

PERMIT #: 95-301

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

OWNER NAME: John + Jill Hurd PHONE: (819) 637-5016
 OWNER ADDRESS: 9 Bob Richards 241 W. MAIN ZIP _____
 CERTIFIED INSTALLER: Kirk Mace
 LEGAL DESCRIPTION: NW 1/4 SE 1/4 T 15 R 22 S 24
 ADDRESS OF SITE: WAAS, - Kirk Mace 17777 Fall Timber Rd
 CERTIFICATE OF SURVEY #: 4245 SUBDIVISION: _____
 LOT: C BLOCK: _____ TRACT: _____ SIZE OF PARCEL: _____
 GENERAL AREA NAME: Husen

SEPARATION ADEQUATE FOR:
 (INFO SUPPLIED BY APPLICANT) (CHECK ALL)

	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 >6', >5', >3'	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BEDROCK >6'	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SLOPE >25% <50% = 2'x (%-25)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROPERTY LINES, BLDGS >10'	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Special Conditions and Other Information

* SANITARY RESTRICTIONS ON LOT? <u>20</u>	YES	NO <input checked="" type="checkbox"/>
* ANY EXISTING SEPTIC SYSTEMS?	YES	NO <input type="checkbox"/>
UPGRADE REQUIRED?	YES	NO <input type="checkbox"/>
* INSIDE OR NEAR FLOODPLAIN:	YES	NO <input type="checkbox"/>
* PUBLIC SEWER GREATER THAN 200 FEET:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
* PROPERTY LOCATED IN MWTPSA?	YES	NO <input 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	NO <input checked="" type="checkbox"/>
CITY S.T.E.P. TANK & PERMIT REQUIRED	<input type="checkbox"/>	

SOIL TYPE: _____
 WATER SUPPLY: lead

TYPE OF SYSTEM TO BE INSTALLED: NEW: _____ REPLACEMENT _____
 SYSTEM SIZING: RESIDENTIAL: #OF BEDROOMS: 4+1 GAL/DAY: _____
 _____ COMMERCIAL: USE _____ GAL/DAY: _____

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

SYSTEM SIZE & DESCRIPTION: 1000 Gallon (concrete, _____ STEP, _____ other) septic tank with
400 lineal feet of 24 inch trench drainfield as per site plan attached. Install an 8 inch capped riser from tank

to surface. STEPS tank requires manway and lid to be inspected by the City.

SPECIAL CONDITIONS: In area of testing

MUST HAVE ADDRESS BEFORE INSPECTION

As purchaser of this permit, I agree to comply with all requirements for installation as described in Missoula City-County 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: Bob Richards Date: 8-2-95
 Health Authority: [Signature] Date: _____

