

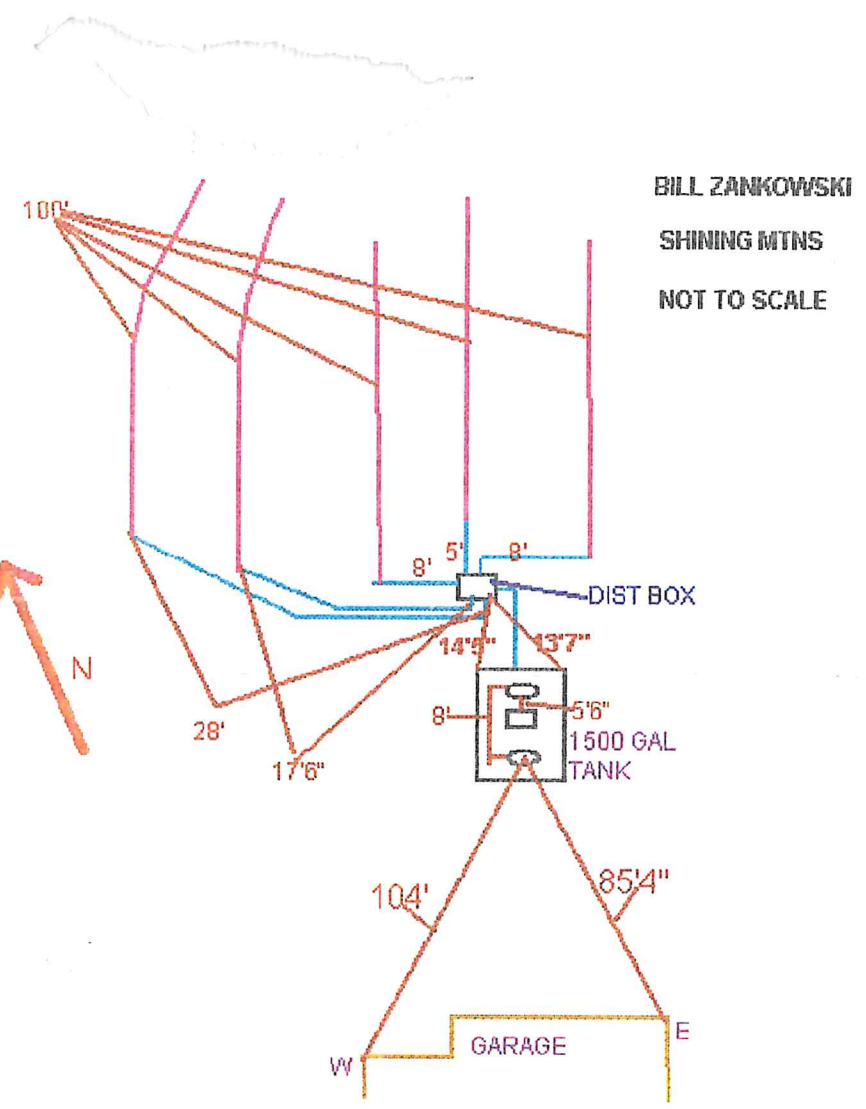
PERMIT NO. 1094

APPLICATION FOR WASTEWATER TREATMENT SYSTEM PERMIT
MADISON COUNTY

Complete and return this application to the Madison County Health Department. The Department shall respond within (10) working days for individual systems or within 30 days for other types of systems. Response from the Department shall be in the form of a valid permit for and approved application or a written denial for an unapproved applic.
PART A

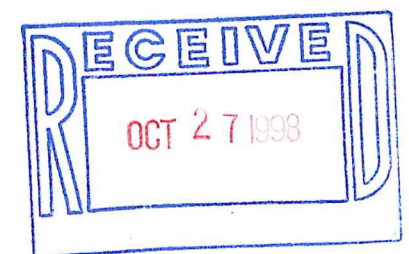
1. Name of Property Owner Bill Zankowski
Address 3277 SHENANDOAH DR.
BILLINGS MT, 59102
2. If the person completing this application is not the owner, give
Name of Applicant _____
Address _____
Phone # _____
3. Legal description and size of property: 1/4 SE 1/4, Sec. 12, Township 7S
Range 2W, being 12.77 acres.
4. Authorized Road Address: _____
Please submit directions to locating property.
5. Name of Subdivision(if applicable): SHINING MOUNTAINS I
Lot, Tract or Parcel: 77
Block: _____
6. Type of Structure(s) to be served:
 One single family dwelling
____ Other (please describe) _____
7. Number of bedrooms in dwelling: 4
Estimated volume of wastewater produced: 15 cu ft per month
8. Name of licensed installer: Saunders Excavation
9. Does the property have Certificate of Subdivision Plat Approval:
____ Yes and # _____ or No (See Part C)
B. Does the property have any exemptions noted on plat
____ Yes _____ (Type of Exemption)
 No
10. Is the property presently being reviewed under the Sanitation in Subdivision Act:
____ Yes or No

