

**MISSOULA CITY-COUNTY HEALTH DEPARTMENT**

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

PERMIT #: 2016-046W

FEE AMOUNT: \$90.00

**WELL PERMIT**

DATE PAID: 04/20/2016

Owner Name: Tim Kanavel

Phone: 406-244-1000

Owner Address: P.O. Box 1010

City: Bonner

State: MT

Zip: 59823

Installer: TBD

Location of Installation: 1/4 NE T 13 R 16 S 15

Other: n/a

Address of Site: 124 Morrison Lane

City: Potomac

Certificate of Survey #: 5572

Subdivision: n/a

Tract: 1 Lot: n/a Block: n/a Other: n/a

Parcel Size: 8.16 acres

General Area Name: POTOMAC

Geocode: 2203-15-2-01-02-0000

Certificate of Subdivision approval on file?	<u>YES</u>
Site plan matches state approval?	<u>NO</u>
Site Modification Required?	<u>N/A</u>
Site plan from Site Evaluation?	<u>N/A</u>

Any existing septic systems?	<u>YES</u>
SEPTIC PERMIT #:	<u>2004-155</u>
Any applicable mixing zones?	<u>YES</u>
All separations met?	<u>YES</u>

PRE-INSPECTION REQUESTED: NO

PRE-INSPECTION DATE: n/a

TYPE OF WELL: REPLACEMENT

INTENDED USE OF WELL: DRINKING WATER SUPPLY

DRINKING WATER WELLS: INDIVIDUAL

NUMBER OF CONNECTIONS: 1

**ADDITIONAL COMMENTS:**

This is a permit a replacement well. A residential septic permit was issued for this parcel in 2004, and a well installed at that time. Owner indicates that this original well has poor water quality. This parcel has a 2002 DEQ approval for commercial use and a shared well. If new use, increased use, or a change of use is proposed on this parcel in the future, a rewrite of the COSA is required. See site plan for location.

**NOTE: All wells must be installed as shown on the Certificate of Subdivision Plat Approval (76-4-130 MCA) if applicable.**

As purchaser of this permit, I agree to comply with all location requirements for installation as described in Missoula City-County Health Code Regulation #5, ARM 36.21.638, ARM 17.36.331(1)(c), DEQ Circular 3 Section 3.2.3 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.

**Property owner has the ultimate responsibility to determine the location of the well prior to construction**

This permit is valid for twelve (12) months from date of purchase. Wells must be completed and inspected by the Department within this time. 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.

Individual drinking water wells should be tested routinely for bacterial contamination. Well testing services are available at the Missoula City-County Environmental Health Department.

Permit purchaser: \_\_\_\_\_

Date: 4/26/16

Health Authority: Jeanne Miller

Date: 4/26/16

Application Fee: \$         
Septic permit Fee: \$         
Well permit Fee: \$ 90.00  
TOTAL Paid: \$ 90.00  
Date Paid: 4/20/16  
App. Notified:       



Log # 2016-046W

Environmental Health  
301 W. Alder  
Missoula, MT 59802  
Phone 406.258.4755  
Fax 406.258.4781

www.missoulacounty.us/HealthDept

PAID  
90.00  
#1475

## Wastewater Treatment System and Well Application

Address Assigned by the County Road Dept. (Apply at Public Works, 6089 Training Dr., PH: 406.258.4753):

Address: 124 Morrison City: Bozeman MT Zip 59823

Legal description of site: (Find on your tax statement or at <http://gis.co.missoula.mt.us/propertyinformation/>)

Geocode: 04- 2203 - 15 - 2 - 01 - 02 - 0000 Short Legal: T 13 R 16 Section 15 1/4 Section NE

Certificate of Survey # or Subdivision Name: 5572

Tract or Lot 1 Block (if applicable):        Size of lot or parcel: 8.16

239-1001

### Owner Information

Owner's name Tim Kanavel Phone # 406-244-1000

Owner's address P.O. Box 1010

City: Bozeman State: MT Zip Code: 59823 Email: headgoat@psln.com

Certified Installer:        (Must be certified by MCCHD)

### Applicant Information (if different from owner)

Applicant's name        Phone #       

Applicant's address       

City:        State:        Zip Code:        Email       

### Section 1

Are you applying for a well permit? YES (Fill out this section)

NO (Skip to Section 2)

Type of Well: New        Replacement        Reason for Replacement: Poor Water Quality

Intended Uses of Well: Domestic

Number and description of dwelling units and structures that will be connected to the well:       

Will the well be:	At least 100 feet from septic systems	Yes <u>✓</u>	No <u>      </u>	Unsure <u>      </u>
	Out of the floodplain	Yes <u>✓</u>	No <u>      </u>	Unsure <u>      </u>
	At least 100 feet from surface water	Yes <u>✓</u>	No <u>      </u>	Unsure <u>      </u>

## Section 2

Are you applying for a septic permit?

☐ YES (Fill out this section)  
☒ NO (Skip to Section 3)

**Wastewater System Information:** New ☐ Replacement ☐ Modification ☐  
Residential ☐ Number of dwelling units ☐ Number of bedrooms ☐  
Will there be a basement? ☐ Will it be finished? ☐  
Commercial ☐ Use ☐ # Employees ☐ # Customers ☐  
Other ☐ Describe Use

**Will the drainfield be:**

At least 100 feet from wells	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
At least 10 feet from water lines	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
At least 100 feet from floodplain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
At least 100 feet from surface water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
At least 6 feet from groundwater	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
At least 10 feet from property lines	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
At least 10 feet from buildings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
On a slope less than 25%	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>

**Surface Water:** Describe the nearest surface water to the drainfield:   
How close is it to the drainfield?

**Drinking Water:** What is the drinking water source for the parcel?   
(Well, Spring, Lake, etc.)

How many structures are served by the water system?

