



WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Name of Owner Susan Burnett

Legal Address/Location 26350 Ashby Cr. Rd

Certified Installer Bob Dant

System Type: New Replacement Modified No. of Bedrooms Permitted 3

Septic Tank Capacity: 1000 Gal., Material: Concrete Other Depth to top: 2 ft. 0 in.

Trenches: Standard Gravelless Distribution: Gravity Pressure Dist. Filter? Y/N

Drainfield Total length 160 ft. Trench Depth 30-18 inches # of Laterals 3

Absorption Bed Depth: in. Seepage Pit: Height ft., Depth to Top ft., in

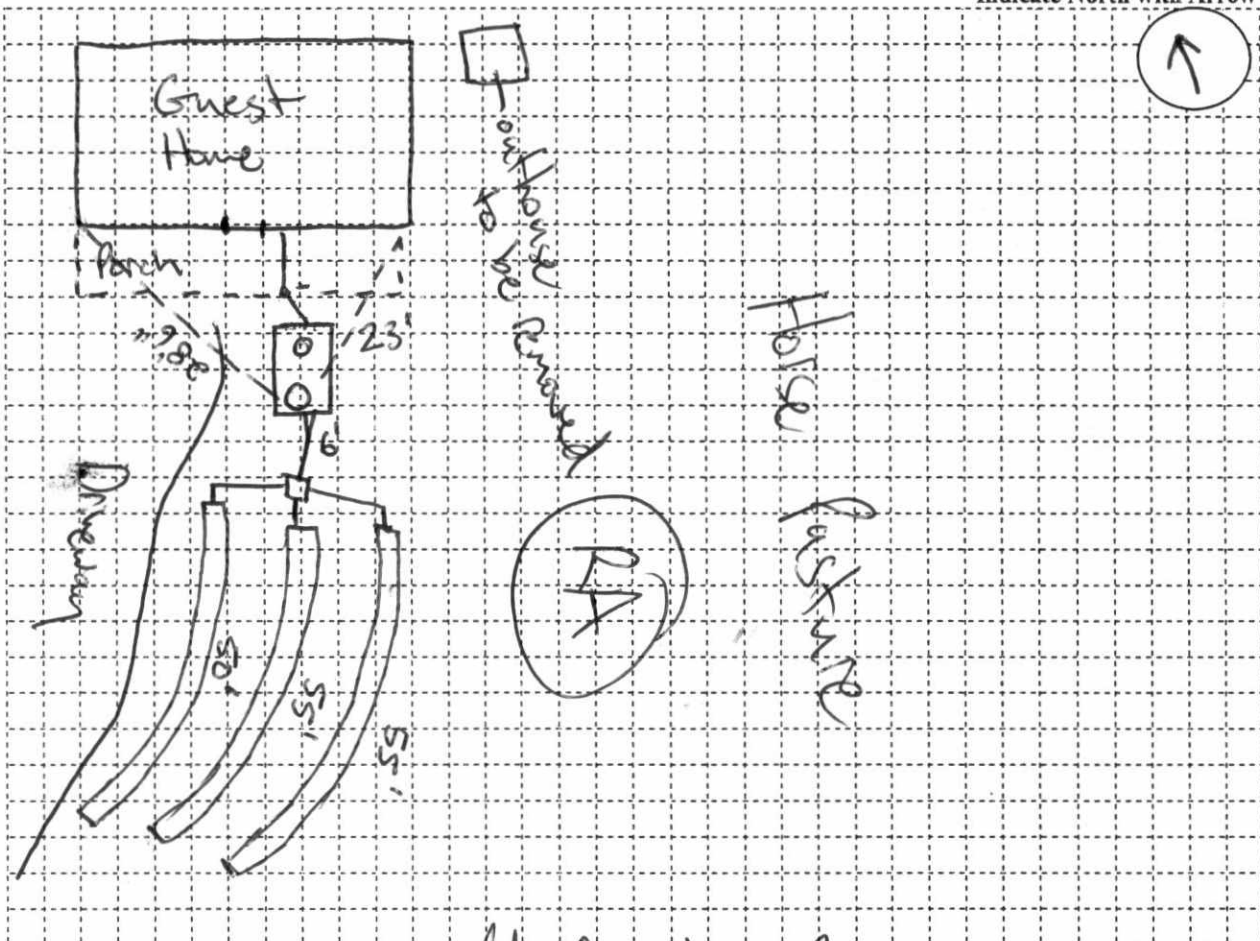
Distance of Installation From: Property Lines: 10+ Wells: 100+ Surface Water: 100+ Other