Zankowski, Bill
Shining Mtns. I. Lot 77
Emilio



SOLID PIPE
 PERF PIPE

J. H. Saunders
 Excavation
 P.O. Box 73
 Ennis, MT 59729



Hole I 127' from well
 Hole II 115' from well
 Hole III 153' from well.

Thank You!



HOLIDAY STATIONSTORES

Begin Test 17:30
 Hole I 24" deep
 8:00 1.78 10:00
 2.11 1.18 10:30
 1.58 1.18 11:00
 1.14 9:00 11:30
 1.14 9:30
 Hole 2 26" deep

Begin Test 7:30

8:00 1.18 10:30
 2.11 1" 11:00
 1.94 1.11 11:30
 1.12 9:30
 1.18 10:00
 No W 3
 3" 11:30 deep
 2.5"

(Seasonal Use)

30 min/inch
 (140' per bedroom)
 500' of drainfield
 125' / bedroom

1.34 9:30
 1.14 10:00
 1" 10:30
 1" 11:00
 1" 11:30

13. Type of Water and Wastewater Treatment System proposed:
Standard System.

PART C (Complete this section if the property does not have Certificate of Subdivision Approval)

14. Name of Site Evaluator: _____
Qualifications: _____

15. Give a description of the soil profile to a minimum depth of 7 feet.

16. Give the estimated depth to the seasonal high groundwater table and how this was determined. _____

17. Give the results of 2 percolation tests and show their location on the site plan. 20-30 min/inch

18. Show the direction and percent of land slope across the proposed absorption system on the site plan.
See Site Plan

19. Evaluate the potential for flooding or accumulation of surface water.

Signature of Site Evaluator: _____ Date _____

PART D (For Department use only)

Type of Wastewater Treatment System required: Conventional Drainfield Gravity system

Minimum Requirements:
Septic Tank: Type and size: 1000 gallon + Concrete Tank.
Absorption Area: 125' Lineal ft. per bedroom

Comments: 500' drainfield & 1000 gallon concrete tank

Paid: 105⁰⁰ Cash _____ Check # _____
Permit # _____ Date _____
Construction permit paid Yes _____ No _____ Amt. _____ Date _____
Construction permit # _____

