

Permit No. 04-155

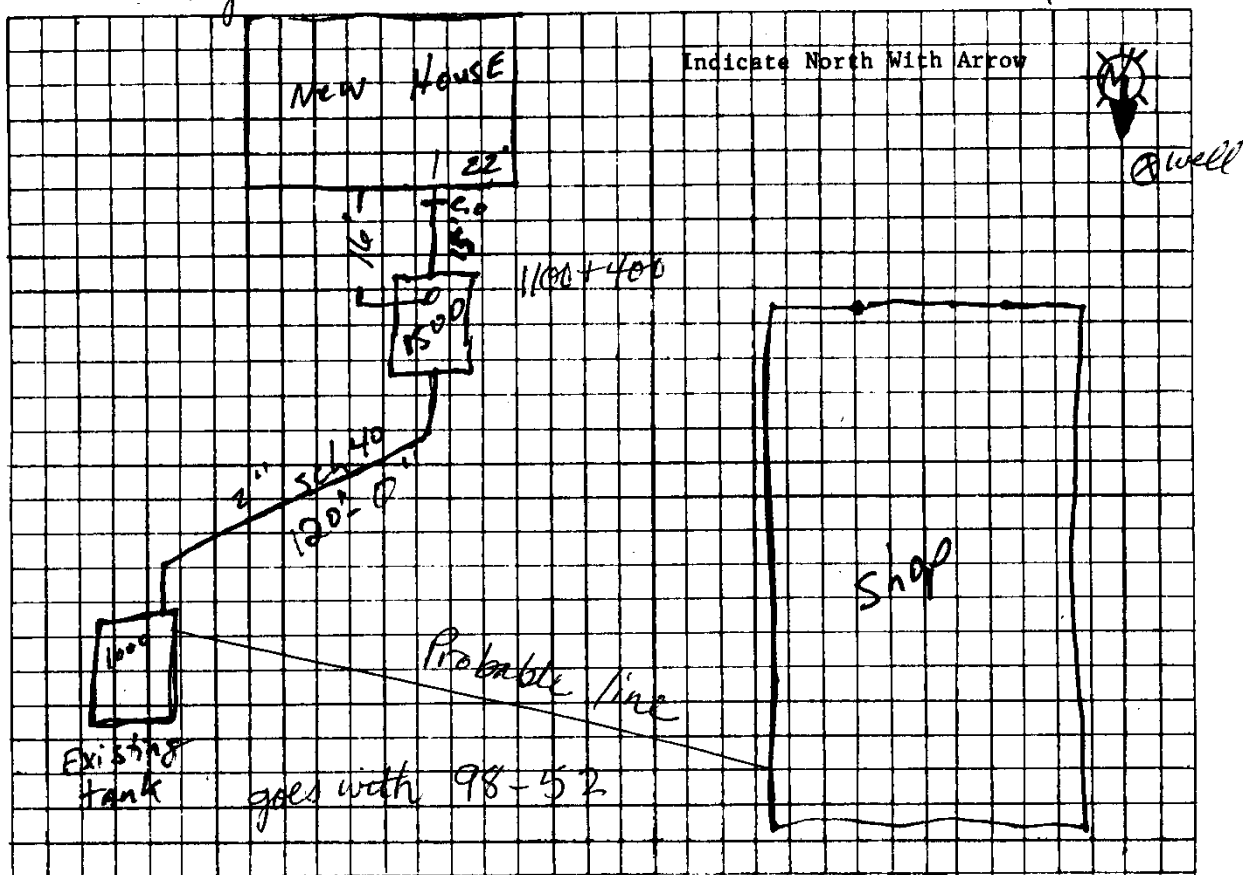
MISSOULA CITY-COUNTY HEALTH DEPARTMENT
301 W. Alder 523-4755

INDIVIDUAL SEWER SYSTEM INSPECTION REPORT

Name of Owner Thomas Nobbs
Legal Address/Location 124 Morrison Lane
Certified Installer Western Excavating

Type System: New ☒ Replacement _____
Septic Tank: Capacity: 1000 gal. _____ Other 1500 gal., Material: Concrete ☒ Other _____, Depth to top: 3 ft. 6 in.
Drainfield: Total length _____ ft., # of laterals _____, Trench Depth _____ in. to bottom
Seepage Pit: Height _____ ft., Depth to Top _____ ft. in 50' from tank
Distance of Installation From: Property Lines: N/A Wells: N/A Surface Water: N/A other _____

