

MADISON COUNTY SEPTIC TANK AND SEWAGE PERMIT

Permit to Install, Extend or Repair, Septic Tanks and Sewage Systems, with inspection. In accordance covering the same. Passed by Madison County Board of Health. Effective October 15, 1991. This permit is issued to Harrison Saunders of Ennis for the following sewage disposal system on the Premises of (Owner) Jerry Leech Located at Lot # 75 Shining Mts #1 in the County of Madison, Montana.

Issued on 22 day of Sept., 19 97, being issued for a fee of 105<sup>00</sup> by the Health Officer as authorized representative for Madison County, Montana.

Ck. No. 2025

Note 95 lineal ft. drainfield per bedroom  
285 total feet drainfield  
1500 gal concrete tank w/pump station

Cash \_\_\_\_\_

Signature Ralph Hamler jh  
Sanitarian

No. 945

PERMIT NO. 945

**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 Jerry Leech  
Address 14 Fish Hatchery Rd S #2  
ENNIS, MT 59729

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 1/4, Sec. \_\_\_\_\_, Township \_\_\_\_\_  
Range \_\_\_\_\_, being \_\_\_\_\_ acres.

4. Authorized Road Address: LOT 75 II Skinning MTS  
Please submit directions to locating property.

5. Name of Subdivision(if applicable): Skinning MTS  
Lot, Tract or Parcel: \_\_\_\_\_  
Block: \_\_\_\_\_

6. Type of Structure(s) to be served:  
 One single family dwelling  
 Other(please describe) 36'x40' metal barn

7. Number of bedrooms in dwelling: 3  
Estimated volume of wastewater produced: \_\_\_\_\_

8. Name of licensed installer: Harrison Saunders

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

Leech, Jerry  
Skinning Mt II  
Ennis  
Lot 75

13. Type of Water and Wastewater Treatment System proposed:

\_\_\_\_\_  
\_\_\_\_\_

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. 15 min / inch by Bill Johnson  
\_\_\_\_\_  
\_\_\_\_\_

18. Show the direction and percent of land slope across the proposed absorption system on the 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: \_\_\_\_\_

Minimum Requirements:

Septic Tank: Type and size: 1500 gal concrete w/pump chamber  
Absorption Area: 95 Lineal ft. per bedroom

Comments: 285 ft. total drainfield

Paid: 105<sup>00</sup> Cash  Check # 2025 \_\_\_\_\_ Date \_\_\_\_\_

Permit # 945 Date \_\_\_\_\_ Madison County Health Dept.

Construction permit paid  Yes  No 250<sup>00</sup> Amt. 9-22-97 Date

# 374

Return application to:

Madison County Sanitarian, P.O. Box 278, Virginia City, MT 59755

11. A permit fee of \$ 105<sup>00</sup> in accordance with the Madison County Regulations for Wastewater Treatment Systems, is enclosed.

