

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

OWNER NAME: Lauren Ika PHONE: 406 794-2626
 OWNER ADDRESS: 8720 Hwy 10 Butte MT
 CERTIFIED INSTALLER: Matthew Bros
 LOCATION OF INSTALLATION: 1/4 SW 1/4 T 20 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 type="checkbox"/> NO <input checked="" type="checkbox"/>
UPGRADE REQUIRED?	YES <input type="checkbox"/> NO <input checked="" 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	<input type="checkbox"/>
DEED RESTRICTION FILED	<input type="checkbox"/>
*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	<input type="checkbox"/>

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

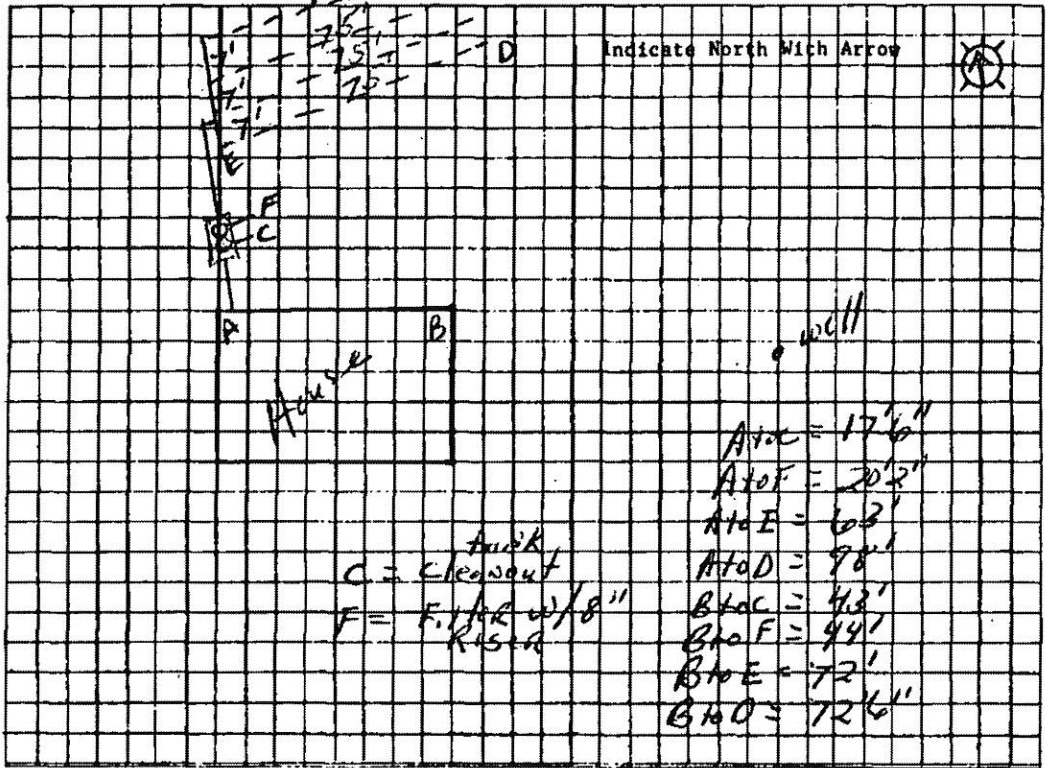
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301 W. Alder 523-4755

INDIVIDUAL SEWER SYSTEM INSPECTION REPORT

Name of Owner Laura Ike
Legal Address/Location S.W. 1/4 T20 R16 S18 - 6384 Hwy 83 mm 39
Certified Installer Ron 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 300 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: 1024 Surface Water: NA Other

Soil Type Silt PAVED: YES NO



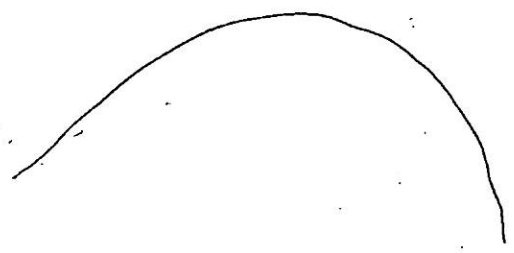
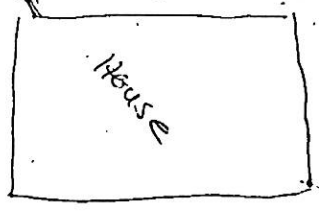
Installation Inspected: Approved Disapproved

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

Corrections Necessary:

Inspection Witnessed By: Date

Deficiencies Corrected: yes no Sanitarian Date



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Lauren Ike

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