Permit No. 45-301

MISSOULA CITY-COUNTY HEALTH DEPARTMENT
301 W. Alder 523-4755

INDIVIDUAL SEWER SYSTEM INSPECTION REPORT

Name of Owner John + Jill Hurd

Legal Address/Location 17777 Tall Timber Road

Certified Installer Agard

Type System: New Replacement

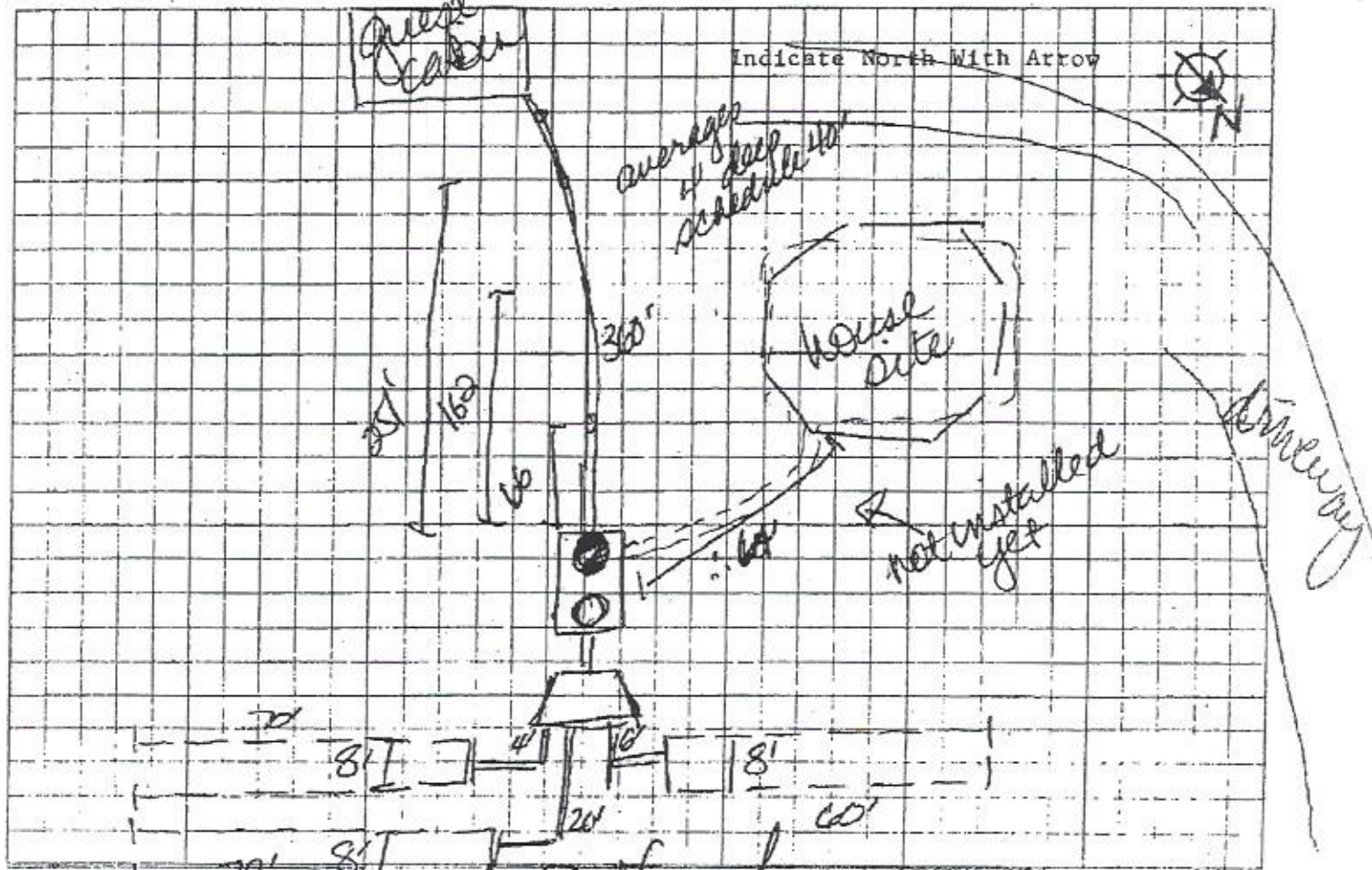
Septic Tank: Capacity: 1000 gal. Other gal., Material: Concrete Other , Depth to top: 12 in.

Drainfield: Total length 100 ft., # of laterals 6, Trench Depth 24 in. to bottom

Seepage Pit: Height ft., Depth to Top 10 ft. in

Distance of Installation From: Property Lines: 10' Wells: 100' + Surface Water: 100' Other
way more

Soil Type



Installation Inspected: Approved Disapproved
John Perreault Sanitarian 9, 14, 95 Date

Corrections Necessary:

Inspection Witnessed By: Rik A. Agard 9, 14, 95 Date

Deficiencies Corrected: yes no
 Sanitarian Date

PERMIT #: 98-189

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

OWNER NAME: John & Jill Hurd PHONE: 626-5316
OWNER ADDRESS: 17777 Tall Timber
CERTIFIED INSTALLER: Auset
LOCATION OF INSTALLATION: NW 1/4 SE 1/4 T 15 R 22 S 24
ADDRESS OF SITE: 17777 Tall Timber Rd
CERTIFICATE OF SURVEY: # 4245 SUBDIVISION: _____
LOT: C BLOCK: _____ TRACT: _____ SIZE OF PARCEL: 20 acres
GENERAL AREA NAME: Huson

SEPARATION ADEQUATE FOR:
(INFO SUPPLIED BY APPLICANT)(CHECK ALL)

	YES	NO
WELLS >100'	S	
WATER LINES >10'		
FLOODPLAIN >100'		
SURFACE WATER >100'		
HGW >4', >5', >6'		
BEDROCK >6'		
SLOPE <25%		
PROPERTY LINES, BLDGS >10'		

Special Conditions and Other Information

*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: Loamy sand
WATER SUPPLY: _____

TYPE OF SYSTEM TO BE INSTALLED: X NEW: _____ REPLACEMENT
SYSTEM SIZING: _____ RESIDENTIAL _____ COMMERCIAL
OF BEDROOMS: 3 USE _____ GAL/DAY: 375

APPLICATION RATE (Gal/day or sq. ft./bedroom): 1.2 GAL/DAY: _____
FROM: PLAT APPROVAL _____; SITE EVALUATION _____; ENGINEER _____
SYSTEM SIZE & DESCRIPTION: 1000 Gallons (X concrete, _____ S.T.E.P., _____ other) septic tank

with 190 lineal feet of 24 inch trench drainfield as per site plan attached. Install an 8 inch capped riser from tank to surface.
T.E.P. tanks requires manway and lid to be inspected by the City.

SPECIAL CONDITIONS: * Change from Permit # 95-301 - placing separate system in ph main house site.

I, 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 using 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 corner for reference when you call for a final inspection.