**Floor Plans:** Attach floor plans (no larger than 11" by 17") for all structures to be served by the wastewater system (even if they are not directly connected to the system.) Floor plans don't have to be to scale and can be hand drawn. Label the rooms.

## Section 3

**Existing Structures:** Describe existing structures, wells and wastewater systems on the parcel:

*House - Shop*

**Site Plan:** Attach a site plan (no larger than 11" by 17") showing the locations (existing and proposed) of all features (existing and proposed) listed below. Site plans can, but don't have to be prepared to scale by a professional engineer or architect. If the site plan is not drawn to scale, include enough measurements to accurately depict where everything is on the property.

- |                     |                                 |   |
|---------------------|---------------------------------|---|
| * Property Lines    | * Wastewater Systems            | * Water Supplies (wells)  |
| * Buildings         | * Surface Water                 | * Easements and No Build Zones                                  |
| * Roads & Driveways | * Floodplain & Floodprone Areas | * Wells and Wastewater Systems within 100 feet of your property |

**Certification:** I certify that the information I have provided on this application is accurate and true and that the submitted site plan is an accurate representation of all required elements.

Applicant's Signature:

Date:

*4/20/16*



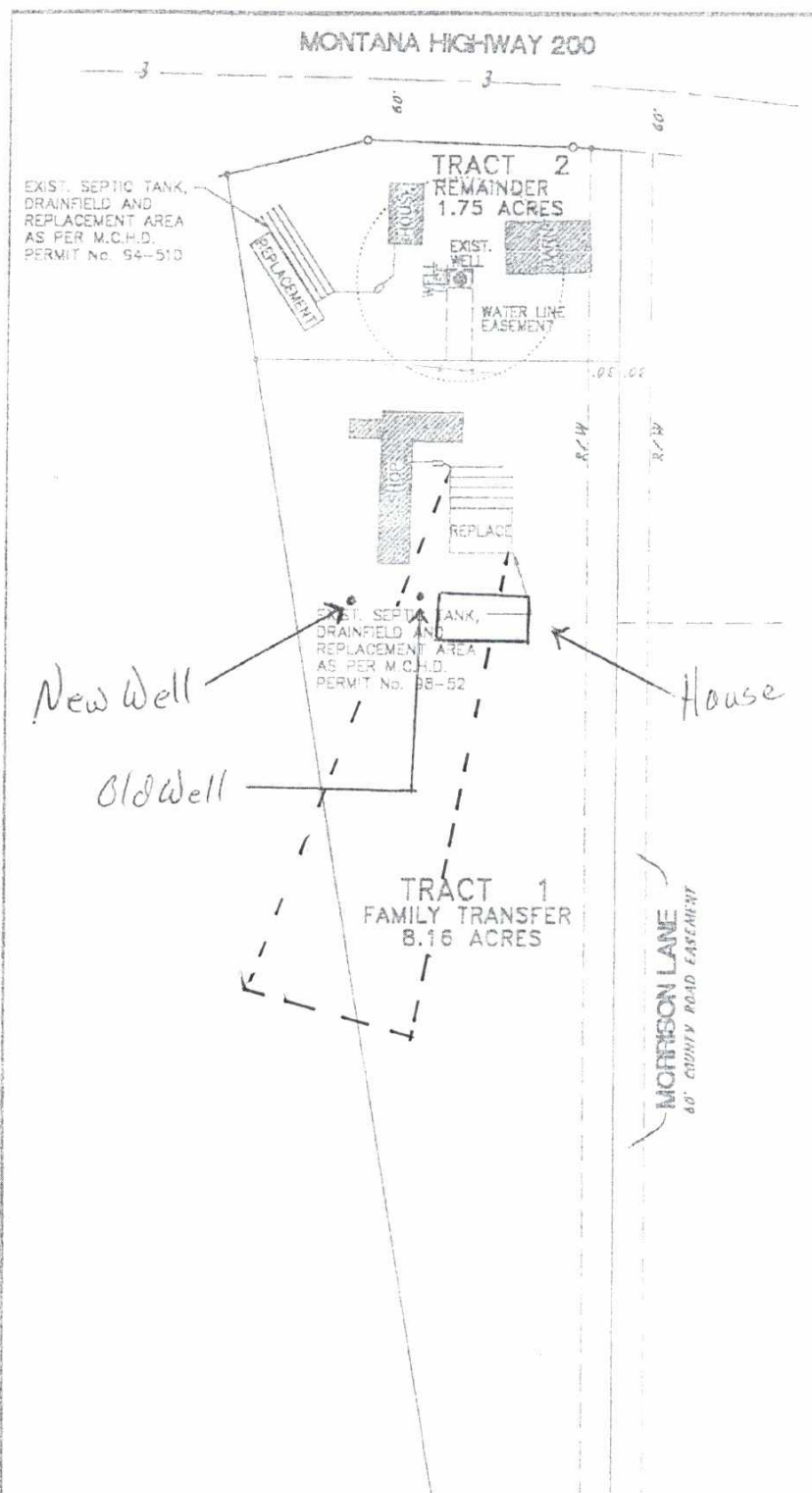


Google earth

feet  
meters



Revised Site Plan  
for well permit  
#2016-046W



Tim Kanavel  
4/25/16  
[Signature]