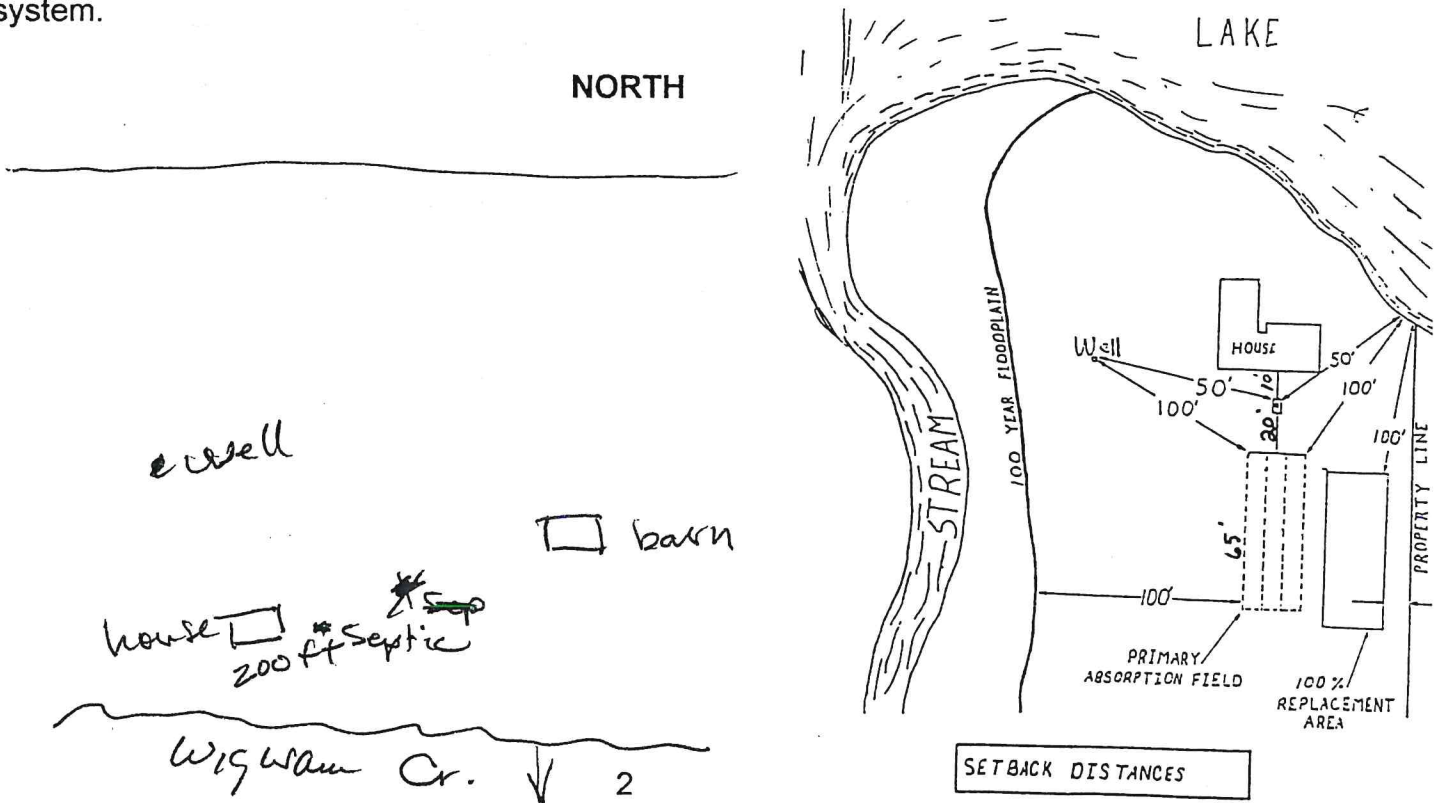
I hereby declare that the information above is true, complete and correct to the best of my knowledge. The wastewater treatment system will be installed according to the Madison County Regulations for Wastewater Treatment Systems. I acknowledge that the Madison County Health Department has not designed this system and that the Madison County Health Department is not bound or obligated to guarantee this systems operation. I further agree to give a minimum of 8 working hours notice for inspection of the system before it is backfilled.

*Jerry A. Reed*  
Signature of Applicant

9/22/97  
Dated

PART B

12. Site plan: Must include shape and size of parcel, proximity to all water supplies, including wells, open bodies of water, streams and floodplain within 100 feet of the property, design of the wastewater treatment system, area for 100% replacement absorption system, location of house site, and measurements to system.



13. Type of Water and Wastewater Treatment System proposed:

\_\_\_\_\_  
\_\_\_\_\_

**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. 15 min / inch by Bill Johnson  
\_\_\_\_\_  
\_\_\_\_\_

18. Show the direction and percent of land slope across the proposed absorption system on the 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: \_\_\_\_\_