Permit purchaser: [Signature] Date: 6/4/98
Issuing Authority: [Signature] Date: 6/4/98

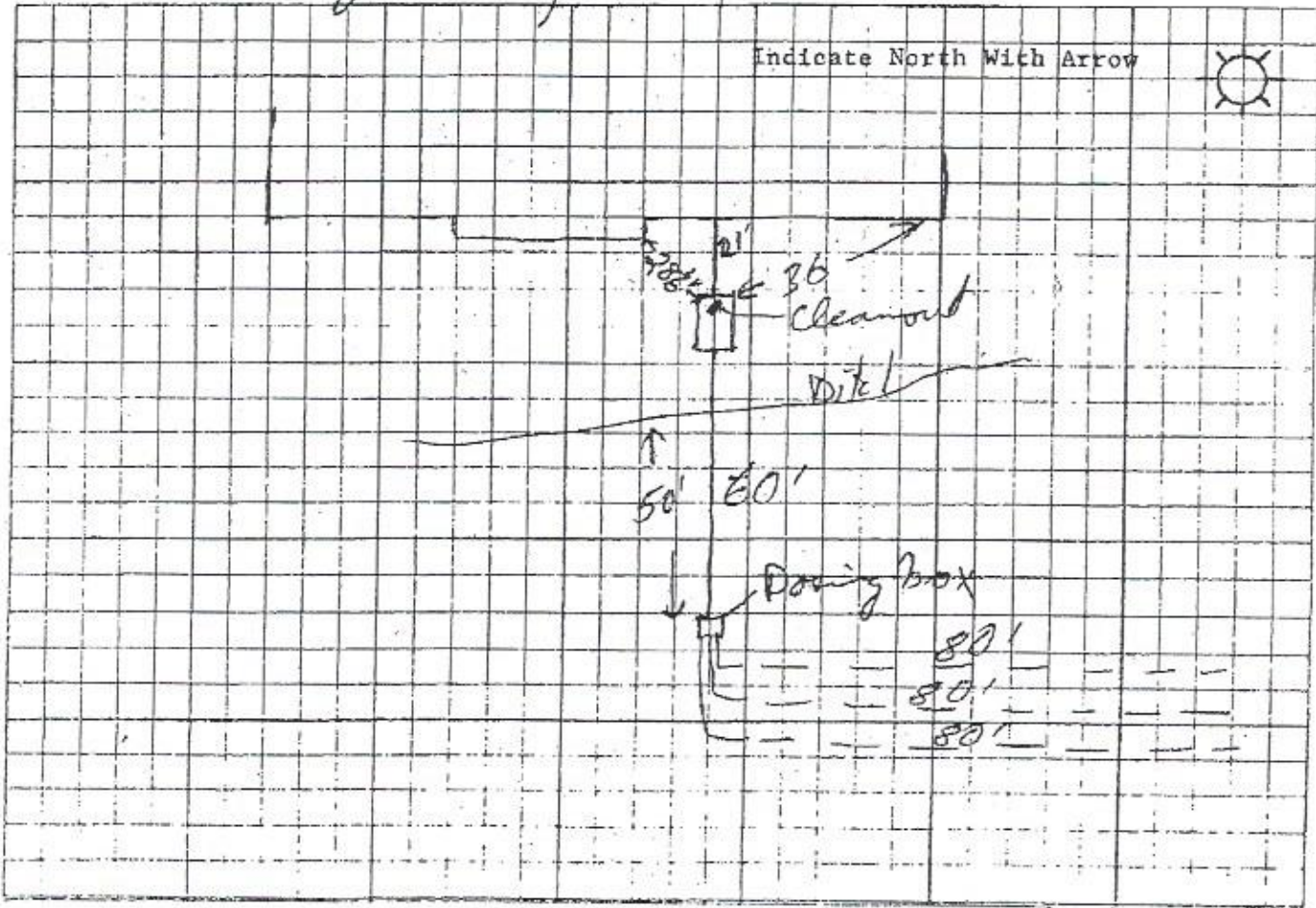
MISSOULA CITY-COUNTY HEALTH DEPARTMENT
301 W. Alder 523-4755

INDIVIDUAL SEWER SYSTEM INSPECTION REPORT

Name of Owner John Hurd
Legal Address/Location 17227 Tall Timber
Certified Installer Huset

Type System: New Replacement
Septic Tank: Capacity: 1000 gal. Other gal., Material: Concrete Other , Depth to top: ft. in.
Drainfield: Total length 240 ft., # of laterals 3 , Trench Depth in. to bottom
Seepage Pit: Height ft., Depth to Top ft. in.
Distance of Installation From: Property Lines: Wells: +100' Surface Water: Other

Soil Type Gravelly loamy sand 4000'



Installation Inspected: Approved Disapproved
Self Inspected By: Tom Bay 6/18/98
Sanitarian Date

Corrections Necessary:

Inspection Witnessed By: [Signature] 6/18/98
Date

Deficiencies Corrected: yes no
Sanitarian Date