Permit No. 2015-163

WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Name of Owner Circle B Ronch LLC C/	o Ron Bullock
Legal Address/Location 4605 Waldbillig P	oad
	Type Gravelly Sondy Clay
System Type: New Replacement Septic Tunk: Nodified Capacity(Cal): 000 Pt No. of Bedrooms Permitted Concrete Y N Z II Trenches: Standard Gravelless PATS Paved? Y N Distribution: Gravity Pressure Child Safety Basket? Y N	DF Total length 375 ft
Septic Tank- Latitude: DMSLongitu	nder DMS
Abs System-Latitude: Bont have gps equinent Longitu	A COMMISSION OF THE PARTY OF TH
Approved Disapproved Sanitarian Corrections Necessary: ensure frenches are beautiful for the first state of	Indicate North with Arrow And
(
Deficiencies Corrected: Yes No Sanitarian	Date Missoulo Public Health Covernment General

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MISSOULA CITY-COUNTY HEALTH DEPARTMENT

301 W. ALDER, MISSOULA MT 59802 (406) 258-4755 FAX (406) 258-4781

PERMIT #: 2015-163

PERMIT FEE AMOUNT: \$ 200,00

SEPTIC PERMIT

DATE PAID:

08/28/2015

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which Hame.	CHUIC IJ	I CHILOII	and had been	111 6/1	LIVE	LIMITORY

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

17 Other: N/A

Address of Site: 4605 Waldbillig Road

Subdivision: N/A

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Zip 59826

Certificate of Survey #: N/A

City Condon

General Area Name: CLINTON

Tract: N/A Lot: N/A Block: N/A

Other: N/A

Parcel Size: 20 acres

Geocode: 2992-17-2-01-13-0000

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

NON-DEG requirements met?	YES
MWTPSA requirements met?	N/A
Within 100' of Floodplain/Flood prone?	NO
Well Permit Required?	NO
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

ABSORBTION 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.

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Permit purchaser: Health Authority

See Attached Date:

			RECEIVED MA	Y 1 1 2016	
' DEPT	301 \	W. ALDER, MISS	HEALTH DEPARTM SOULA MT 59802 S (406) 259 4781	IENT PERMIT	2015-163
	(40	6) 258-4755 FA	X (400) 238-4781	PERMIT FEE AMOU	UNT: \$ 200.00
		SEPTIC P	ERMIT	DATE P	AID: 08/28/2
Owner Name: Circle B. Owner Malling Address: Certified Installer: Mus Location of Installation: Address of Site: 4605 W Certificate of Survey #: N Tract: N/A Lot: N/A	PO Box 917 the certified by this 1/4 SW T 20 addbillig Road NA A Block: N/A		City <u>Condon</u> S <u>17</u> Other: City <u>Co</u>	ndon Parcel	Zip <u>59826</u> I/A Zip <u>59826</u> Size: <u>20 acres</u>
General Area Name: CL. Site plan matches state app		N/A YES	NON-DEG requirem	nents met?	YES N/A
All separations met? Any additional existing se Upgrade required?	ptic systems?	YES NO	Within 100' of Flood Well Permit Require	plain/Flood prone?	
Floor Plans Attached?		YES	Checklist on reverse	completed?	YES
SYSTEM SIZING APPLICATION RATE: (SOIL TYPE: Gravelly sa		room):	<u>.2</u> FROM: <u>F</u>	CI Site Evaluation	o <u>n</u>
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