



ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT
 Lewis & Clark City-County Health Department
 ENVIRONMENTAL DIVISION
 316 North Park, P.O. Box 1723
 Helena, MT 59624
 (406) 447-8351

PERMIT 105980

PROPERTY OWNER: Nick Wilder Mitchell Delove D.D. Delove
 PROPERTY ADDRESS: 720 Park View Drive 5275 Riverview Dr
 LEGAL DESCRIPTION: N1/2 1/4 NE 1/4 SE 1/4 SEC 22 T 11 N R 2 W
 PERMIT ISSUED BY: A. Kilbrath RS DATE 9/11/98
 INSTALLER: CI (NC) D.D. Delove PHONE NO: 439-0196
 TYPE OF SYSTEM: Standard Mitchell Delove

Region	_____
Date Rec'd	_____
Fee Paid	_____
Check #	_____
Receipt #	_____

MINIMUM CONSTRUCTION REQUIREMENTS:

- Septic Tank: a) Size 1000
 b) Material concrete
 c) Inlet/Outlet Caulked must provide
- Treatment Field: a) 450 Linear feet of perforated pipe
 b) trench depth 24" (24" min to 36" max)
 c) pressure dosed _____
 d) cover materials must provide
- Distribution System: a) D-Box Yes No
 b) Baffle Yes No
 c) Dose tank Yes No
 Size _____
- Distance to water source from: a) septic tank (50' minimum)
 b) treatment field (100' minimum)

Inspection Results:

ok _____
 ok _____
 ok _____
 actual _____
 actual _____
 ok _____
 ok _____
 ok _____
 ok _____
 actual _____
 actual _____
 actual _____

Inspections Required:

Inspection	Date
<u>Layout</u>	

SPECIAL REQUIREMENTS: Install in area of approved test holes.
call for layout

This system shall be installed in accordance with current Lewis & Clark City-County Health Department rules governing the on-site treatment of wastewater, and the minimum construction requirements and special requirements provided for in this permit. This permit is issued, based on the information provided on the permit application. If any of this information is found to be incorrect, or if the system is not installed as provided for, this permit shall be rendered null and void.

The system may not be backfilled without prior approval of the Department or as provided for Certified Installers. The pink copy of this permit shall be posted in a conspicuous spot at the construction site until permission is given to backfill the system.

This permit will expire two (2) years after the date of issuance. If your system has not been installed prior to the expiration of this permit, you will have to reapply and meet current standards at that time.

DIAGRAM SHOWING LAYOUT AND LOCATION OF SYSTEM FOR INSTALLATION:

Greg Mochel Installed

INSPECTION CALLED FOR: Time 8:50 Date 11/10/98 WNT
 READY Time 8:00 am Date 11/12/98 DK
DK 11/26/98



Application for Site Evaluation For An On-Site Wastewater Treatment Sysytem

City County Building
P.O. Box 1723
316 North Park
Helena, MT 59624
(406) 447-8351

City - County Health Department

No Construction of dwellings, domestic wells, or septic systems shall take place until this site evaluation is complete and a numbered permit has been issued.

Office Use	
Region	
Date Rec'd	
Date Due	
Fee Paid	
Receipt #	

Fee for site evaluation only:

_____	New Site	\$140/per system
_____	Existing Field Replacement	\$140/per system
_____	Experimental System	\$140/per system
_____	Review of Existing System	\$140/per system
_____	Tank Replacement	\$28
_____	Concurrent Subdivision Review	Sub 2 application

Office Use	
Date	Time

Has the existing system failed or malfunctioned? _____ Is there surfacing sewage? _____
 If this is a replacement for a failed system, has a failure analysis form been completed? _____
 Property Owner Mitchell C DeLude

Property Address _____
 Installer D&D Development CI NC Phone 442-0521 ⁴³⁹⁻⁰¹⁹⁶

Treatment system to serve: Residential Commerical _____ Other _____

Total Living Space 3500 square feet and 3 number of bedrooms

Type of Water Supply WELL

Who should we contact to arrange a site visit? Mitchell DeLude ⁴⁴²⁻⁰⁵²¹ ₄₃₉₋₀₁₉₆

THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT IF ANY OF THE INFORMATION IS FOUND TO BE UNTRUE, MY APPLICATION WILL NOT BE VALID AND ANY PERMITS ISSUED BASED ON THIS INFORMATION MAY BE VOIDED.

