

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

INDIVIDUAL SEWER SYSTEM INSPECTION REPORT

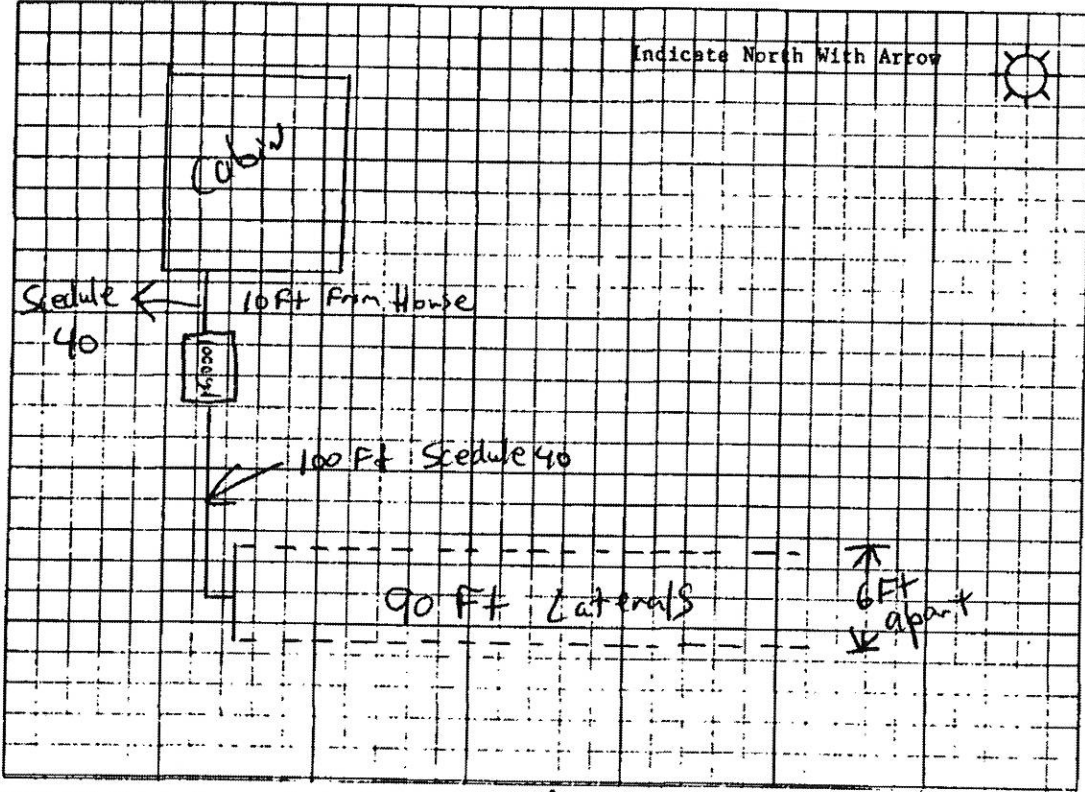
Name of Owner Wayne Strevell / Jennifer Dyer

Legal Address/Location 4600 Waldbilling Mountain RD, Condon Mt.

Certified Installer John C. Miller

Type System: Now Replacement
Septic Tank: Capacity: 1000 gal. Other ___ gal., Material: Concrete Other ___, Depth to top: 1 ft. 6 in.
Drainfield: Total length 180 ft., # of laterals 2, Trench Depth 30 in. to bottom
Soepage Pit: Height ___ ft., Depth to Top ___ ft., in
Distance of Installation From: Property Lines: 100+ Wells: 100+ Surface Water: 6+ Other ___

Soil Type Sandy loam



Installation Inspected: Approved Disapproved

Self Inspected By: John Miller Sanitarian Date 8/1/97

Corrections Necessary: _____

Inspection Witnessed By: John Miller Date 8/1/97

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: Wayne Grevel/Jennifer Dyer PHONE: 754-2695
 OWNER ADDRESS: PO Box 1044 Condon MT
 CERTIFIED INSTALLER: John Miller
 LOCATION OF INSTALLATION: SE 1/4 SE 1/4 T 20 R 16 S 17
 ADDRESS OF SITE: 4600 Waldebillig Mountain Rd.
 CERTIFICATE OF SURVEY: # _____ SUBDIVISION: _____
 LOT: _____ BLOCK: _____ TRACT: _____ SIZE OF PARCEL: 20 acres
 GENERAL AREA NAME: Condon

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

	YES	NO
WELLS >100'	<input checked="" type="checkbox"/>	
WATER LINES >10'	<input checked="" type="checkbox"/>	
FLOODPLAIN >100'	<input checked="" type="checkbox"/>	
SURFACE WATER >100'	<input checked="" type="checkbox"/>	
HGW >4', >5', >6'	<input checked="" type="checkbox"/>	
BEDROCK >6'	<input checked="" type="checkbox"/>	
SLOPE <25%	<input checked="" type="checkbox"/>	
PROPERTY LINES, BLDGS >10'	<input checked="" type="checkbox"/>	

Special Conditions and Other Information

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

SOIL TYPE: Sandy loam
 WATER SUPPLY: well

TYPE OF SYSTEM TO BE INSTALLED: _____ NEW: _____ REPLACEMENT
 SYSTEM SIZING: RESIDENTIAL #OF BEDROOMS: 2 GAL/DAY: 300
 _____ COMMERCIAL USE _____ GAL/DAY: _____
 APPLICATION RATE (Gal/day or sq. ft./bedroom): .8
 FROM: PLAT APPROVAL _____; SITE EVALUATION ; ENGINEER _____
 SYSTEM SIZE & DESCRIPTION: 1000 Gallons (concrete, _____ S.T.E.P., _____ other) septic tank
 with 180 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: Did drainfield deep enough to get into
sandy loam

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: 7/17/97

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 64612-00 GROUND WATER CERTIFICATE
Version: 1 -- ORIGINAL RIGHT
Version Status: ACTIVE

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

Priority Date: MARCH 3, 1987 at 10:18 A.M.
Enforceable Priority Date: MARCH 3, 1987 at 10:18 A.M.

Purpose (use): DOMESTIC
Maximum Flow Rate: 5.00 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		W2SESE	17	20N	16W	MISSOULA

Period of Diversion: JANUARY 1 TO DECEMBER 31
Diversion Means: WELL
Well Depth: 220.00 FEET
Static Water Level: 80.00 FEET
Casing Diameter: 6.62 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			W2SESE	17	20N	16W	MISSOULA

Geocodes/Valid: 04-2992-17-2-01-11-0000 - Y

Remarks:

MISCELLANEOUS INFORMATION

TO CORRECT BASIN FROM 76F TO 76K 4/30/96

OWNERSHIP UPDATE RECEIVED

NOTICE OF WATER RIGHT TRANSFER RECEIVED 06/16/95.

OWNERSHIP UPDATE RECEIVED

NOTICE OF WATER RIGHT TRANSFER RECEIVED 11/30/98.

OWNERSHIP UPDATE RECEIVED

OWNERSHIP UPDATE TYPE DOR # 84677 RECEIVED 09/18/2008.

OWNERSHIP UPDATE TYPE DOR # 84678 RECEIVED 08/13/2009.