Soil Type sand Squirt Height in Ft NA Paved? Yes No

Septic Tank- Latitude: D 46 M 48 S 38.6 Longitude: D 113 M 37 S 56.1

Abs System- Latitude: D 46 M 48 S 38.3 Longitude: D 113 M 37 S 56.0

Indicate North with Arrow



Approved Disapproved [Signature] 7, 15, 13

Sanitarian [Signature] Date 7, 15, 13
 Corrections Necessary: protect PF area from driving w/ barrier

Inspection Witnessed By: [Signature] / /

Deficiencies Corrected: Yes No Sanitarian Date / /

REPLACEMENT

unpermitted original

Def

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

PERMIT #: 2013-070

PERMIT FEE AMOUNT: \$ 145.00

DATE PAID: May 21, 2013

SEPTIC PERMIT

Owner Name: Susan Burnett Phone: 406-244-5155
Owner Mailing Address: PO Box 750 City Bonner State MT Zip 59823
Certified Installer: Bob Donat
Location of Installation: 1/4 NE T 12 R 16 S 8 Other:
Address of Site: 26350 Ashby Cr. Rd. City Bonner Zip 59823
Certificate of Survey #: Subdivision: Tarantlar - Claim#8687
Tract: Lot: Block: Other: Parcel Size: 20.59
General Area Name: POTOMAC Geocode: 2096-08-2-01-05-0000

Table with 2 columns: Question and Answer. Questions include 'Site plan matches state approval?', 'All separations met?', 'Any additional existing septic systems?', 'Upgrade required?', 'Floor Plans Attached?', 'NON-DEG requirements met?', 'MWTPSA requirements met?', 'Within 100' of Floodplain/Flood prone?', 'Well Permit Required?', 'Checklist on reverse completed?'.

WELL PERMIT #: pre-permit WATER SUPPLY: WELL-INDV
TYPE OF SYSTEM: [X] Residential: #Dwelling Units- 1 #of Bedrooms- 3 + Unfinished Basement? NO
[] Commercial: Use #Employees- #Customers-
DESIGN GALLONS PER DAY: 300

SYSTEM SIZING
APPLICATION RATE: (Gal/day or sq. ft./bedroom): 0.8 FROM: site eval 2013-026SE (B)
SOIL TYPE: gravelly loamy sand

SYSTEM DESIGN (TOTAL MINIMUM REQUIRED)
DISTRIBUTION TYPE: GRAVITY SEPTIC TANK SIZE: 1000 GAL DOSE TANK SIZE: NA
ABSORBTION SYSTEM TYPE: DRAINFIELD SQUARE FEET: 375 LINEAL FEET: 188
TRENCH WIDTH: 24 inches LINEAL FEET IF CHAMBERS ARE USED: 141

SPECIAL CONDITIONS/ADDITIONAL COMMENTS
Guest House is 1 bedroom structure (system sized for 3 bedroom minimum). Install drainfield in area shown on site plan. Laterals must be 45' minimum for non-degradation. Install effluent filter in tank. Install child safety baskets in all risers 22" and larger. Protect drainfield area from vehicle traffic with log/boulder barrier. Revegetate drainfield area with grass/forb mix.

