Ennis 3235

MADISON COUNTY SANITARIAN'S OFFICE

205 North Broadway *PO BOX 278 VIRGINIA CITY, MT 59755
(O) 406-843-4275 (F) 406-843-5362

25 0423054030500 00

On-Site Wastewater Treatment System---Certified Installer Report

PROPERTY OWNER: Gary Bliss PERMIT# 5235

INSTALLER NAME: Nevin PHONE # 595555 68

SEPTIC TANK: size 1500 (gallons) type _____ (concrete,plastic)
baffles: yes _____ no _____ type _____ (concrete, pvc)

DOSE TANK: size _____ (gallons) type _____

DISTRIBUTION SYSTEM: distribution box: yes _____ no ✓ type _____
Looped system: yes ____ no ____ Capped system: yes ____ no ___
lift station: yes _____ no _____ type _____

INFILTRATOR SYSTEM: yes ✓ no ____ size-width of infiltrator 34"

DRAINFIELD: number of laterals 2 length of each 86 width 36
Total lineal feet 172 trench depth (average) 36"
Direction of slope west percent of slope ____
Soil type (gravel, sand, clay, silt) _____
Gravel size: (average) _____ inches Washed? yes _____ no _____
Under pipe: _____ inches Over pipe: _____ inches
Cover material: untreated building paper _____ or
2" compacted straw _____ or porous plastic filter fabric _____

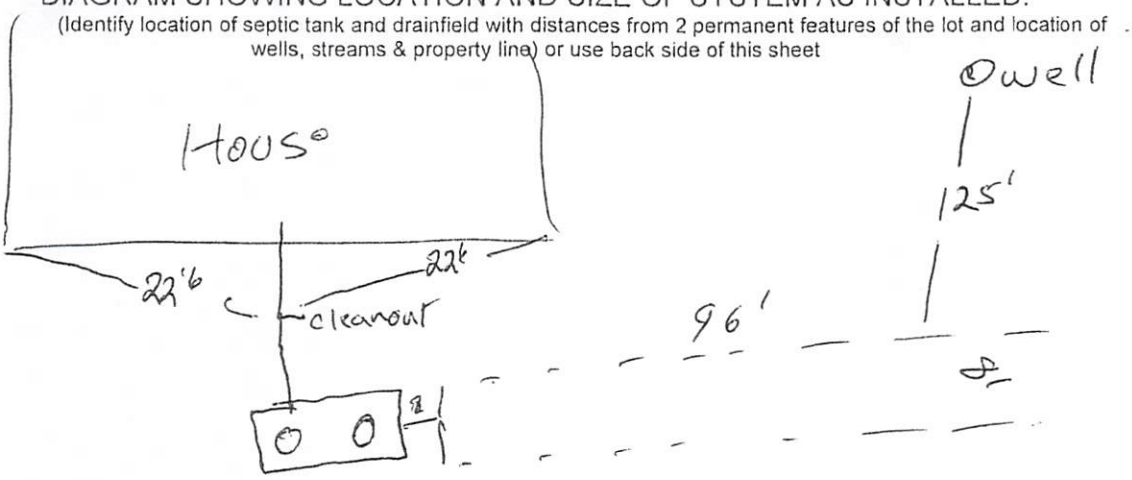
DISTANCE FROM WATER SOURCES: (measured by installer) _____
Owner's water supply to: septic tank 180 drainfield 125
Neighboring water supply to: septic tank 500+ drainfield 500+
Surface waters (streams, lakes, irrigation) to: septic tank _____ drainfield _____
Groundwater encountered? yes ~~no~~ ____ at what depth? _____
Bedrock encountered? yes _____ no ✓ at what depth? _____

I certify that this system meets the requirement s of the permit issued by the department

Signature: Robert M Date: 6/2/15

NOTE: "As=built" plans must be submitted to the Sanitarian's Office within Ten Days of completion.

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 back side of this sheet



3235

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's name)**: Bob Nevin

Address: Po Box 354 City: V.C. State: MT Zip: 59755

Phone: 595-5565

for the installation of the following sewage disposal system. System will be located on property belonging to **(owner's name)**: Gary Bliss

Address: 3811 Fletcher St City: Loveland State: CO Zip: 80538

Phone: 541-588-0696

Legal description of property: NE 1/4 SE 1/4, Section 5, Township 6S, Range 1W,

consisting of 6.2 acres, located in the County of Madison, Montana.