Soil Type loamy sand PAVED: _____ YES ☒ NO



Installation Inspected: Approved ☒ Disapproved _____

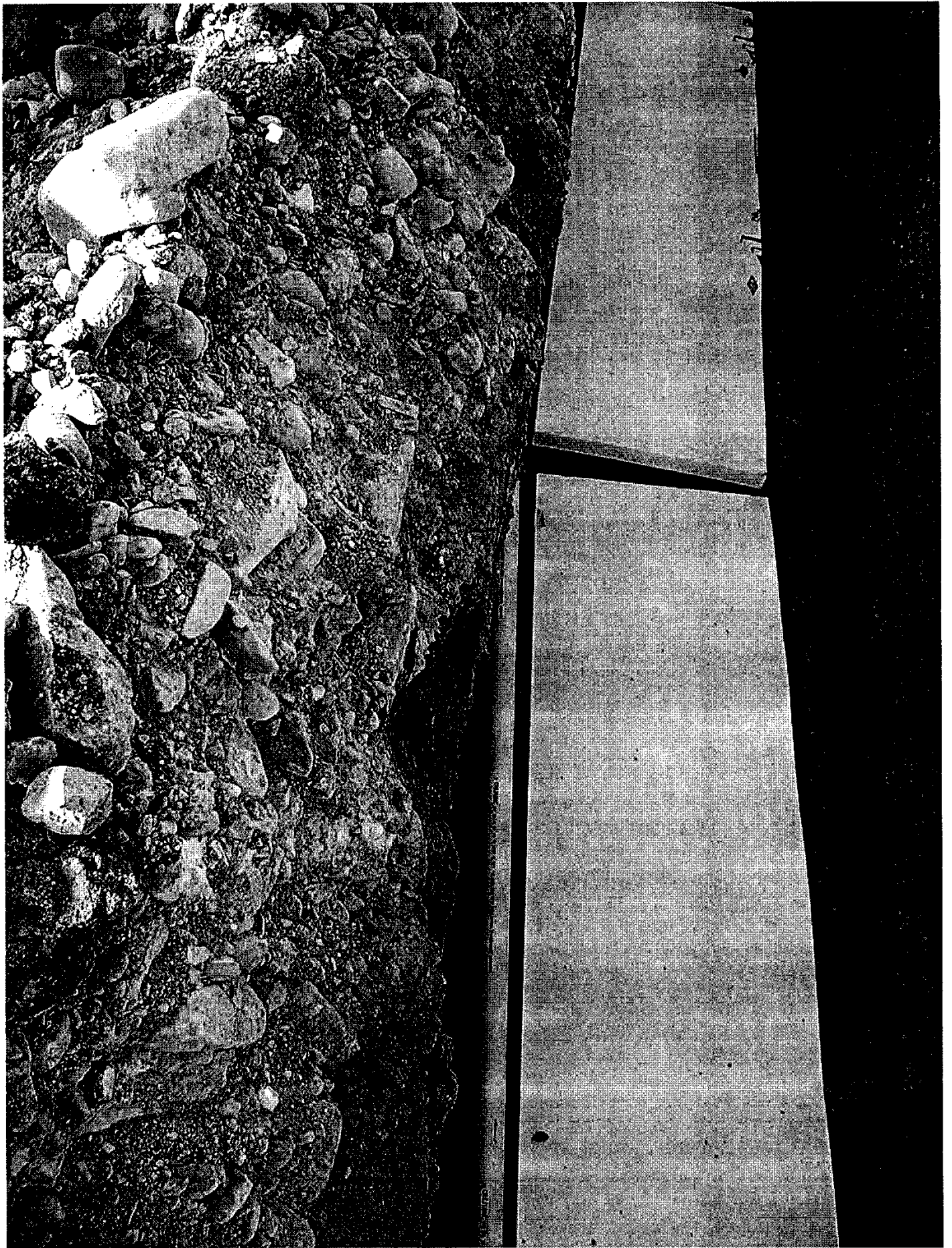
Self Inspected By: Brandi Barmann Mary Lou Silman 8/22/06
Sanitarian Date