R. Hamler Date 9-28-98
Madison County Health Dept.

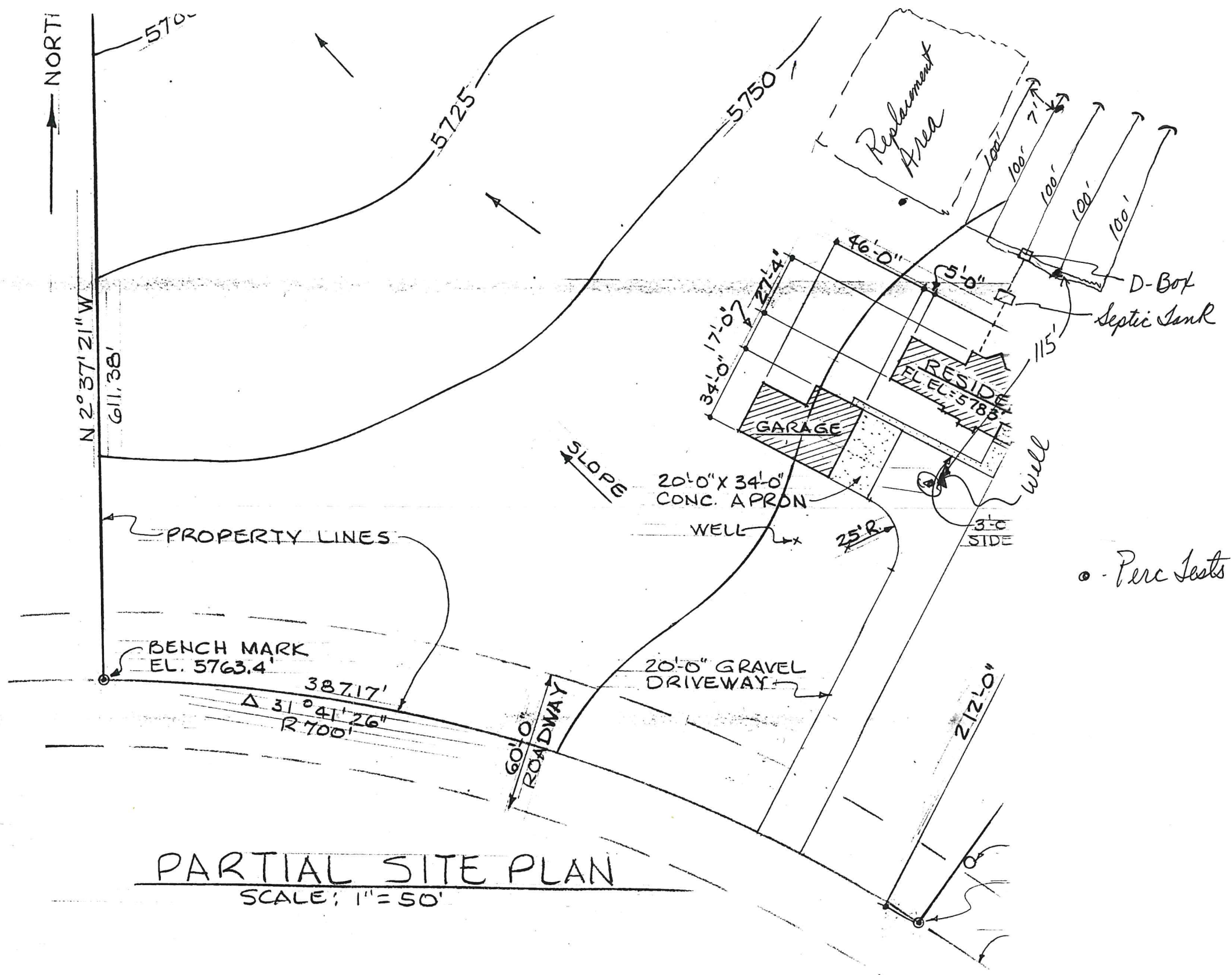


SITE PLAN

SCALE: 1" = 300'