Signature of Applicant Mitchell C DeLude Date 9-11-98



NAME Nick Wilder

CERTIFIED INSTALLER INSPECTION FORM

Lewis & Clark City-County Health Department
Environmental Health Division
P.O. Box 1723, 316 North Park, Helena, MT 59624

PERMIT NO.: 105980

MINIMUM CONSTRUCTION REQUIREMENTS:

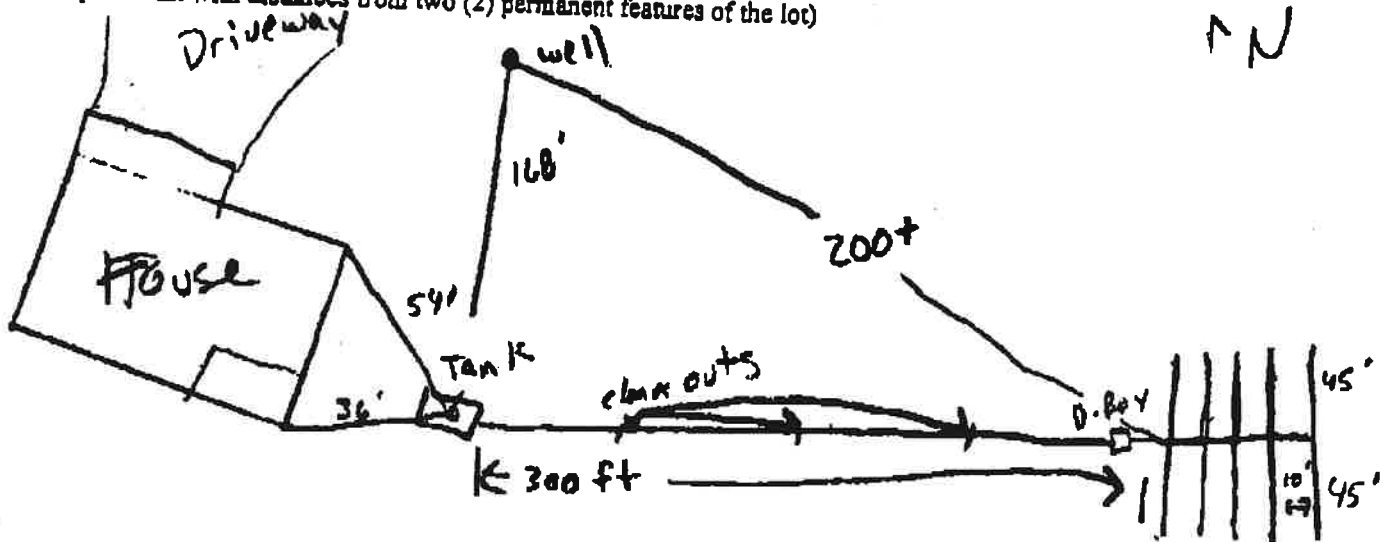
1. Septic Tank:
 - a) Size 1000 gallons
 - b) Material concrete
 - c) Inlet/Outlet Caulked
2. Treatment Field:
 - a) 450' linear feet of perforated pipe
 - b) Trench depth 30" (24" min to 36" max)
 - c) Cover material silty clay
3. Distribution System:
 - a) D-Box Yes No
 - b) Baffle Yes No
 - c) Lift Station Yes No

Size: _____
4. Distance to water source from:
 - a) Septic Tank (50' min)
 - b) Treatment Field (100' min)
5. Bedding: 6" Under pipe (6" min) 2" Over pipe (2" min)

INSPECTION RESULTS:

- ok
- ok
- ok
- actual 450'
- actual 30"
- actual silty clay
- ok
- ok
- ok
- actual _____
- actual 168'
- actual 200+
- actual 6"x2"

DIAGRAM SHOWING LOCATION AND SIZE OF THE SYSTEM AS INSTALLED:
(Locate the Septic Tank with distances from two (2) permanent features of the lot)



Approved
[Signature]

I certify that the above system has been installed and meets the construction requirements of the permit issued by the Environmental Health Division, Lewis & Clark City-County Health Department.