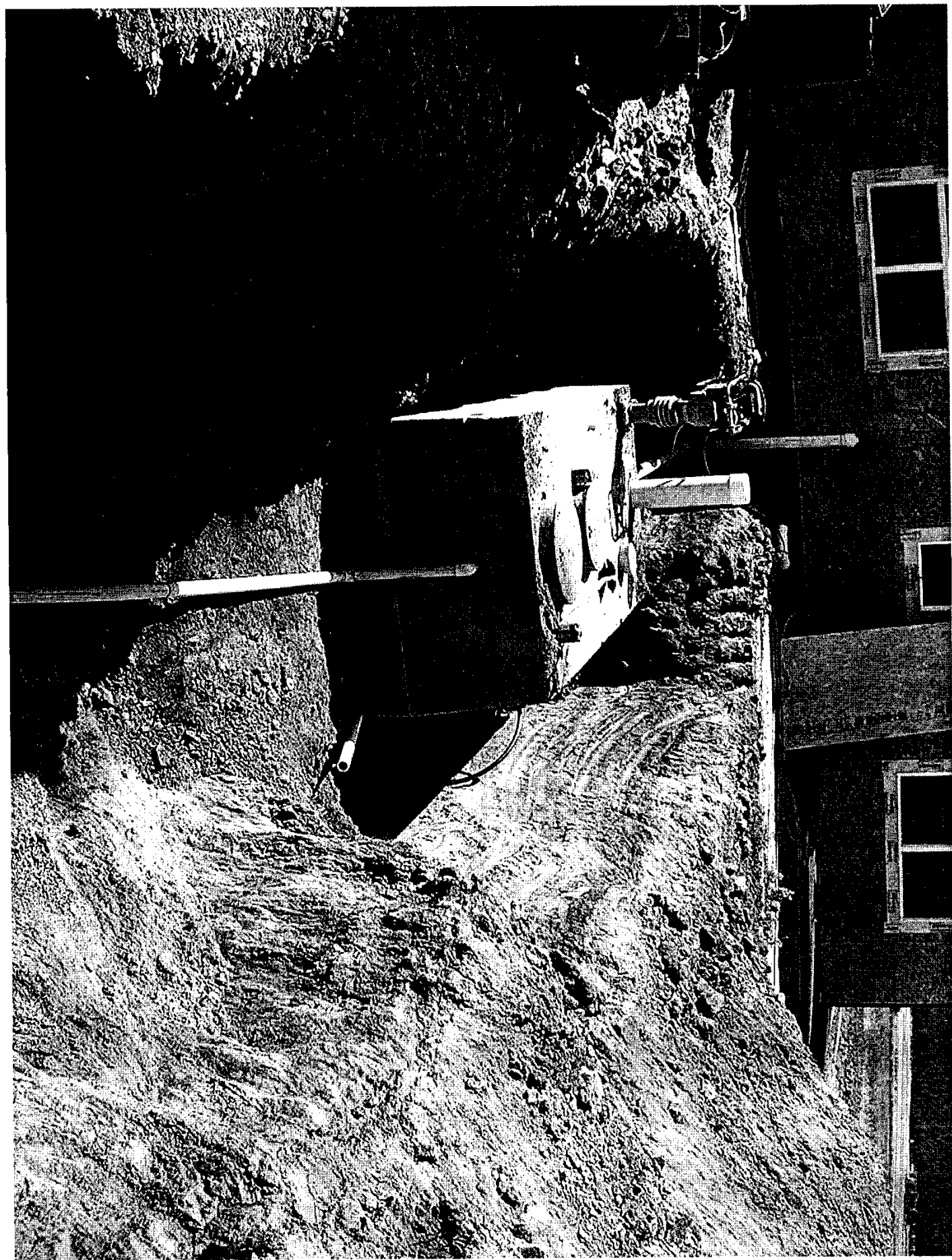
Corrections Necessary: _____