Subdivision name: Elkhorn Subdivision

Lot, Tract or Parcel, Block: 2

DEQ approval number: 28-79-S10-314 DHES#

Authorized Address: 65 Antelope Meadows Rd., Ennis, MT 59729

Permit issued on the 14th day of October, 2014, for a fee of $ 200.00

Check #: 200.00 by the Madison County Sanitarian as an authorized representative for Madison County, Montana. Receipt # 2336.

SYSTEM SPECIFICATIONS

1000 gallon septic tank w effluent filter in outlet baffle (based upon 3 bedroom house)

requires 250 s.f/bedroom per DHES Certificate No. (28-79-S10-314)

125 l.f. less 25% reduction for gravelless chambers (see attached)

93.75 l.f x 2 bedrooms = 188 l.f/2 bedroom

install (2) rows of 94 l.f. gravelless chambers (22")

Must meet ALL required County and State setbacks

Requires 24 hours notice to inspect system - must not backfill prior to inspection

As-built plans must be submitted to Sanitarian's Office upon completion of work

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

SIGNATURE: Joyce Crouse, R.S. **PERMIT #: 3235**

Madison County Sanitarian's Office

ORIGINAL

Construction Permit #: 1859 Dated: 10/10/14 Receipt # 2336
~~~

MADISON COUNTY CONSTRUCTION & DEMOLITION APPLICATION/PERMIT

Ordinance 2-2006, effective and enforceable July 20, 2006 requiring all construction and demolition, performed in Madison County, to be subject to a fee of $ _____. It shall be the property owner's responsibility to obtain and make restitution for a permit before commencing construction or demolition. Wastes permitted to be deposited under the terms of the permits provided by this ordinance shall be deposited only in Madison County Transfer Containers with the following conditions.

a. All construction and demolition waste shall be cut to four (4) foot or less lengths for disposal in container sites.
b. Construction and demolition waste quantities shall not exceed one pick-up truck size load per transfer container per day.
c. Waste shall be deposited only in transfer containers.
d. Any inert waste or metal goods should be taken directly to Madison County Class III landfills located in Ennis and Twin Bridges.
e. Any person guilty of violating this ordinance shall be punished by a fine of not more than $500.00 or a jail sentence of not more than 6 months or by such conditions as the court may impose.

This permit is issued to **(contractor's name):** Clark & Son

Address: Box 582 City: Ennis State: MT Zip: 59729

Phone #: 682-1474