DATE



7856

NAME Nick Wilder

CERTIFIED INSTALLER INSPECTION FORM

PERMIT NO.: 105980

Lewis & Clark City-County Health Department
Environmental Health Division
P.O. Box 1723, 316 North Park, Helena, MT 59624

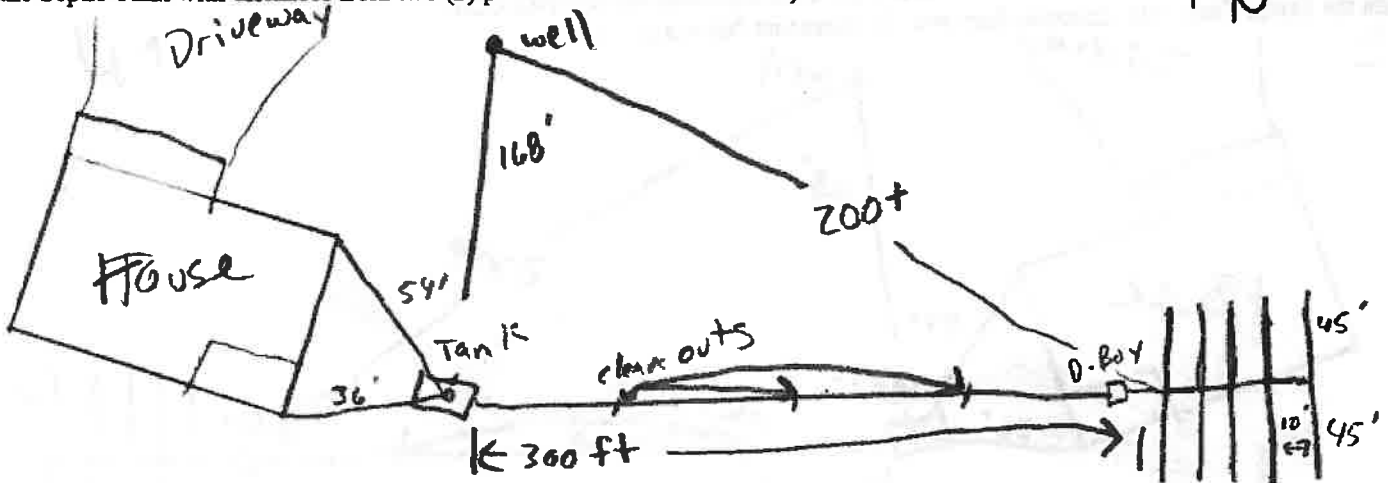
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- actual 6" x 2"