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: [Signature] Date: 7-8-13
Health Authority: [Signature] Date: 7-8-13

SEPTIC PERMIT CHECKLIST (Office Use Only)

ALL PERMITS:

MUNICIPAL SEWER:

- Public sewer does not abut property or is not within 200 ft of system/building, verified by NL
Public sewer abuts property, is within 200 ft of structure or any part of subsurface disposal system, connection required.
Public sewer will not allow connection as per on

SPECIAL MANAGEMENT AREAS: (CHECK ONE)

- STEP tank area requires City permits and inspections.
MWTPSA -- Deed restriction filed Subdivision Plat language exists
RATTLESNAKE - One system per lot, advanced secondary treatment?
ROMAN CREEK/TOUCHETTE LANE (W 1/2 SEC 27, S 28, E 1/2 S 29, T 15N, R 21 W) -- Conditions met
WYE Nitrate Control Area - New and increased use must show no increase in nitrates (above and beyond non-deg)
LOLO SEWER (RSID 901) or Connection not allowed as per on
NONE

TYPE OF PARCEL: (CHECK ONE)

- Subdivision filed prior to 5/27/1961 -- Site evaluation in file?
Subdivision filed after 5/27/1961 without lifting, requires subdivision review
Subdivision filed after 5/27/1961 with restriction lifted and recorded.
COS with MT DEQ Certificate of Subdivision Approval.
Tractland requires a site evaluation. (>5 acres before 1973, >10 acres before 1975, >20 acres)
COS without lifting (usually an exemption - no permit can be issued, e.g. ag, cemetery, etc) Subdivision review required.
Mortgage release/exemption

NEW PERMITS:

- Change of use? OPG notified?
In Air Stagnation Zone Paving permit required?
Subdivision for Lease or Rent OPG notified?

REPLACEMENT SYSTEMS:

SEEPAGE PIT in MWTPSA Waiver filed? 25ft to groundwater? Verified by:

SETBACKS:

- System meets all applicable setbacks
High groundwater area Pressure_Distribution Necessary?
Within 100' of wells Pressure_Distribution Necessary?
Other limiting layer within 6 feet of ground surface

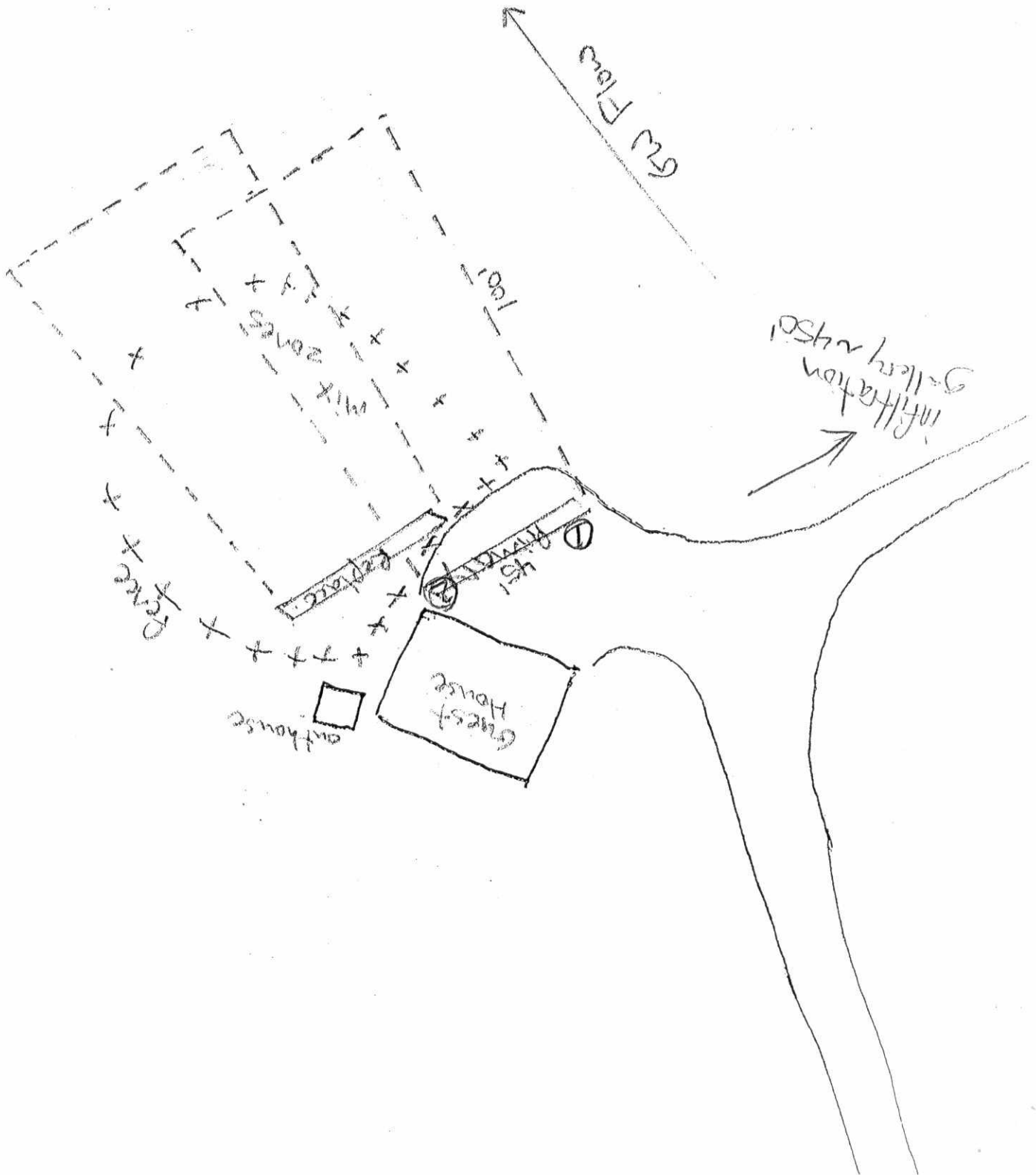
SITE VISIT: (CHECK ONE)

