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 Ran Atoud
of Cameron, MT for the following
sewage disposal system on the Premises of (Owner)
Located at Holacon Root Ranch Lot 1, 30 acres
in the County of Madison, Montana. SW/サS34, T3S, R2W

by the Health Officer as authorized representative for Madison $_{-}$, 19 $\overline{97}_{-}$, being issued for a fee day of august County, Montana. Issued on of

Note 240 drawfill - 1000 gallon tank. Š. Ck. No. 00 Signature_ Cash

MADISONIAN PRINT, Phone 682-7755, P.O. Box 73, Virginia City, MT 59755 PERMIT NO. 912

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 Address Address Address McALLISTER, MT 59740
2.	If the person completing this application is not the owner, give Name of Applicant Address Phone #
3.	Legal description and size of property: 5 w 1/4 1/4, Sec. 34, Township 35 Range Range 30 acres.
4.	Authorized Road Address: McALLISTER, NORTH MEADOW CR. RD, 9 m. Please submit directions to locating property.
5.	Name of Subdivision(if applicable): TOBACCO REPERT ROOT RANCH Lot, Tract or Parcel: SW4 S 34 T35 R 2W Pm M
6.	Type of Structure(s) to be served: One single family dwelling Other(please describe)
7.	Number of bedrooms in dwelling:
8. 9.	Name of licensed installer:
10.	Is the property presently being reviewed under the Sanitation in Subdivision Act: Yes orNo

13.	Type of Water and Wastewater Treatment System proposed:
PAR	(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. The per results - Dan Strond to send 5/16/97
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.
Signat	ure of Site EvaluatorDate
PART	D (For Department use only) f Wastewater Treatment System required:
	Septic Tank: Type and size: Concrete (000 gallow Absorption Area: 80 Lineal ft.per bedroom
Paid:_/ Permit : Constru	10.5 Cash Check # 001 Ball Dave to Date 5-11.97

80 E LARRY Zasel N. Mendow Cr. CLEANOUT Permit # 9/2 INSTAllEd 11/6/97 STROUD EXCAVATION, INC. 1101 HWY 287 N CAMERON, MT 59720