belonging to **(owners name):** Gary Bliss

Address: 3811 Fletcher St. City: Loveland State: CO Zip: 80538

Phone #: 541-588-0696 for the following construction or demolition

located at (authorized address): 65 Antelope Meadows Rd. (effective 10/10/14)

Legal description of property: NE ¼ SE ¼, Section 5, Township 6S, Range 1W,

Subdivision name: Elkhorn 4/139

Lot, Tract or Parcel, Block: 2

Description of building:

X Single Family Residence

_____ Commercial Building

Main floor Square Footage	_____
Second Floor Square Footage	_____
Basement Square Footage	_____
Attached Garage Square Footage	_____
Total Square Footage:	1400

Square footage to include attached garage and finished or unfinished basements.

$400.00	801 up to 2500 sq feet
$450.00	2501 up to 4000 sq feet
$500.00	4001 up to 5000 sq feet
+$100.00	for each additional 1000 square foot increment

COPY

Fees payable to: Madison County Sanitarian,
Mail to: Madison County Sanitarian, Box 278, Virginia City MT 59755

Application Dated: 10-1-2014 New Construction: ✓ Re-model: _____

Permit issued on the 10th day of October, 20 14, for a fee of $ 400.00
check #: 7151 by the Madison County Sanitarian as an authorized representative for Madison County, MT

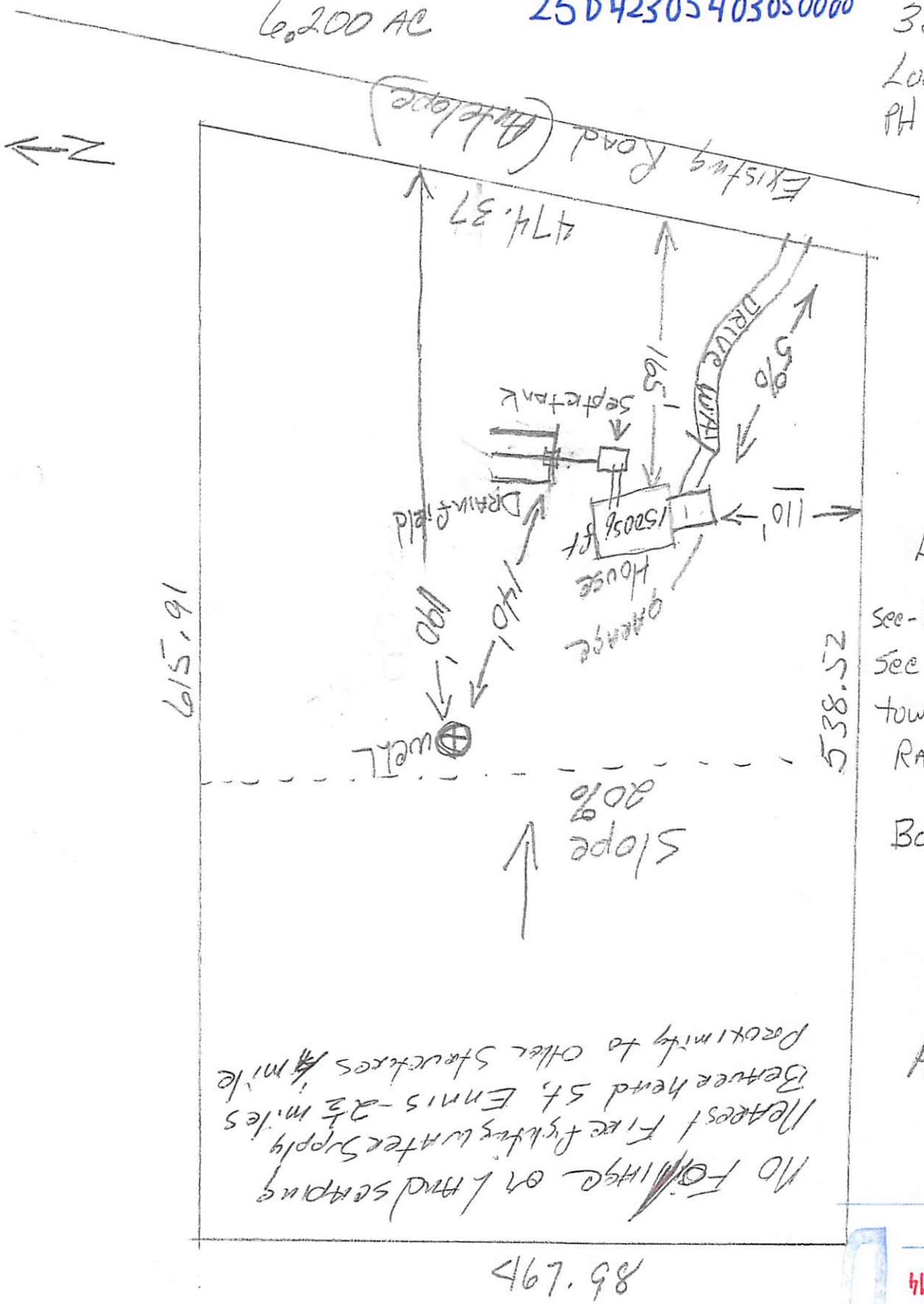
SIGNATURE: Dyne Crowe, R.S. Permit #: 001859
Sanitarian

Septic Permit #: 3235 Date: 10/6/14 Receipt # for Septic 2336 for C/D 2337

Elkhorn Subdivision
tract 2
6.200 AC

3235
25D423054030500000

Owners: Gary Bliss
& Anne Ridley
3811 Fletcher St.
Loveland Co 80538
PH 541-588-0696



Builder =
Clarke & Son Inc
Box 582
Ennis Mt
59729
682-7474

Legal description =
see - NE 4 SE 4
Sec 5
Township 6 S
Range 1 W

Book 4 Page 139

Antelope Meadows

RECEIVED
OCT 10 2014
BY:

PERMIT # 3235

MADISON COUNTY APPLICATION FOR WASTEWATER TREATMENT SYSTEM

Incomplete applications will not be processed. All permits are valid for 12 months from date of issuance. After that time, a $50.00 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: Gary Bliss
   Address: 3811 Fletcher St. City: Loveland State: CO Zip: 80538
   Phone: 541-588-0696
2. If the person completing this application is not the owner, give:
   Name of applicant: Holly Clark
   Address: Box 582 City: Ennis State: MT Zip: 59729
   Phone: 682-7474
3. Authorized road address: 65 Antelope Meadows Rd (effective 10/10/14)
   Please submit directions to location property: _____