- Site visit required to verify room for: 1) Drainfield, absorption bed or seepage pit; 2) Groundwater; 3) Wells; 4) Other
Site plan shows all separations met. Site visit not necessary to verify soils or groundwater.

INCREASED USE - CHANGE OF USE:

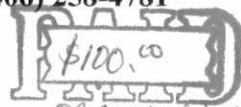
SIGNIFICANT IMPROVEMENT/EXPANSION OF STRUCTURES:

- Adequate secondary treatment required (AST)
Advanced secondary treatment required for systems not meeting AST above.
Septic tank appropriately sized, pumped, verified in good condition, effluent filter, capacity gallons.
Within MWTPSA, deed restriction required; recorded copy attached to permit.





Cabin
2013-070



ORIGINAL CHECK FOR \$200 FOR 2 PERMITS MHT

Applicant Notified: _____

Application Fee: _____

Date Paid: 5/21/13

Wastewater Treatment System and Well Application

Owner's name SUSAN BURNETT Phone # 294-5155

Owner's address PO Box 750 25500 W Ashby

City: Bonner State: MT Zip Code: 59823

Certified Installer: SELF (If you haven't decided yet, ensure installer is certified by MCCHD)

Applicant Information (if different from owner)

Applicant's name _____ Phone # _____

Applicant's address _____

City: _____ State: _____ Zip Code: _____

Legal description of site: (Can be found on your tax statement or the Missoula County Property Database at www.co.missoula.mt.us/Owner/Default.aspx)

GeoCode: 2096-08-2-01-05-000 Short Legal: T 12N R 16W Section 08 1/4 Section _____

Certificate of Survey # or Subdivision Name: Tarrant No 8687

Tract or Lot _____ Block (if applicable): _____ Size of lot or parcel: 20.59

Address Assigned by the County Road Department (located at 199 West Pine St, PH: 258- 4866):

Address: 25500 W Ashby 26350 guest cabin City: Potomac Zip 59823

*****Well Applications Only*****

Type of Well: New Replacement Reason for Replacement: _____

Intended Uses of Well: _____

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 <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
	Out of the 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"/>

(OVER: Please complete other side)

***** Wastewater Applications Only*****

Wastewater System Information: New Replacement Modification
 Residential Number of dwelling units 1 Number of bedrooms 1
 Will there be a basement? NO Will it be finished? _____
 Commercial Use _____ # Employees _____ # Customers _____
 Other Describe Use _____

Will the drainfield be:

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

Surface Water: Describe the nearest surface water to the drainfield: ashby creek
 How close is it to the drainfield? 200+

Drinking Water: What is the drinking water source for the parcel? well
(Well, Spring, Lake, etc.)
 How many structures are served by the water system? 1

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.