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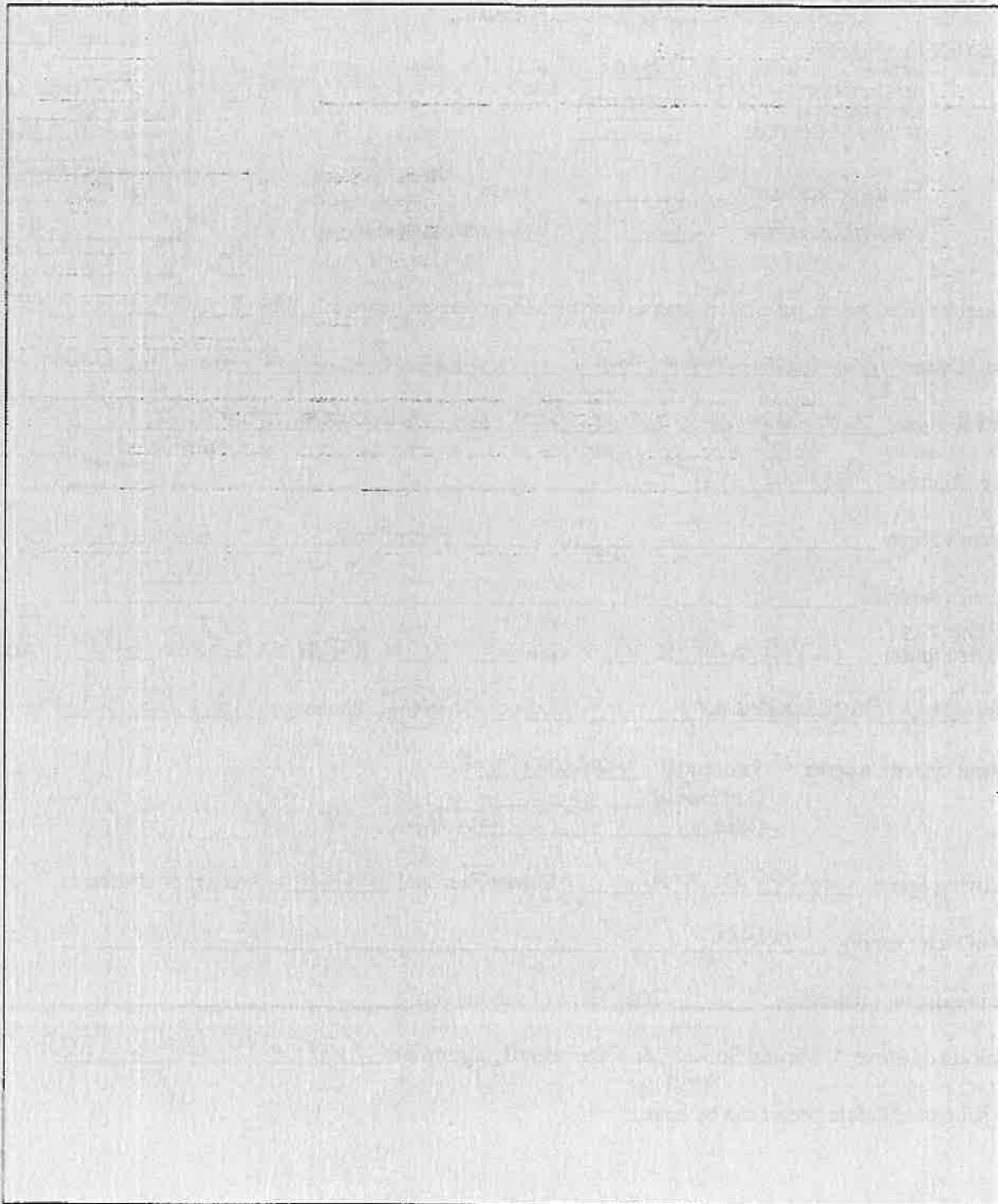
I certify that the above system has been installed and meets the construction requirements of the permit issued by the Environmental Health Division, Lewis & Clark City-County Health Department.

BY: Chad Fred

DATE: 10-25-99

In the space below, provide a diagram showing all the following:

- ✓ locations of proposed buildings
- ✓ location of existing and proposed septic systems and 100% replacement areas
- ✓ existing or proposed wells, gullies, roads, easements, property boundaries, streams, canals
- ✓ distances between all water sources and proposed septic systems
- ✓ indicate the direction north
- ✓ provide directions to the site, if necessary

A large, empty rectangular box with a thin black border, intended for the student to draw a site diagram. The box is currently blank.



**Application for Site Evaluation For An
On-Site Wastewater Treatment System**

City County Building
P.O. Box 1723
316 North Park
Helena, Montana 59624
Telephone 406/447-8351

CITY - COUNTY HEALTH DEPARTMENT

**NO CONSTRUCTION OF DWELLINGS, DOMESTIC WELLS OR SEPTIC SYSTEMS SHALL TAKE PLACE
UNTIL THIS SITE EVALUATION IS COMPLETE AND A NUMBERED PERMIT HAS BEEN ISSUED.**

TYPE OF SYSTEM AND FEE:

NEW	<u>NEW</u>	
REPLACEMENT	_____	\$140
EXPERIMENTAL	_____	
REVIEW OF EXISTING	_____	
TANK REPLACEMENT	_____	\$28.00
SUBDIVISION REVIEW	_____	(See SUB-2 Application)

