

Permit No. 2015-163

**WASTEWATER TREATMENT SYSTEM INSPECTION REPORT**

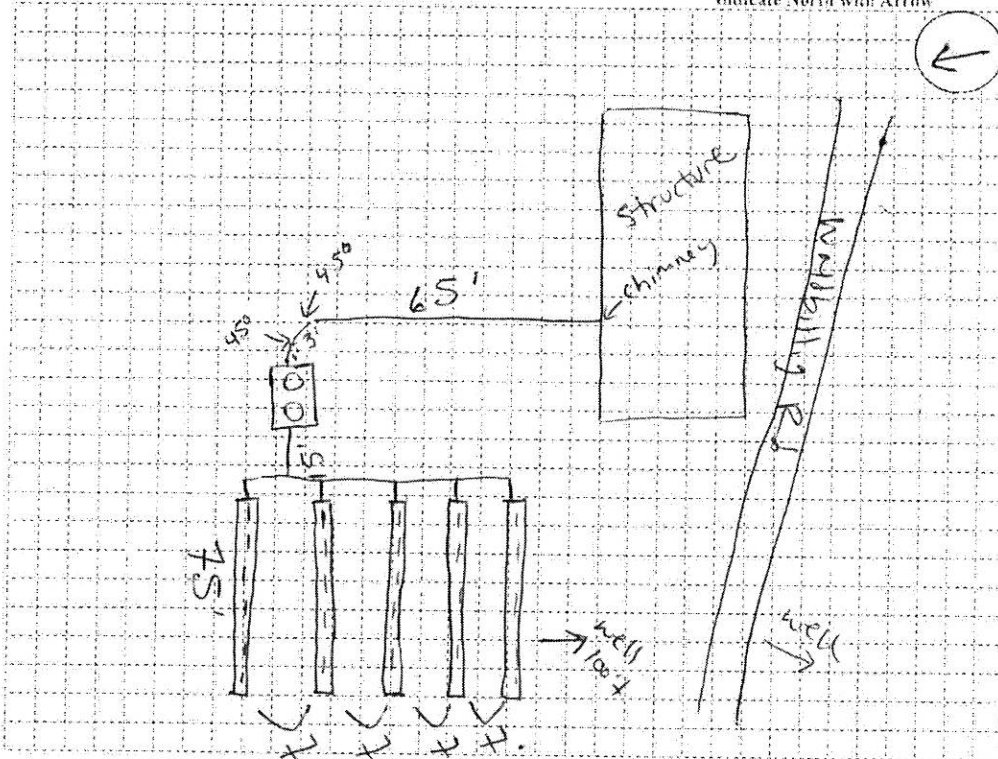
Name of Owner Circle B Ranch LLC c/o Ron Bullock  
 Legal Address/Location 4605 Waldbillig Road  
 Certified Installer Gary Lewis Soil Type Gravelly Sandy Clay

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  Y  N  
 Depth to top 3"  
 Paved?  Y  N  
 Filter  Y  N  
 Child Safety Basket?  Y  N  
 DF Total length 375 ft  
 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 Friday 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

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

PERMIT #: 2015-163

PERMIT FEE AMOUNT: \$200.00

DATE PAID: 08/28/2015

SEPTIC PERMIT

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

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: *EMILY 5/10/16 See Attached* Date: \_\_\_\_\_

Health Authority: *James Z. Green* Date: 09/02/15

RECEIVED MAY 11 2016

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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

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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

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 Commercial: Use #Employees- #Customers-  
DESIGN GALLONS PER DAY: 300

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APPLICATION RATE: (Gal/day or sq. ft./bedroom): 2 FROM: PCI Site Evaluation  
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Permit purchaser: *[Signature]* Date: 5-11-16  
Health Authority: *[Signature]* Date: 09/02/15