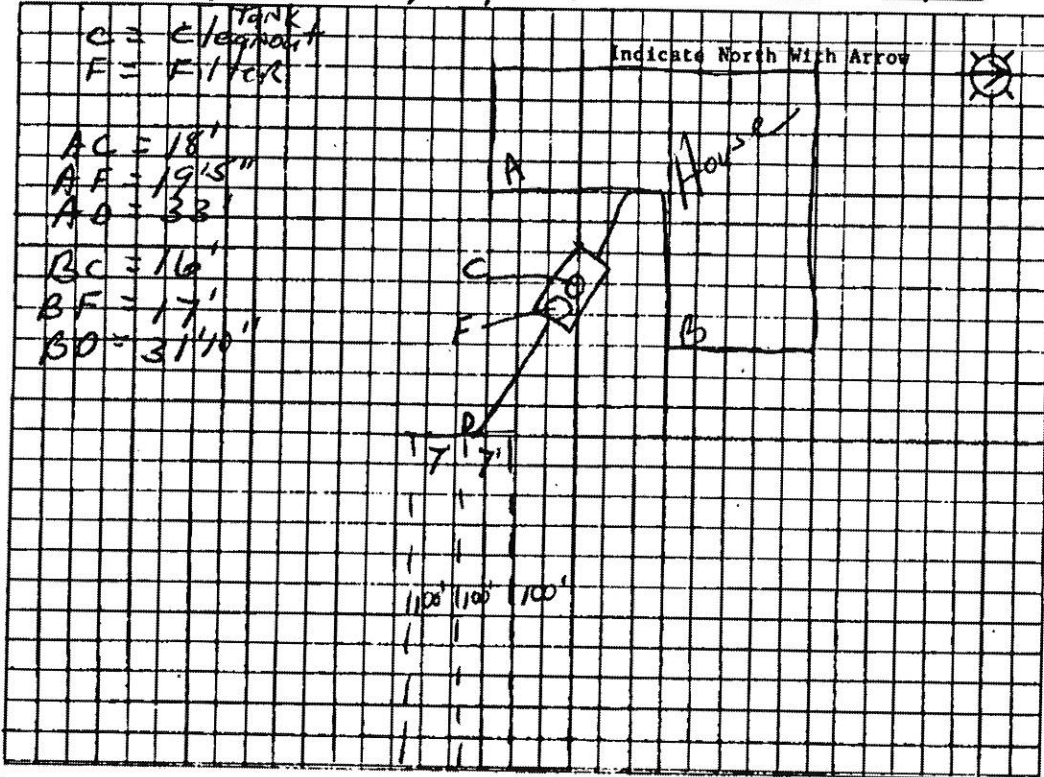
MISSOULA CITY-COUNTY HEALTH DEPARTMENT
301 W. Alder 523-4755

INDIVIDUAL SEWER SYSTEM INSPECTION REPORT

Name of Owner Gene Fisher
Legal Address/Location W 1/2 SW 1/4 SE 1/4 T20 R11 S17 / 4640 Weldbillig Road
Certified Installer Row Matthew

Type System: New Replacement
Septic Tank: Capacity: 1000 gal. Other gal., Material: Concrete Other , Depth to top: 1 ft. in.
Drainfield: Total length 300 ft., # of laterals 3, Trench Depth 2-30 in. to bottom
Seepage Pit: Height ft., Depth to Top ft. in
Distance of Installation From: Property Lines: 10' Wells, 100' Surface Water: NA Other

Soil Type Fine Sandy loam to Sandy Clay Loam PAVED: YES NO



Installation Inspected: Approved Disapproved

Self Inspected By: Row Matthew Sanitarian Date 11/14/01

Corrections Necessary:

Inspection Witnessed By: Date

Deficiencies Corrected: yes no Sanitarian Date

MISSOULA CITY-COUNTY HEALTH DEPARTMENT

301 W. ALDER (406)523-4755

SEWER PERMIT AND APPLICATION

OWNER NAME: Gene Fisher PHONE: 754-5992

OWNER ADDRESS: 4640 Waldbillig Rd

CERTIFIED INSTALLER: _____
 LOCATION OF INSTALLATION: 1/4 SW 1/4 SE 1/4 T 16 R 16 S 17

ADDRESS OF SITE: 4640 Waldbillig Road 20

CERTIFICATE OF SURVEY: # _____ SUBDIVISION: Plat A'2

LOT: _____ BLOCK: _____ TRACT: _____ SIZE OF PARCEL: 20 acres

GENERAL AREA NAME: London

SEPARATION ADEQUATE FOR:
 (INFO SUPPLIED BY APPLICANT)(CHECK ALL)

Special Conditions and Other Information

	YES	NO
WELLS >100'		
WATER LINES >10'		
FLOODPLAIN >100'		
SURFACE WATER >100'		
HGW >4', >5', >6'		
BEDROCK >6'		
SLOPE <25%		
PROPERTY LINES, BLDGS >10'		

*SANITARY RESTRICTIONS?	YES	NO
*ANY EXISTING SEPTIC SYSTEMS?	YES	NO
UPGRADE REQUIRED?	YES	NO
*INSIDE OR NEAR FLOODPLAIN:	YES	NO
*PUBLIC SEWER LESS THAN 200 FEET:	YES	NO
*PROPERTY LOCATED IN MWTFPSA?	YES	NO
FOR NEW OR INCREASED USE		
___ SUBDIVISION PLAT LANGUAGE EXISTS		
___ DEED RESTRICTION FILED		
*PROPERTY LOCATED IN S.T.E.P. AREA?	YES	NO <u>1</u>
___ CITY S.T.E.P. TANK & PERMIT REQUIRED		

SOIL TYPE: Fine Sandy loam to Sandy clay loam
 WATER SUPPLY: Private

TYPE OF SYSTEM TO BE INSTALLED: _____ NEW: X REPLACEMENT
 SYSTEM SIZING: X RESIDENTIAL #OF BEDROOMS: 3 GAL/DAY: _____
 _____ COMMERCIAL USE _____ GAL/DAY: _____

APPLICATION RATE (Gal/day or sq. ft./bedroom): 0.6+
 FROM: PLAT APPROVAL _____; SITE EVALUATION TB; ENGINEER _____
 SYSTEM SIZE & DESCRIPTION: 1000 Gallons (X 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: Gene Fisher Date: 10-25-2001

Health Authority: Tom Bauger Date: 10/25/01