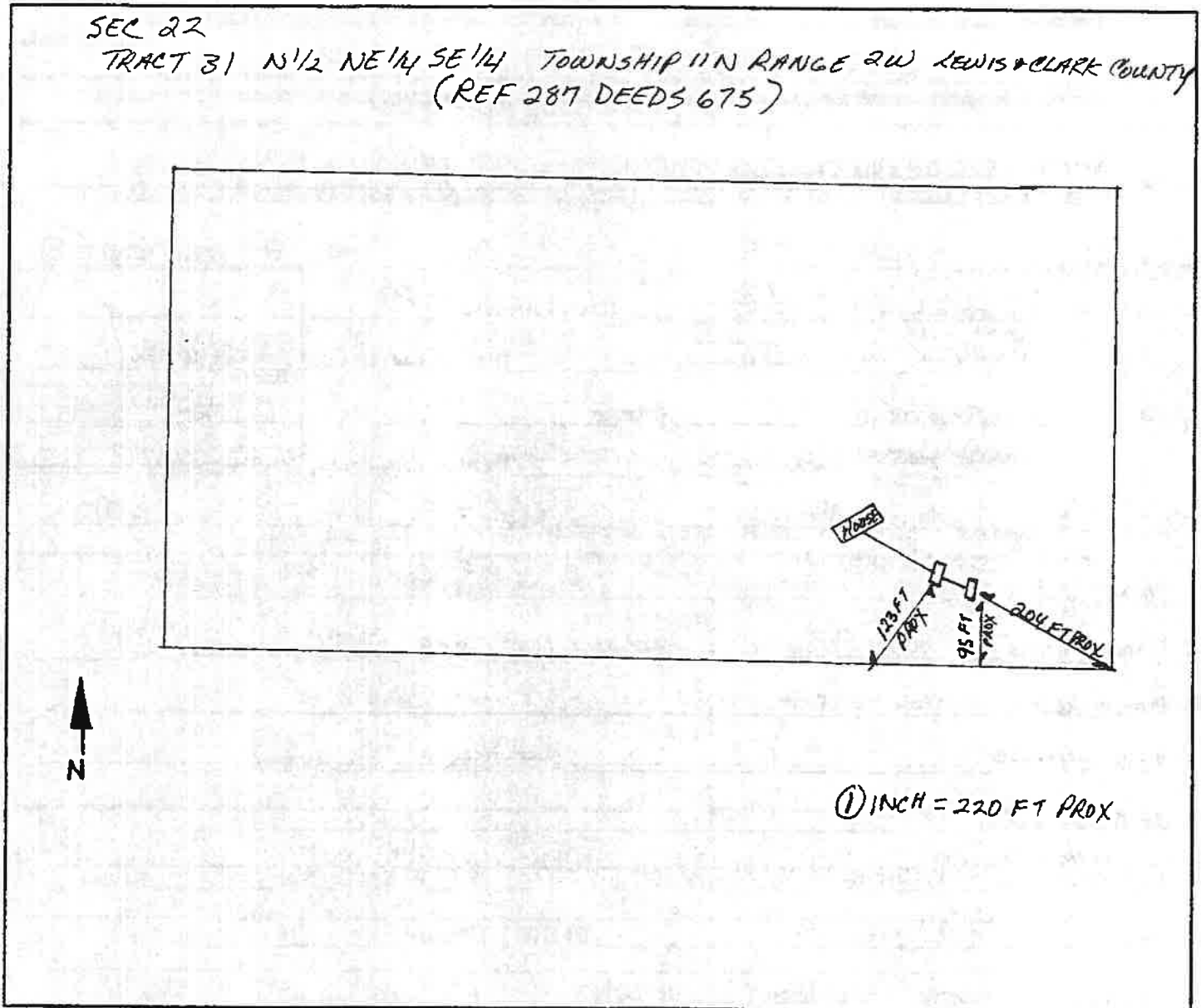
Office Use	
Region	<u>HP</u>
Date Rec'd	<u>12-12-96 / 9-14-98</u>
Date Due	_____
Fee Paid	<u>140.00 / 220.00</u>
Receipt #	<u>1346 / 990011023</u>

If replacement for failed system, has a failure analysis form been completed and turned in? YES ___ NO ___