LEGAL DESCRIPTION

LOT # 77 UNIT # 1, SHINING MOUNTAIN SUBDIVISION IN SE 1/4 SEC 11, T 7 S, R 2 W

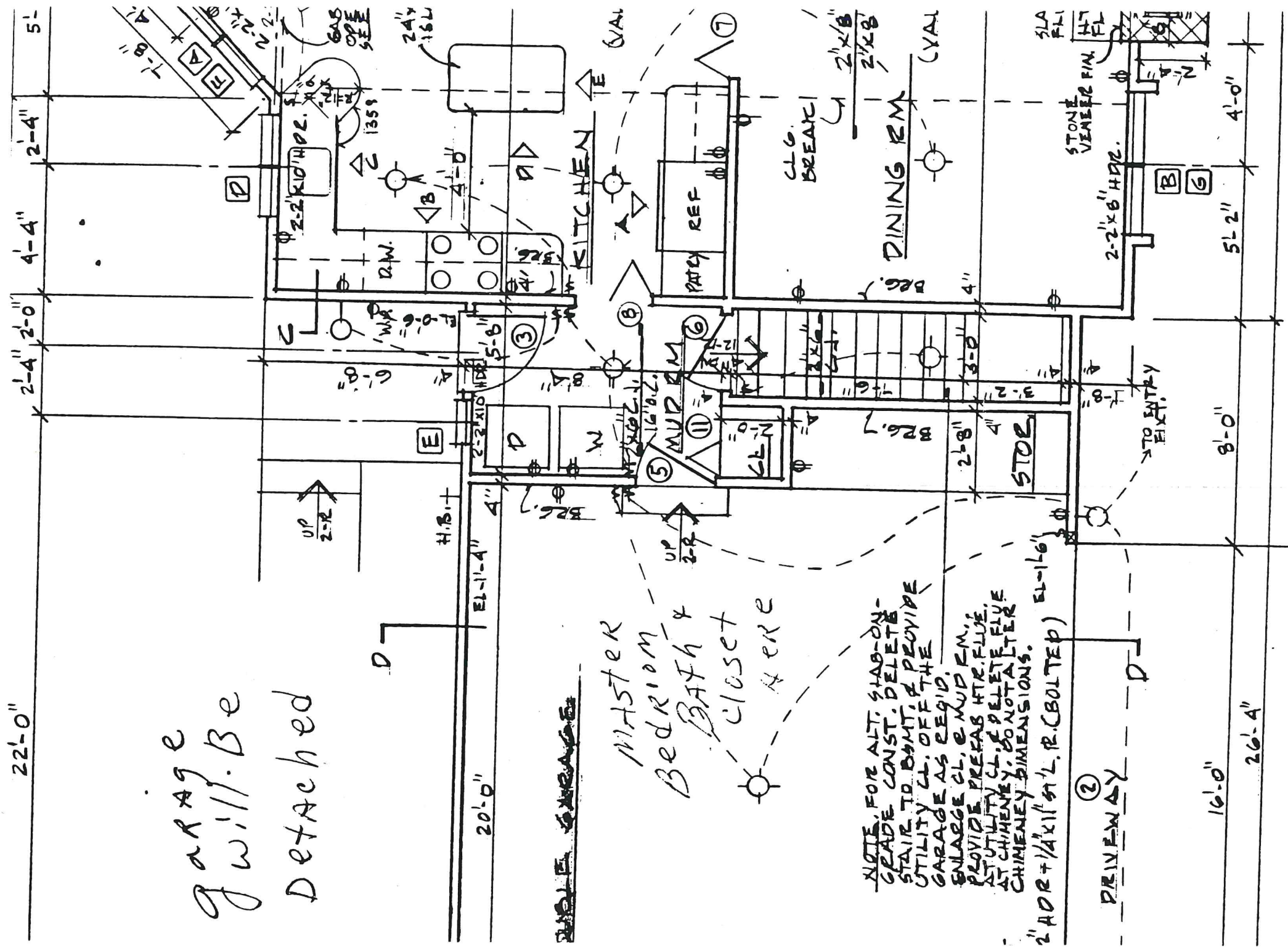


PARTIAL SITE PLAN

SCALE: 1" = 50'

