

MADISON COUNTY SANITARIAN'S OFFICE
PO BOX 278 VIRGINIA CITY MT 59755 406-843-1275
SANITARIAN: RALPH P. HAMLER R.S.

On-Site Wastewater Treatment System - Certified Installer Report

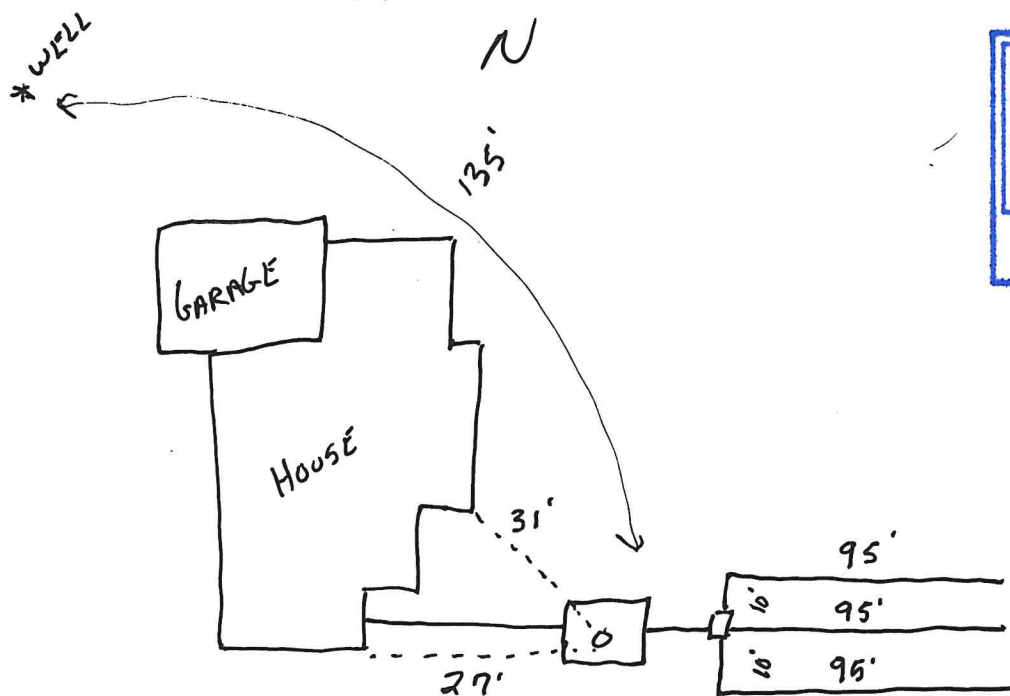
PROPERTY OWNER BILL SKINNER PERMIT # 1861
INSTALLER NAME MATSON EXCAVATION PHONE # 682-7441
SEPTIC TANK size 1500 (gallons) type CONCRETE (concrete, plastic)
baffles yes ☒ no ☐ type CONCRETE (concrete, pvc)
DISTRIBUTION SYSTEM: distribution box yes ☒ no ☐ type CONCRETE
Looped system: yes ☐ no ☒ Capped system yes ☒ no ☐
lift station: yes ☐ no ☒ type CONCRETE
DRAINFIELD: number of laterals 3 length of each 95
Total linear feet 285 trench depth (average) 28"
Direction of slope EAST percent of slope 1%
Soil type (gravel, sand, clay, silt) GRAVEL
Gravel size: (average) 1 1/2 inches Washed? yes ☒ no ☐
Under pipe: 8 inches Over pipe 6 inches
Cover material: untreated building paper DRAINFIELD PAPER or
2" compacted straw _____ or porous plastic filter fabric _____

DISTANCE FROM WATER SOURCES: (measured by installer)
Owner's water supply to: septic tank 135 drainfield 155
Neighboring water supply to: septic tank _____ drainfield _____
Surface waters (streams, lakes, irrigation) to: septic tank _____ drainfield _____
Groundwater encountered? yes ☐ no ☒ at what depth? _____
Bedrock encountered? yes ☐ no ☒ at what depth? _____

I certify that this system meets the requirements of the permit issued by the department.

DIAGRAM SHOWING LOCATION AND SIZE OF SYSTEM AS INSTALLED:

Identify location of septic tank and drainfield with distances from 2 permanent features of the lot and location of wells, streams & property line or use backside of this sheet



MADISON COUNTY WASTEWATER TREATMENT PERMIT

Permit to install, extend or repair, septic tanks and sewage systems with inspection, in accordance covering the same. Passed by the Madison County Board of Health, Virginia City, MT, effective October 15, 1991.

This permit is issued to Installer Name: WALTER CRAWFORD
Address: RT #8 Spanish Crk City: ENNIS State: MT Zip: 59729
for the installation of the following sewage disposal system. System will be located on property belonging to Owner's Name: WILLIAM & WANDA SKINNER
Address: PO Box 1249 City: ENNIS State: MT Zip: 59729
Legal Description of property: 1/4 NE 1/4, Section 32, Township 5S, Range 1W, consisting of 4.144 acres, located in the County of Madison, Montana.
Subdivision Name and Lot #: PINTAIL Ridge Sub. Lot #11
DEQ approval # 96-1184 338K
Authorized Address: 10 Woodduck Rd.