***** All Applications*****

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

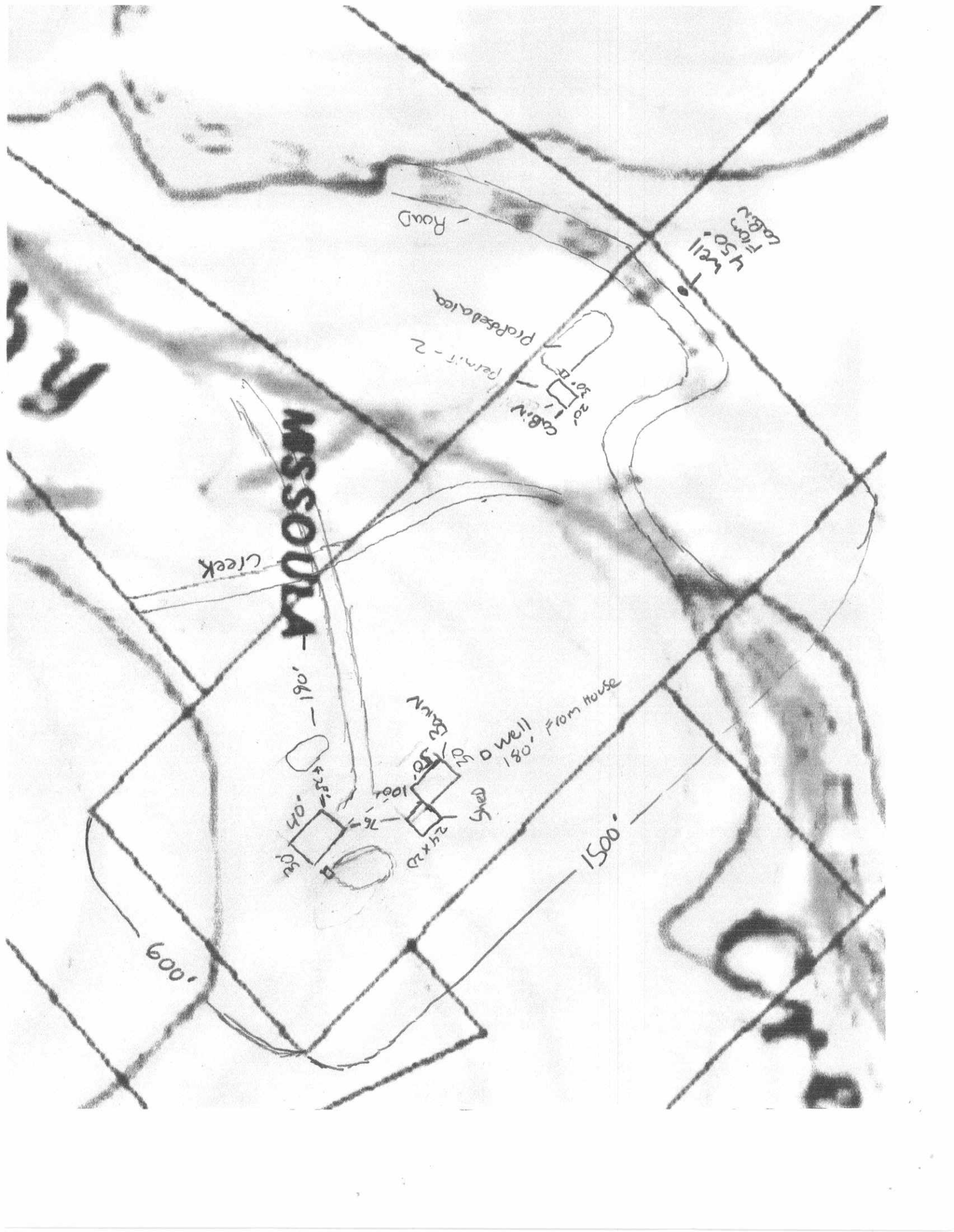
20x30 CABIN 20x30 DOG well 450' from cabin
NON CONFORMING DRAIN FIELD