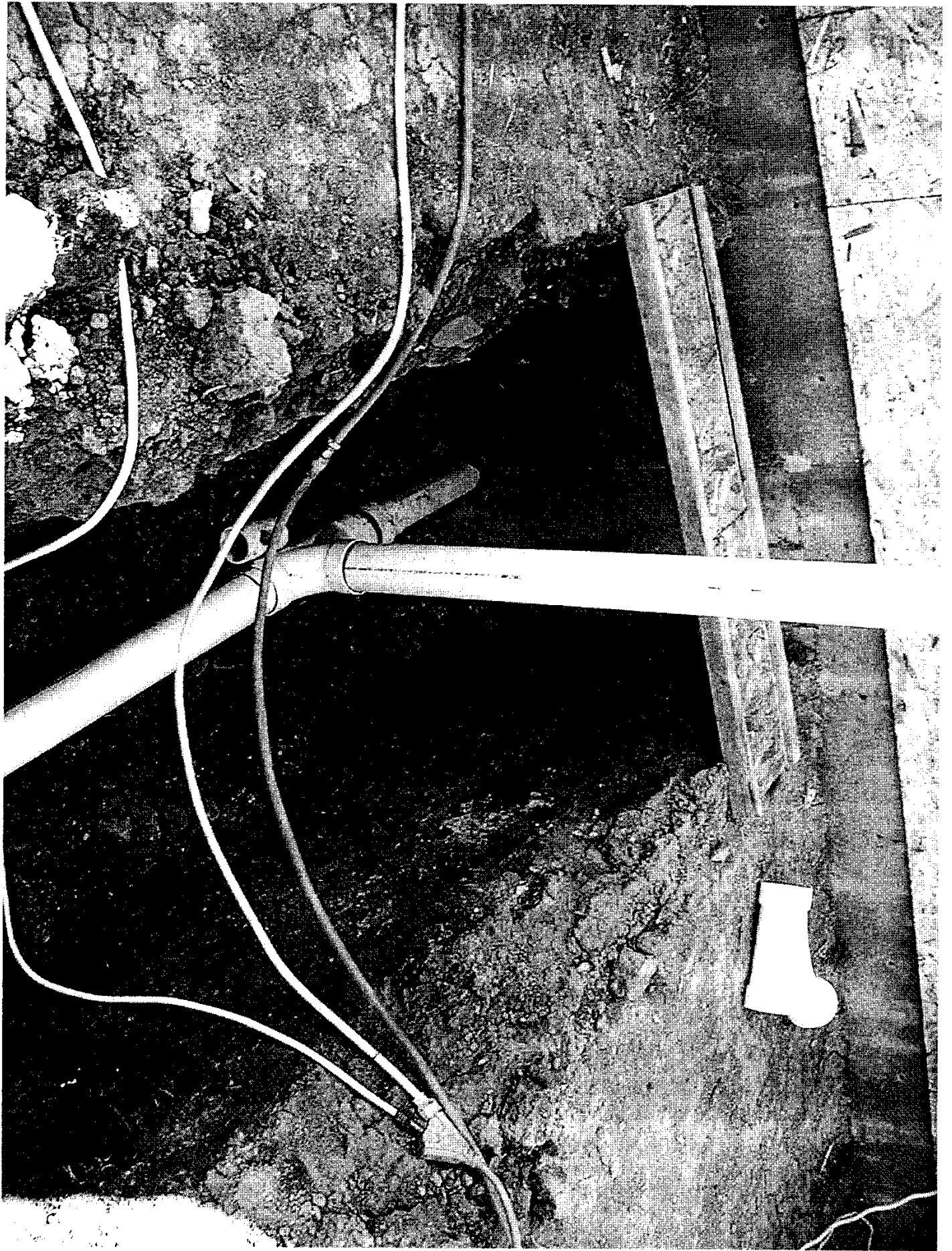
Inspection Witnessed By: _____ Date

