

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

OWNER NAME: Ron & Kelly Bullock PHONE: _____
 OWNER ADDRESS: Chicago IL
 CERTIFIED INSTALLER: Matthew Bros
 LOCATION OF INSTALLATION: 1/4 SW 1/4 T 20 R 16 S 17
 ADDRESS OF SITE: 6378 Hwy 83
 CERTIFICATE OF SURVEY: # _____ SUBDIVISION: _____
 LOT: _____ BLOCK: _____ TRACT: _____ SIZE OF PARCEL: 150 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 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 MWTPSA? YES NO
 FOR NEW OR INCREASED USE
 _____ SUBDIVISION PLAT LANGUAGE EXISTS
 _____ DEED RESTRICTION FILED
 *PROPERTY LOCATED IN S.T.E.P. AREA? YES NO
 _____ CITY S.T.E.P. TANK & PERMIT REQUIRED

SOIL TYPE: SH
 WATER SUPPLY: well

TYPE OF SYSTEM TO BE INSTALLED: X NEW: _____ REPLACEMENT
 SYSTEM SIZING: 0 RESIDENTIAL #OF BEDROOMS: 3 GAL/DAY: _____
 _____ COMMERCIAL USE _____ GAL/DAY: _____

APPLICATION RATE (Gal/day or sq. ft./bedroom): 0.5
 FROM: PLAT APPROVAL _____; SITE EVALUATION _____; ENGINEER _____

SYSTEM SIZE & DESCRIPTION: 1000 Gallons (concrete, _____ S.T.E.P., _____ other) septic tank
 with 375 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: Dist box may be required

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: 9-16-99
 Health Authority: [Signature] Date: 9/16/99

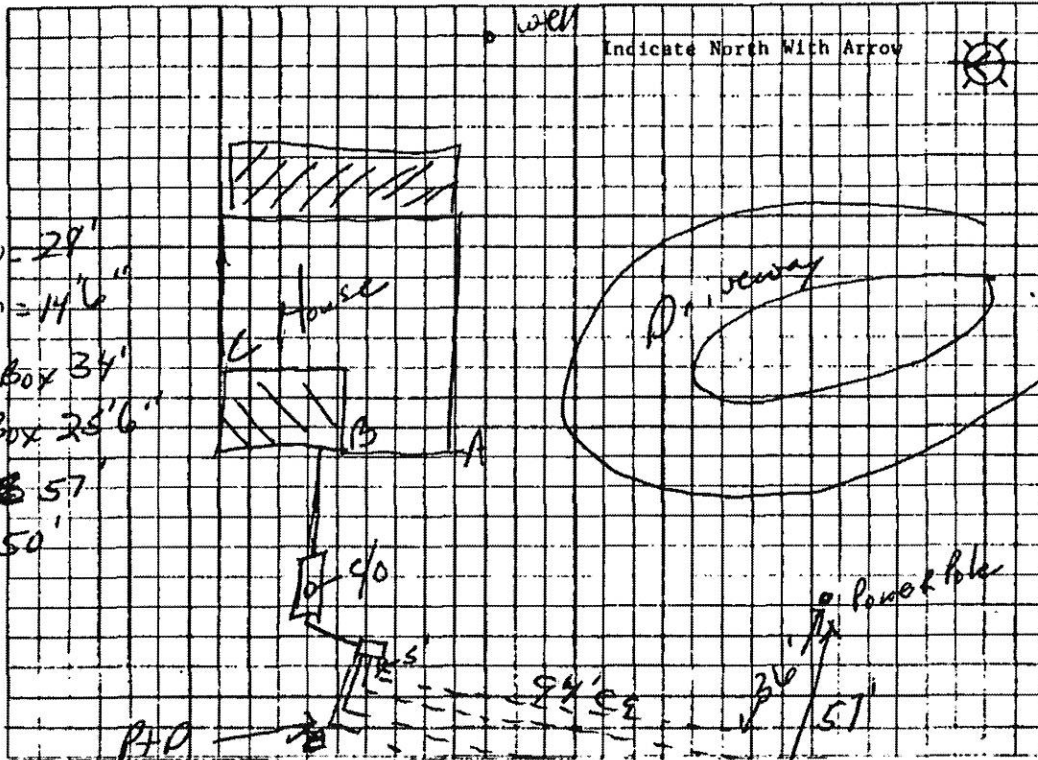
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INDIVIDUAL SEWER SYSTEM INSPECTION REPORT

Name of Owner Ron & Kella Bullock
Legal Address/Location Sy 1/4 T 20 R 16 S 17 / 6378 Hwy 83 N
Certified Installer Ron Matthew

Type System: New Replacement
Septic Tank: Capacity: 1000 gal. Other ___ gal., Material: Concrete Other ___ Depth to top: 1 ft. 4 in.
Drainfield: Total length 325 ft. # of laterals 4, Trench Depth 24-30 in. to bottom
Seepage Pit: Height ___ ft., Depth to Top ___ ft. in
Distance of Installation From: Property Lines: 10' Wells: 100' Surface Water: 100' Other ___

Soil Type silt



Installation Inspected: Approved Disapproved

Self Inspected By: Ron Matthew Sanitarian Date 8, 3, 00
Corrections Necessary: _____

Inspection Witnessed By: _____ Date _____

Deficiencies Corrected: yes ___ no ___ Sanitarian Date _____

Matthew Bice / Bullock

9-16-99



Back
Crack

>100'

375' OF

92'
92'
92'
92'

Conveyer

o

House

>100'

wed

