PERMIT #: 97-301

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

OWNER NAME: John Moxi PHONE: 942-6129							
OWNER ADDRESS: 655 Granite Ave Helena MT							
CERTIFIED INSTALLER: Gary Lowis							
LOCATION OF INSTALLATION: 1/4 NE 1/4 T 15 R 14 S 36 0 A							
ADDRESS OF SITE: Lot Z Stoke Lesse Lots Sperry Grade Bee Sites							
CERTIFICATE OF SURVEY: # SUBDIVISION: Sperry Grade Rec. Sites							
N I							
LOT: BLOCK: TRACT: SIZE OF PARCEL:							
GENERAL AREA NAME: Sperry Grade Clearwater							
SEPARATION ADEQUATE FOR:							
(INFO SUPPLIED BY APPLICANT)(CHECK ALL) Special Conditions and Other Information							
YES / NO							
WELLS > 100' YES_NO							
WATER LINES > 10'							
FLOODPLAIN > 100' "INSIDE OR NEAR FLOODPLAIN: YES NO YES NO YES NO							
SURFACE WATER > 100'							
HGW >4',>5',>6'							
BEDROCK >6'							
SLOPE <25%							
PROPERTY LINES, BLDGS >10'							
*PROPERTY LOCATED IN S.T.E.P. AREA? YES_NONO							
CITY S.T.E.P. TANK & PERMIT REQUIRED							
SOIL TYPE: Sandy Loren							
WATER SUPPLY: well							
TYPE OF SYSTEM TO BE INSTALLED: X NEW: REPLACEMENT							
SYSTEM SIZING: X RESIDENTIAL #OF BEDROOMS: Z GAL/DAY: 300							
COMMERCIAL USE GAL/DAY:							
APPLICATION RATE (Gal/day or sq. ft./bedroom): 1,0							
FROM: PLAT APPROVAL : SITE EVALUATION : ENGINEER							
SYSTEM SIZE & DESCRIPTION: \OOO Gallons (\sqrt{concrete}, S.T.E.P., other) septic tank							
with 150 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: Kop drzinfield 100' back from drop off							
C.I.							
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							
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							
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 comer for reference when you call for a final inspection.							
Permit purchaser: Date: 9-97							
Health Authority: Date: 9/9/97							

MISSOULA CITY-COUNTY HEALTH DEPARTMENT

SITE EVALUATION REPORT

Name of Applicant John Maki					Phone: 442-61251		
Address	655 G	conite A	ve ile	1000	MT		
					of theQtr. of site Spring (-i=	<u>da</u> 168	
						SO LUI	
Distance	to nearest well,	, irrigation ditch	NEsurface wat	51	4 36 Rd	****************	
Comment:		A			KG		
SOIL PRO	FILE:						
Depth	Thickness	Texture	Structure	Color	Other Features	 1	
0-1	. 1"	0110		LLIXK			
4-16	13."	511-1120	F.I. rk	Bun	no armed		
16-17	109'	Sandy .	Tolorley	Brown	no gravel		
]	
					*		
		`					
* Soil De	escription, 18 -	36" > > > > \.	1 10 200		·		
		1-2	•				
Other fea			,				
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Soul	ichini R	she of 1	0) (50 0.	12/day	- Nook		
111	100'	Ci From	Flow of		\ , '		
			7				
* Site a	pproved for septi	c system 🔀	Yes	No		was the state of t	
Copy given to Applicant \sigma S							
* Evaluation conducted by (Round & Magn on sol, 4 1997							

^{*} Indicates information required for data entry