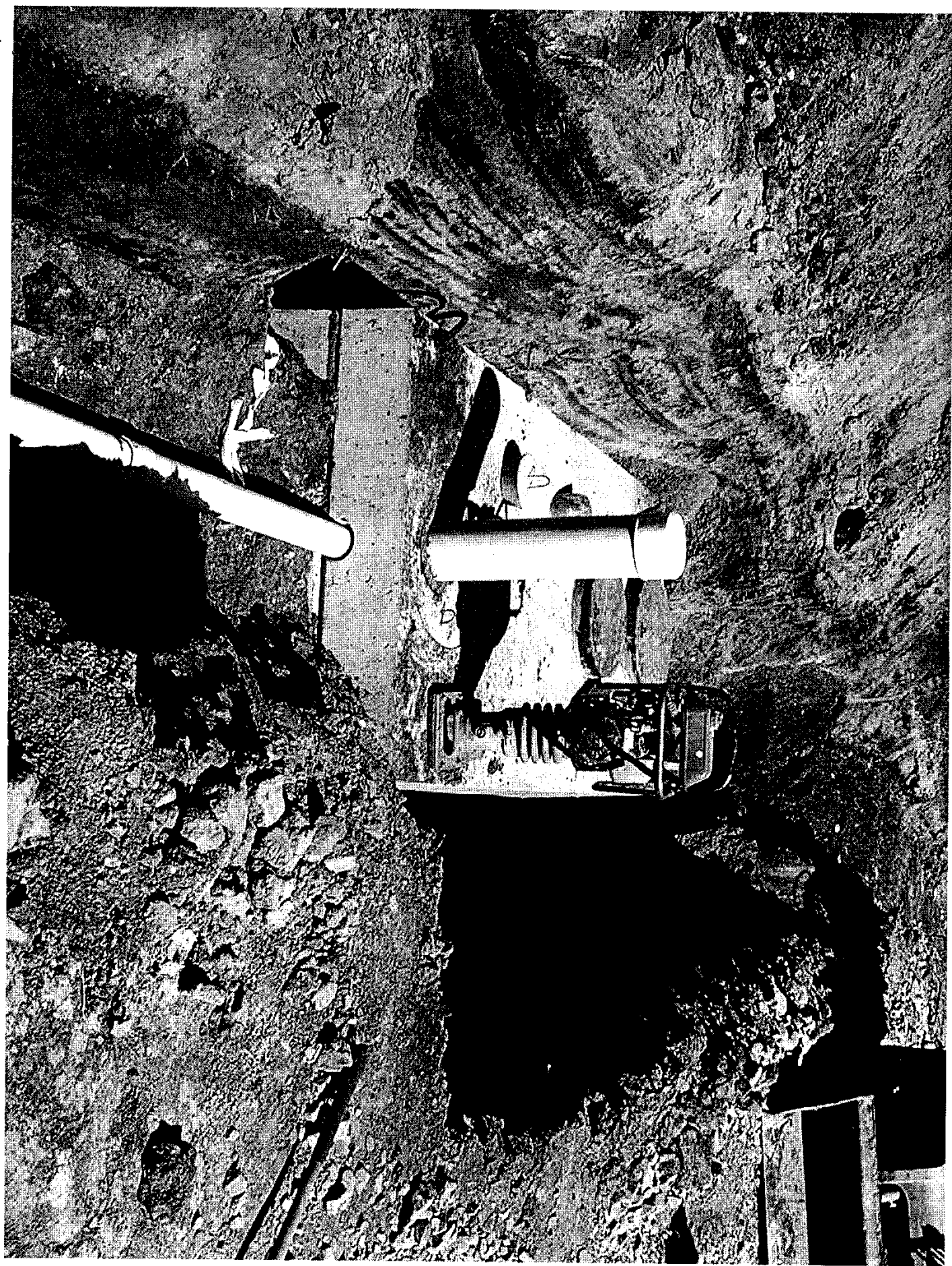
Deficiencies Corrected: yes _____ no _____ Sanitarian Date