Bill & Marcia Zanolowski
9-28-98

R. Hamler, R.S.
Madison, County



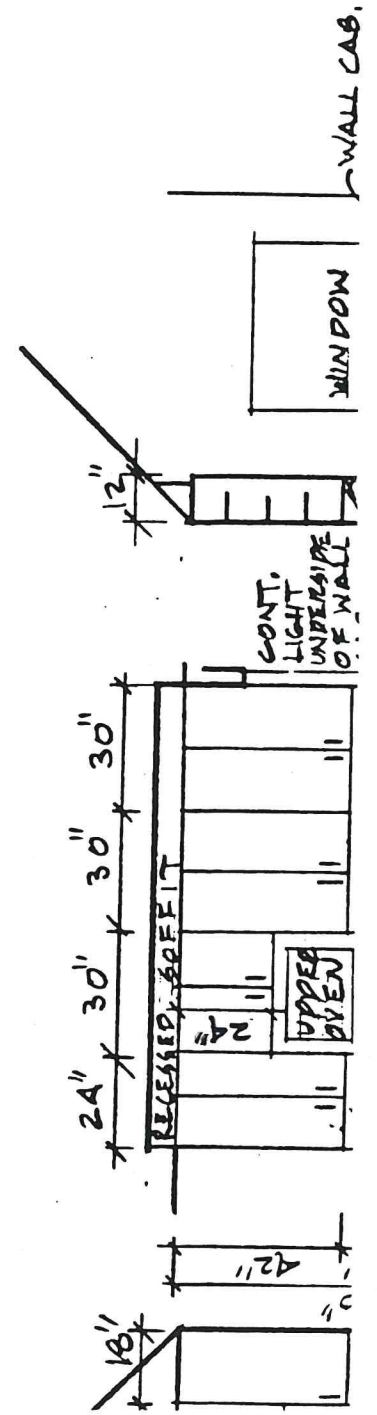
garage
will be
detached

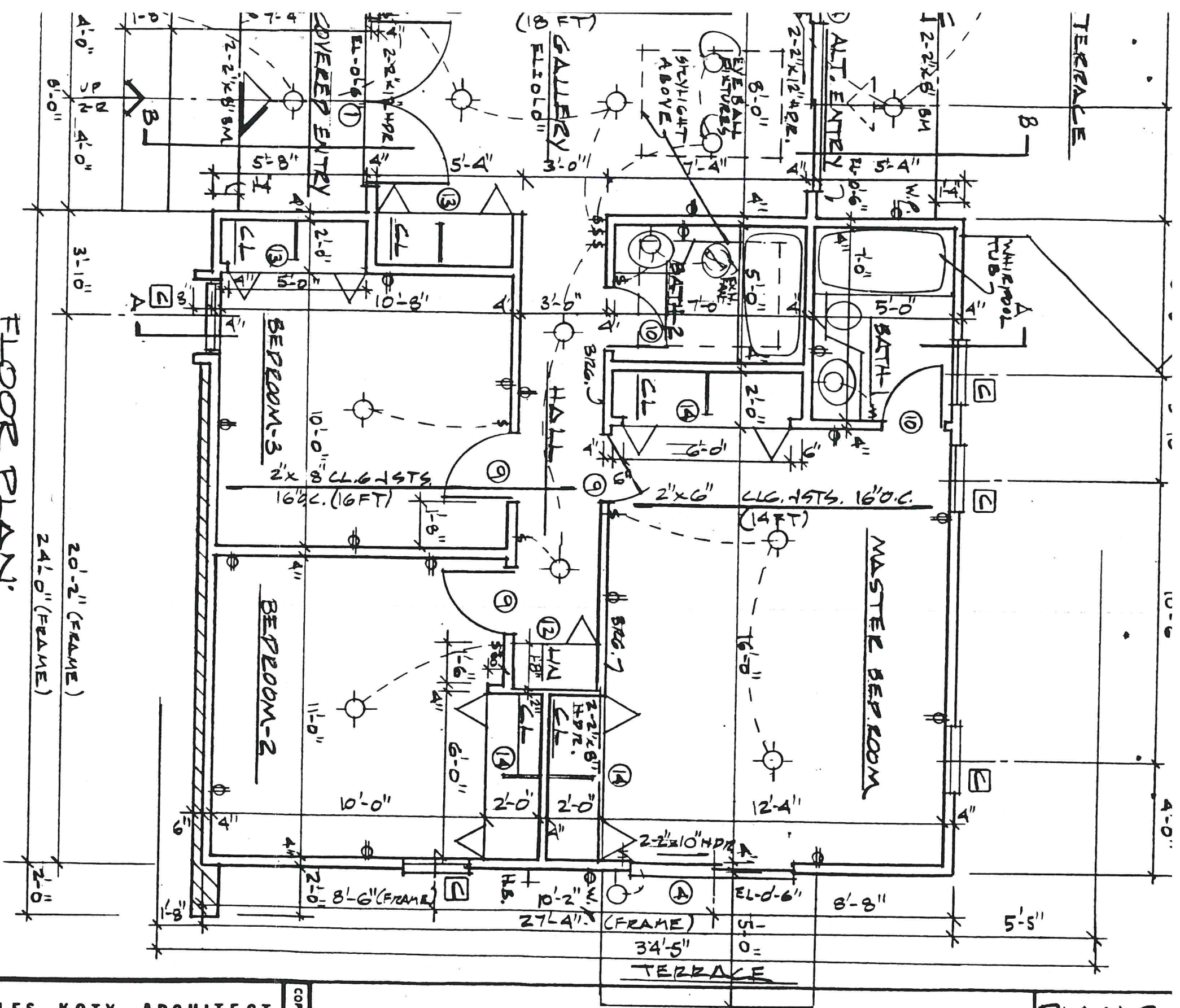
Master
Bedroom
Bath &
Closet
here

NOTE FOR ALT. STAB-ON-GRADE CONST. DELETE STAIR TO BSMT. & PROVIDE UTILITY CL. OFF THE GARAGE AS REQ'D.
2x8 @ 16" O.C. @ MUD RM. PROVIDE PREFAB HTR. FLUE, AT UTILITY CL. & PELLET FLUE AT CHIMNEY. DO NOT ALTER CHIMNEY DIMENSIONS.