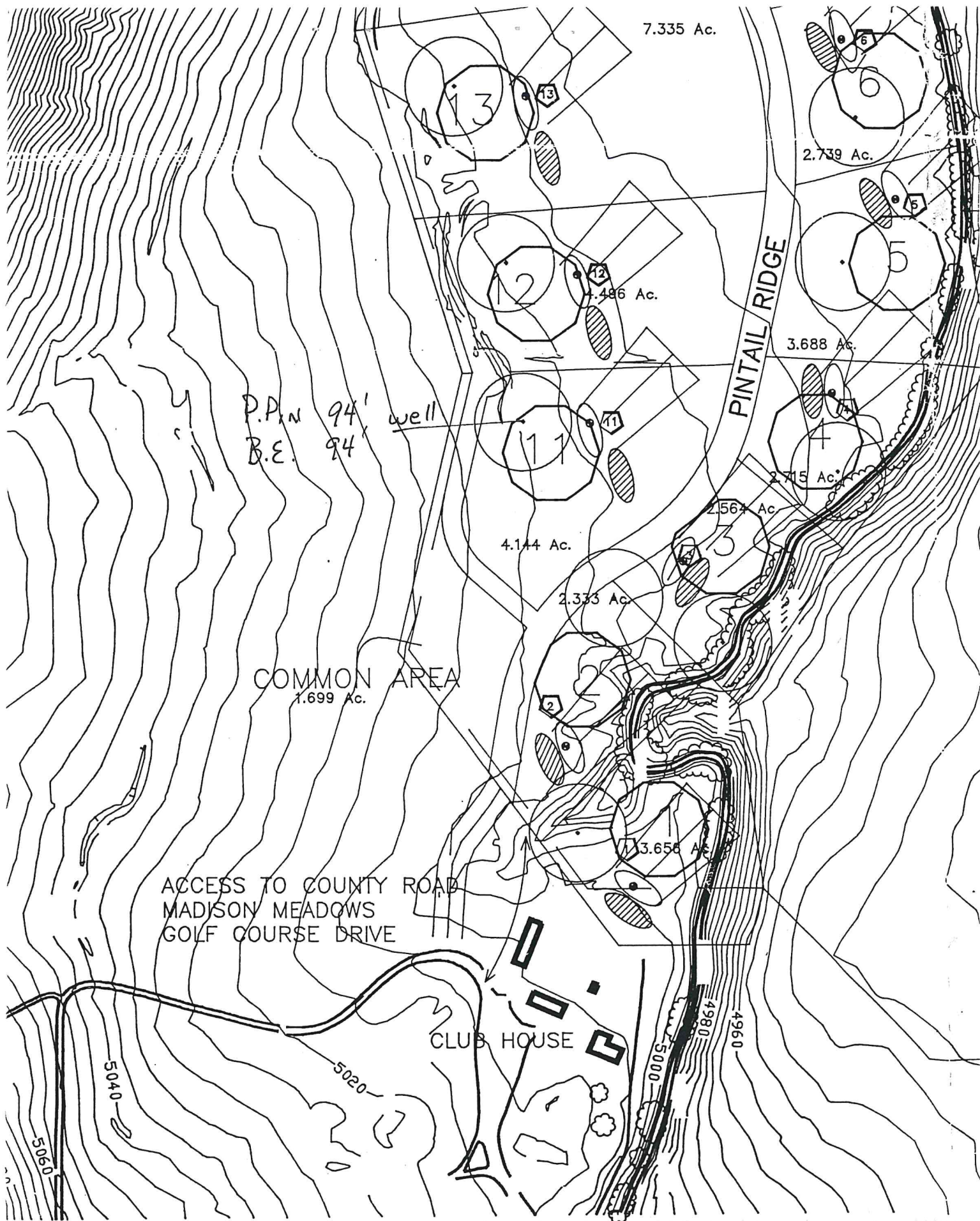
Permit issued on the 18 day of MARCH, 2004, for a fee of \$ 80 - by the Madison County Sanitarian as authorized representative for Madison County, Montana.
Check # 93

SYSTEM SPECIFICATIONS

1500 GAL. TANK w/risers & effluent filter
280' drainfield (70' per bedroom)
(Location per DEQ approval for well & drainfield)

As-Built plans must be submitted upon completion of system, and include property boundaries, measurements to wells and streams, as well as location and design of the system, and north indicator.

SIGNATURE Ralph Hamler PERMIT # 1861
Sanitarian
Construction Permit # 913 dated 3-18-04



PERMIT NO. 1861

**APPLICATION FOR WASTEWATER TREATMENT SYSTEM PERMIT
MADISON COUNTY**

Incomplete applications will not be processed. All permits are valid for 12 months from date of issuance. After that time, a \$25 fee will continue the permit for another year. The permit is void if the system is not installed within 24 months, and another must be purchased.

PART A

1. Name of Property Owner WILLIAM & WANDA SKINNER
Address PO Box 1249 ENNIS, MT 59729
Phone # 682-7042 (Walter Crawford)
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 NE 1/4, Sec. 32, Township 5S
Range 1W, being 4.144 acres.
4. Authorized Road Address: 10 Woodduck Rd.
Please submit directions to locating property _____
5. Name of Subdivision(if applicable): PINTAIL Ridge Sub.
Lot, Tract or Parcel, Block: 11
COS: _____
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: _____
8. Name of licensed installer: WALTER CRAWFORD
9. Does the property have DEQ Approval:
☒ Yes and # 96-1184 338K or _____ No (See Part C)
B. Does the property have any exemptions noted on plat
____ Yes _____ (Type of Exemption)
☒ No ^{or}
10. A permit fee of \$ 80 in accordance with the Madison County Regulations for Wastewater Treatment Systems, is enclosed.
11. New system ☒ Upgrade or Replacement _____

Return application to:

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

SKINNER, WILLIAM & WANDA
Pintail Ridge Lot 11
Ennis