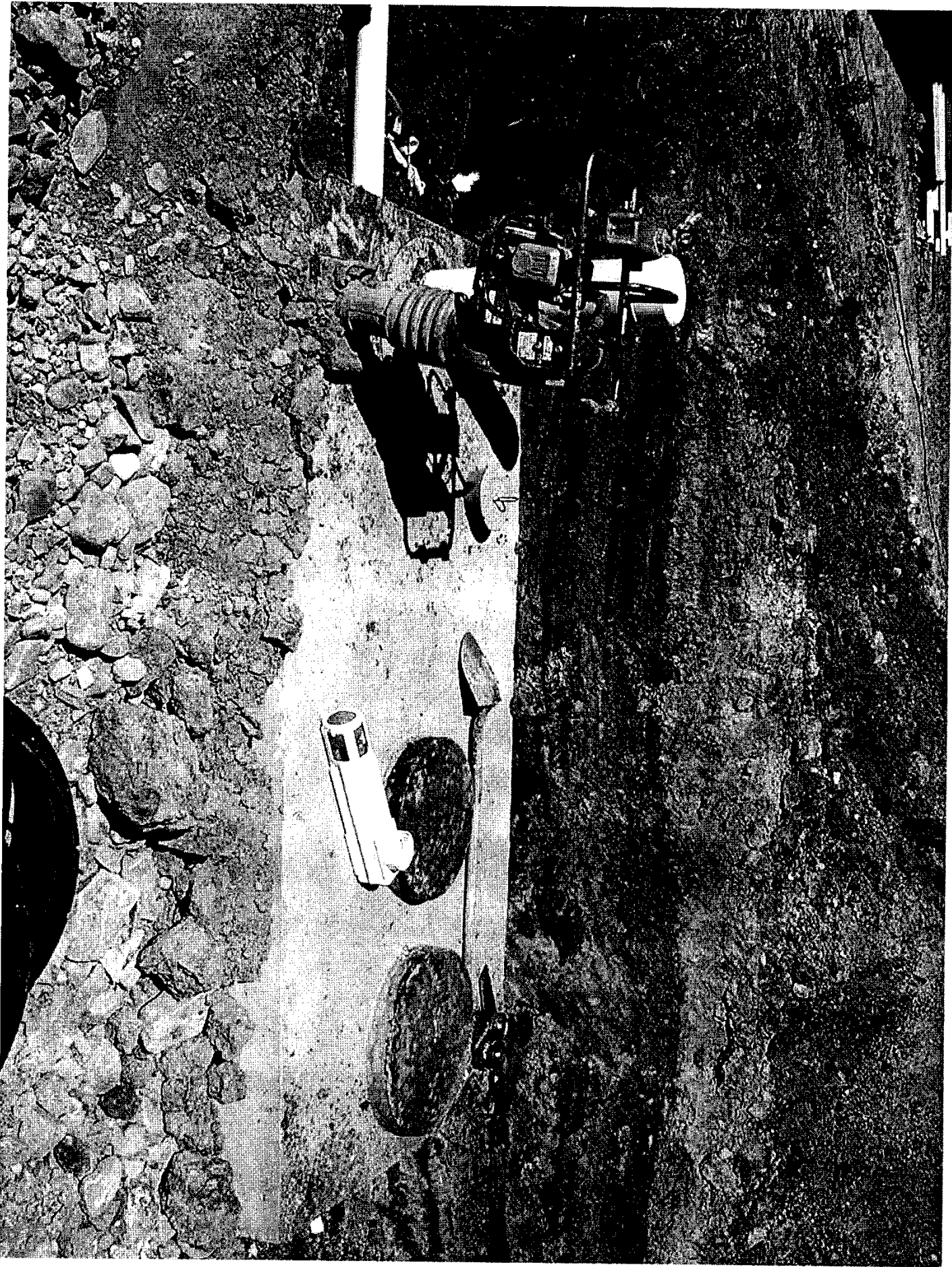












PERMIT #: 04-155

MISSOULA CITY-COUNTY HEALTH DEPARTMENT

301 W. ALDER

(406)523-4755

SEWER PERMIT AND APPLICATION

#137

+ \$138 for increased
\$225 w/ Dosing
tank

OWNER NAME: Thomas Hobbs PHONE: 244-5897
 OWNER ADDRESS: 1242005 Morrison Lane
 CERTIFIED INSTALLER: Phil Hall
 LOCATION OF INSTALLATION: NE 1/4 NE 1/4 T 13 R 16 S 15
 ADDRESS OF SITE: 2005 Morrison Lane
 CERTIFICATE OF SURVEY: # _____ SUBDIVISION: _____
 LOT: _____ BLOCK: _____ TRACT: _____ SIZE OF PARCEL: 8.19 acres
 GENERAL AREA NAME: Potomac

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: loamy sand

WATER SUPPLY: _____

TYPE OF SYSTEM TO BE INSTALLED: adding to existing system REPLACEMENT

SYSTEM SIZING: ☒ RESIDENTIAL #OF BEDROOMS: 3 GAL/DAY: 300
☐ COMMERCIAL USE _____ GAL/DAY: _____

APPLICATION RATE (Gal/day or sq. ft./bedroom): .6FROM: PLAT APPROVAL _____; SITE EVALUATION visit; ENGINEER _____

SYSTEM SIZE & DESCRIPTION: 1100 + 400 Gallons (☒ concrete, _____ S.T.E.P., _____ other) septic tank
 with N/A 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: using existing drainfield - adding septic tank with pump station