- Property Owner NICK Wilder
RED CREEK RANCH INC Phone: ⁴⁰⁶Work 227-5901 ⁴⁰⁶Home 763-5364
- Owner's Address 720 PEAKS VIEW DRIVE BOREMAN, MONTANA 59715
- Property Address Applied for
- Applicant's Name _____ Phone: Work _____ Home _____
- Applicant's Address _____
- Legal Description TRACT 31 1/4 N 1/2 NE 1/4 SE 1/4 SEC 22, T 11 N, R 2 W 6A Lot Size 20 Acres
- Installer D+D Development CI (NC) . Phone _____
- Treatment system to serve: Residential RESIDENTIAL
Commercial _____
Other _____
- Total Living Space 1500 TO 2100 Square Feet and 3 OR 4 Number of Bedrooms
- Type of water supply WELL
- Is lot in existing subdivision? _____ If so, name of subdivision _____
- Certificate of Survey*, Mineral Survey*, or Other identifying number (REF 287 DEEDS 675)

*Must be submitted before permit can be issued.

13. In the space below, provide a diagram showing the locations of proposed buildings, septic system, and 100% replacement area; and, distances from wells, surface waters, gullies, roads, rock outcrops, easements, and property boundaries. Indicate north on the diagram and provide directions to the site if necessary.



14. Who should we contact if we need more information?

Who should we contact to arrange a site visit?

THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT IF ANY OF THE INFORMATION IS FOUND TO BE UNTRUE, MY APPLICATION WILL NOT BE VALID AND ANY PERMITS ISSUED BASED ON THIS INFORMATION MAY BE VOIDED.

SIGNATURE OF APPLICANT Jerome P. Ronald DATE 12-11-96

PROPERTY OWNER: RED CREEK RANCH, INC.
PROPERTY ADDRESS: TRACT #37

APPLICATION COMPLETE: YES
 ON-SITE VISIT REQUIRED: YES COMMENTS:

LEGAL DESCRIPTION: NE1/4, SE1/4, SEC. 22, T11N, R2W
 USDA SCS SOIL MAPPING: Symbol NA Name

LIMITATIONS: RATING: LIMITING FACTORS:

TYPE	DEPTH	TEXTURE:	PERMEABILITY
TEST HOLE #1	0-60" 60-84"	LOAM/SILT LOAM FRACTURED SHALE	U.T.M.
TEST HOLE #2	0-84"	LOAM/SILT LOAM	

SOIL TYPE: I II III IV V XX VI

DEPTH TO SEASONALLY HIGH GROUNDWATER: >84" VERIFIED BY: TEST HOLES
 VEGETATIVE INDICATORS: SAGEBRUSH, DL GRASSES GROUNDWATER MONITORING REQUIRED: NO

DEPTH TO UNSUITABLE TREATMENT MATERIAL: 60- >84" HOW VERIFIED: TEST HOLES

7 FOOT TEST HOLE REQUIRED? YES IS PROPERTY IN 100 YEAR FLOOD PLAIN? NO

IS PROPERTY WITHIN 100 FEET OF 100 YEAR FLOODWAY? NO
 FIRM/FLOODWAY MAP NO. NA (OF 300038)

SLOPE AT TREATMENT FIELD SITES: A) 6-8% B) 6-8% ASPECT: SOUTH
 IS THERE ROOM FOR A REPLACEMENT AREA? YES

WILL THE INITIAL AND REPLACEMENT AREAS MEET ALL SEPARATION REQUIREMENTS: YES

APPROVED: YES BASIS FOR DENIAL:

RE-EVALUATED: DATE APPROVED: BASIS:

SITE REQUIREMENTS: TREATMENT FIELD SIZING BASED ON TYPE V SOILS. TREATMENT FIELD AND 100% REPLACEMENT AREAS TO BE LOCATED AS SHOWN ON APPLICATION LAYOUT AND SPECIFICALLY IN AREA DEFINED BY TEST HOLES. DISTRIBUTION BOX AND BAFFLE REQUIRED.

REVIEWED BY: *Howard Reid, R.S.* DATE: 12-11-96

OBSERVATIONS: STANDARD GRAVITY FED SYSTEM OK FOR DWELLING UP TO 2100 SQ.FT. IN SIZE.

This Form is NOT a Permit

SITE LAYOUT
ON-SITE WASTEWATER TREATMENT PROGRAM
LEWIS & CLARK CITY-COUNTY HEALTH DEPARTMENT

Name: RED CREEK RANCH, INC.

Address: TRACT #31

Legal Description: NE1/4, SE1/4, SEC.22, T11N, R2W