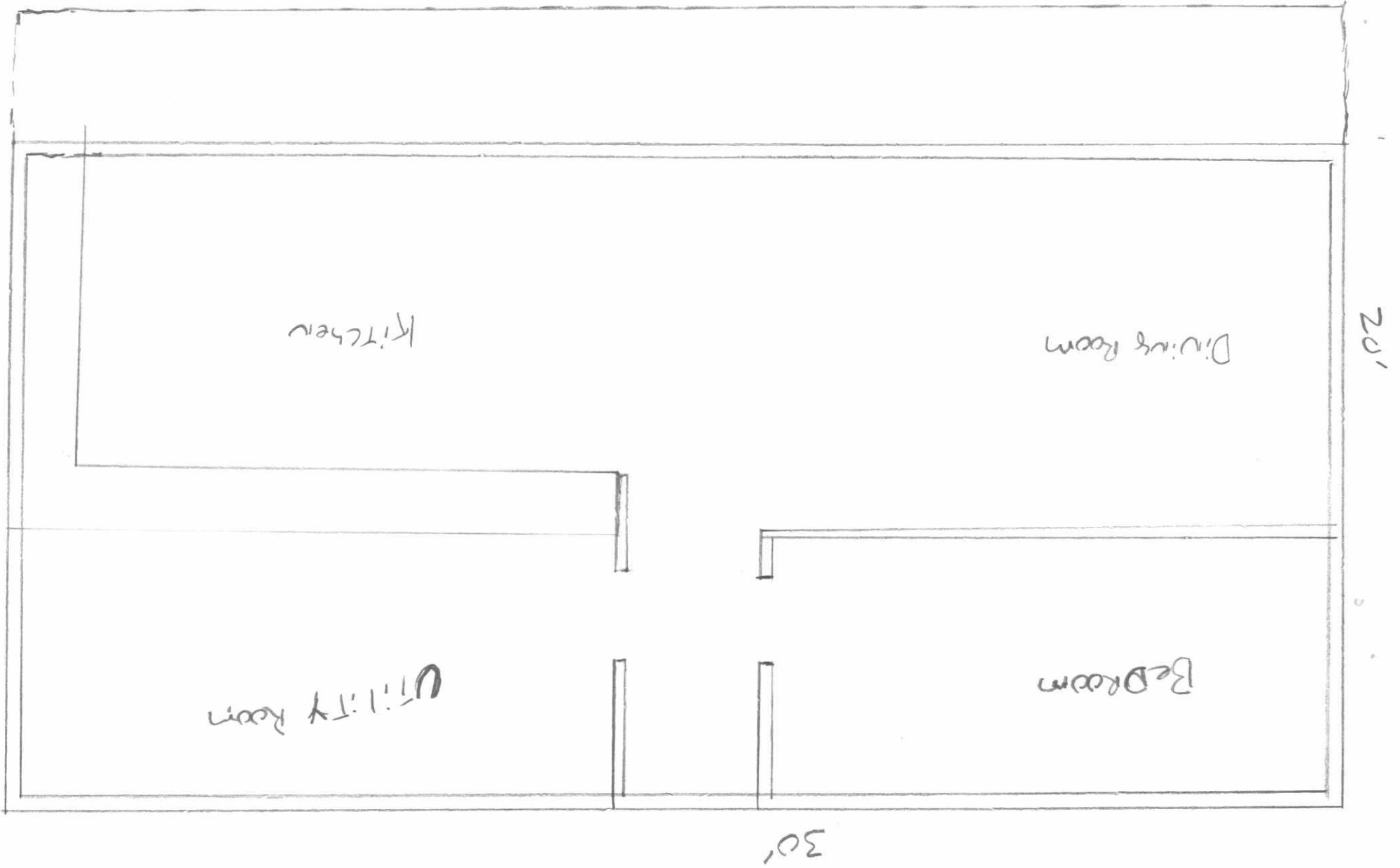
Site Plan: Attach a site plan (no larger than 11" by 17") showing the locations (existing and proposed) of all features (existing and proposed) listed below. Site plans can, but don't have to be prepared to scale by a professional engineer or architect. If the site plan is not drawn to scale, include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





CABIN