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: Phil Hall Date: 8-18-04Health Authority: Edward Zuleger Date: 8/18/04

SEWER PERMIT CHECKLIST

ALL PERMITS:

____ SITE PLAN ATTACHED TO PERMIT

HOOK-UP TO MUNICIPAL SEWER IS REQUIRED IF: (CHECK ONE)

____ <200' TO PROPERTY LINE IF IN CITY LIMITS ____ CALLED AND REFERRED TO CITY ENGINEERS OFFICE
____ <200' TO BUILDING IF OUTSIDE CITY LIMITS ____ DATE
____ NOT WITHIN 200 FEET OF MUNICIPAL SEWER ____ PERSON CONTACTED

SPECIAL MANAGEMENT AREAS: (see section XV of Health Code)

____ LINDA VISTA -- Connect to public sewer.
____ MWTPSA -- IF YES, IS DEED RESTRICTION FILED? YES ____
____ OR SUBDIVISION PLAT LANGUAGE EXISTS: YES ____
____ RATTLESNAKE -- ONE SYSTEM PER LOT -- 25' VERTICAL & 100' HORIZONTAL SEPARATION FROM VALLEY
____ ROMAN CREEK/TOUCHETTE LANE (W 1/4 SEC 27, S 28, E 1/4 S 29, T 15N, R 21 W)
____ (NORTH OF I-90 AND SOUTH OF FRENCHTOWN CANAL) -- CONDITIONS MET ____

TYPE OF PARCEL: (CHECK ONE)

____ SUBDIVISION FILED PRIOR TO 5/27/61, REQUIRES A SITE EVALUATION. S.E. IN FILE ____ YES(OR NO)
____ SUBDIVISION FILED AFTER 5/27/61 WITHOUT LIFTING, REQUIRES SUBDIVISION REVIEW. S.E. IN FILE ____
____ SUBDIVISION FILED AFTER 5/27/61 WITH RESTRICTIONS LIFTED AND RECORDED
____ COS W/LIFTING ON FILE/RECORDED
____ COS WITH >20 ACRE EXEMPTION (REQUIRES SITE EVALUATION) SITE EVALUATION ON FILE ____ (YES OR NO)
____ COS WITHOUT LIFTING ON FILE (IS USUALLY AN EXEMPTION FOR WHICH NO PERMIT CAN BE ISSUED i.e. AG, CEMETERY, ETC.)
____ TRACTLAND REQUIRES A SITE EVALUATION. (>5 (BEFORE 1973), >10 (BEFORE 1975), >20 ACRES)

NEW PERMITS

PLANNING/ZONING PERMIT REQUIRED (CHECK ONE)

____ INSIDE BUILDING INSPECTOR ZONE -- BUILDING PERMIT APPLICATION REQUIRED
____ IN ZONED AREA OR IN OR NEAR FLOODPLAIN OR SUBDIVISION FOR LEASE OR RENT -- COMPLIANCE PERMIT
____ REQUIRED
____ OUTSIDE BUILDING INSPECTOR ZONE -- NOT IN ZONED AREA OR IN FLOODPLAIN.

SIZE OF PARCELS OR PARCELS: ____

____ IF <1/2 ACRE, OWNERSHIPS OF CONTIGUOUS LOTS (PRIOR TO MAY 19, 1988)
____ DETERMINED FROM ASSESSORS OFFICE. (SEE SECTION V(D)(2))
____ NON-DEGRADATION REQUIREMENTS MET.

REPLACEMENT SYSTEMS:

HIGH GROUNDWATER OR BEDROCK (CHECK ONE)

____ HIGH GROUNDWATER OR BEDROCK AREA -- DRAINFIELD, ABSORPTION BED, OR SHALLOW SEEPAGE PIT
____ REQUIRED
____ NOT A HIGH GROUNDWATER OR BEDROCK AREA

SITE VISIT: (CHECK ONE)

____ SITE VISIT REQUIRED TO VERIFY ROOM FOR: 1) DRAINFIELD, ABSORPTION BED OR SEEPAGE PITS
____ 2) GROUNDWATER 3) WELLS 4) ETC.
____ SITE VISIT NOT NECESSARY TO VERIFY SOILS, SPACE FOR ABSORPTION AREA, DISTANCE TO WELLS OR
____ GROUNDWATER.

Morrison Lane

Existing
drainfield

well 4

House