**Minimum Requirements:**

Septic Tank: Type and size: 1500 gal concrete w/pump chamber

Absorption Area: 95 Lineal ft. per bedroom

Comments: 285 ft. total drainfield

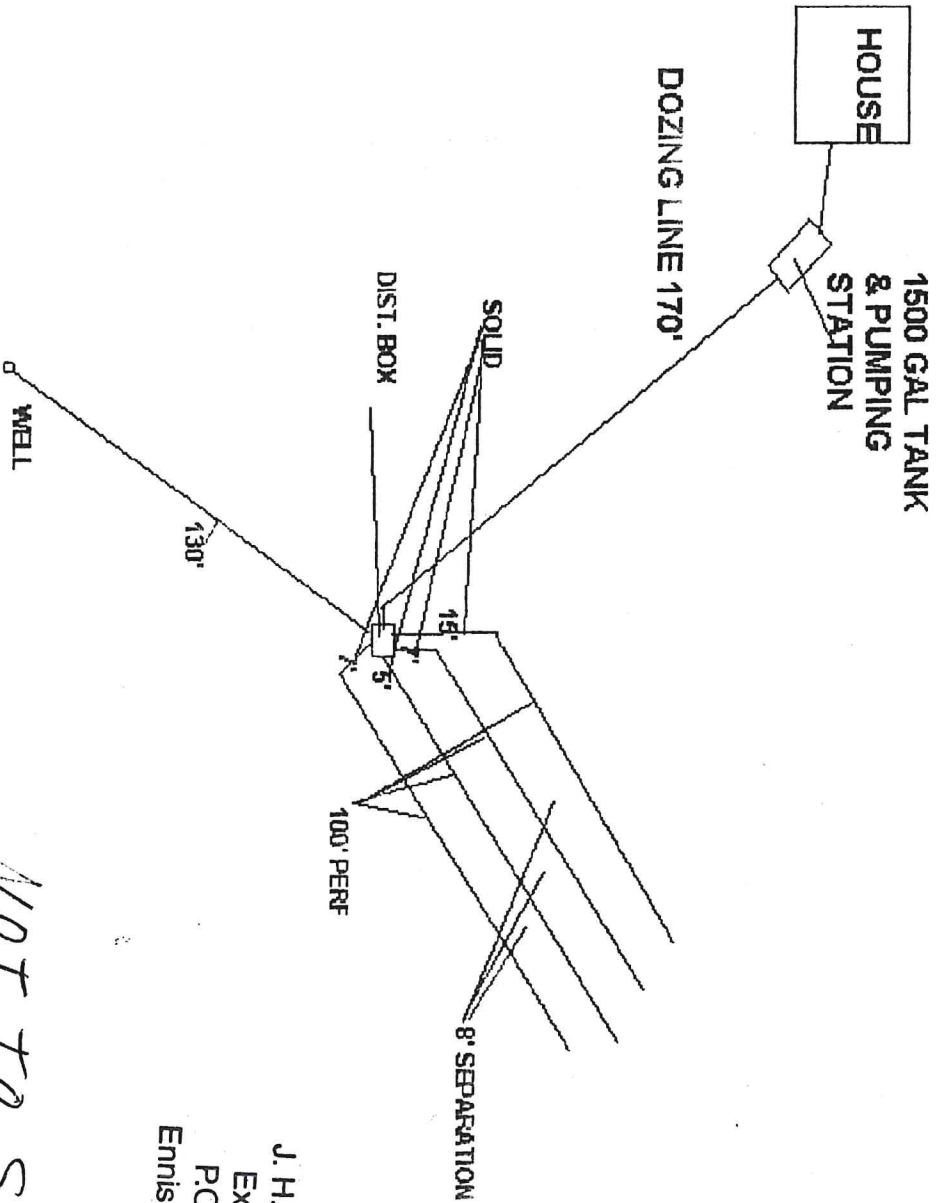
Paid: 105<sup>00</sup> Cash \_\_\_\_\_ Check # 2025 \_\_\_\_\_ Date \_\_\_\_\_

Permit # 945 Date \_\_\_\_\_ Madison County Health Dept.

Construction permit paid  Yes \_\_\_\_\_ No 250<sup>00</sup> Amt. 9-22-9 Date

# 374

JERRY LEECH-LOT 75 SHINING MOUNTAINS



NOT TO SCALE

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

RECEIVED  
12-16-98