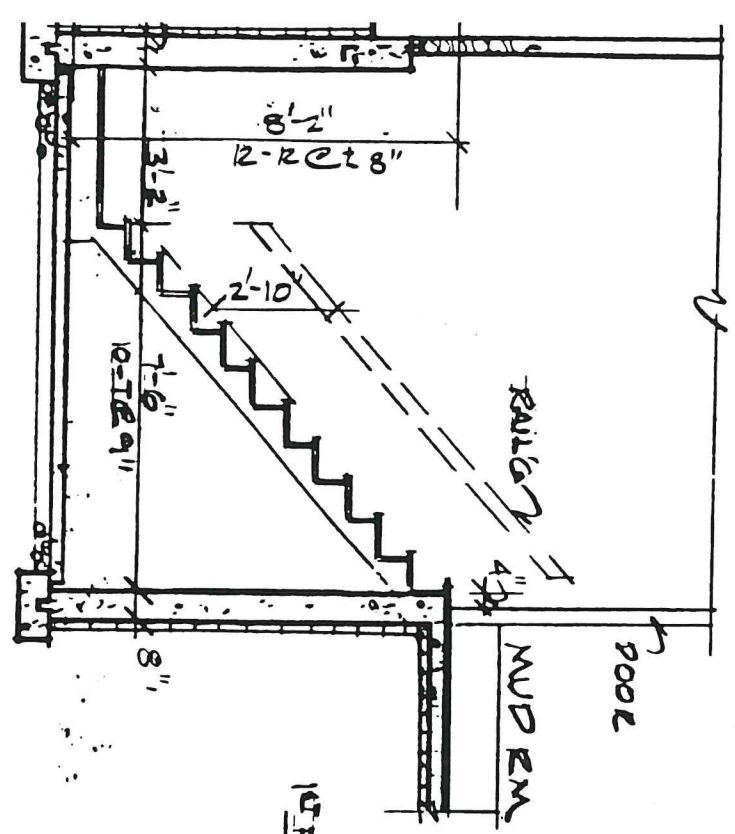
2x8 @ 16" O.C. @ MUD RM. PROVIDE PREFAB HTR. FLUE, AT UTILITY CL. & PELLET FLUE AT CHIMNEY. DO NOT ALTER CHIMNEY DIMENSIONS.

DRIVEWAY

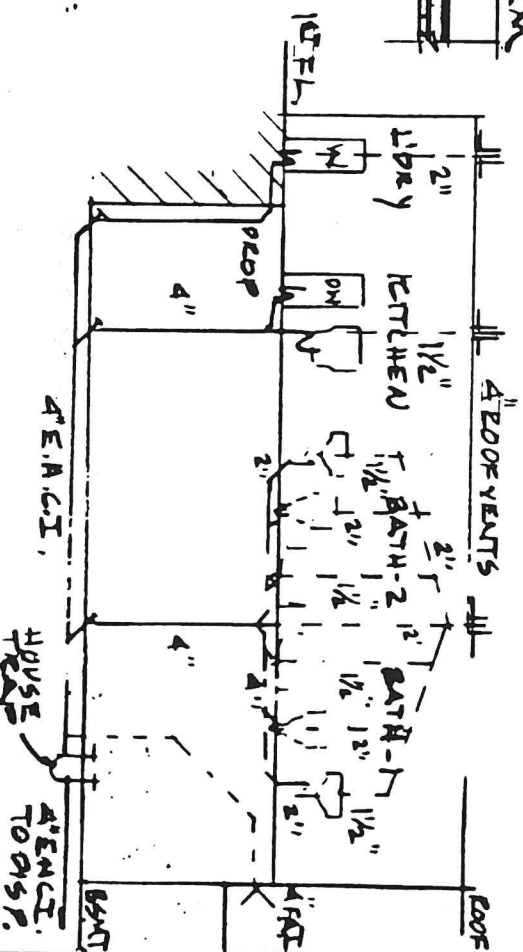




FLOOR PLAN
SCALE 1/4" = 1'-0"



STAIR SECTION
SCALE 1/4" = 1'-0"



PLUMBING DIAGRAM
NO SCALE