4. Legal description of property: NE 1/4 SE 1/4, Section S, Township 6S, Range 1W, consisting of 6.2 acres, located in the County of Madison, Montana.
5. Subdivision name: Elkhorn Subdivision
   Lot, Tract or Parcel, Block: 2
   COS: 4139
6. Type of structure(s) to be served:
   ✓ One single family dwelling
   _____ Other (please describe) _____
7. Number of bedrooms in dwelling: 2
8. Estimated volume of wastewater produced (commercial only): _____
9. Name of Madison County licensed installer: Bob Nevin
10. Does the property have DEQ approval?
    ✓ Yes and # _____
    _____ No (see part C)
11. Does the property have any exemptions noted on plat?
    _____ Yes – type of exemption _____
    ✓ No
12. A permit fee of $ 200 in accordance with the Madison County Regulations for Wastewater Treatment Systems is enclosed.
13. This is:
    ✓ New system
    _____ Upgrade or replacement
14. Type of Water Supply and Wastewater Treatment System proposed: _____

RECEIVED
OCT 0 1 2014
BY:

Make checks to: Madison County Sanitarian
Return application to: Madison County Sanitarian, PO Box 278, Virginia City MT 59755

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 and the DEQ. I acknowledge that the Madison County Health Department is not bound or obligated to guarantee this systems' operation. I further agree to give a minimum of 24 hours notice for inspection of the system before it is back filled.

Holly Clark
Signature of Applicant

10-1-2014
Dated

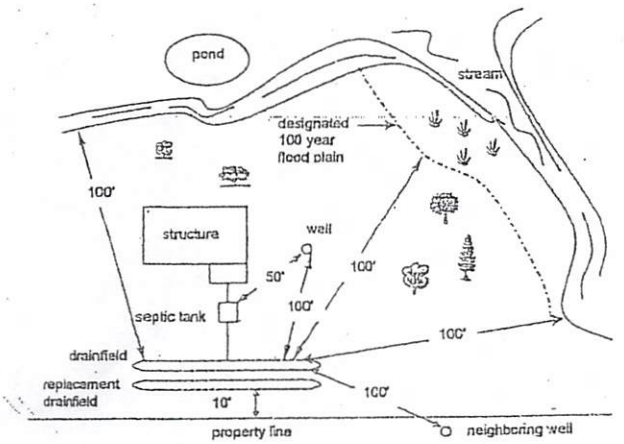
PART B

* * * IMPORTANT * * *

15. The application will not be accepted if any of the following site plan information is missing. **Must include:** shape and size of parcel, location of house site and all buildings, percent and direction of slope, proximity to all water supplies to include wells, open bodies of water, streams and floodplain within 100 feet of the property, areas of high ground water, and the design of the wastewater treatment system area for 100% replacement absorption system.

NORTH

Example with setback distances



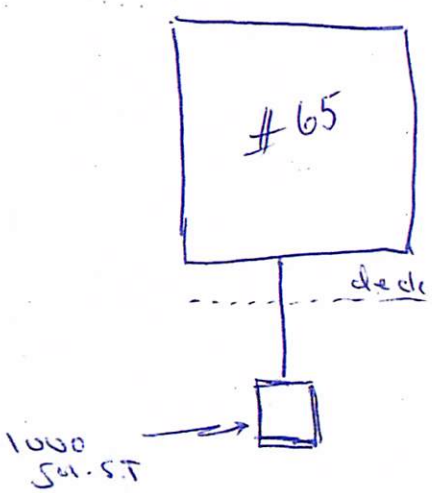
INSPECTION REPORT

Type of Wastewater Treatment System: _____

Comments: Inspected 4/20/15

Layout:

⊕ well



Antelope Meadows Rd.

_____ Approved
_____ Not Approved

Signed _____ Dated _____

PART C (Complete this section if the property does not have DEQ approval.)

16. Name of site evaluator: _____
    Qualifications: _____
17. Give a description of the soil profile to a minimum depth of 8 feet: _____
    _____
18. Give the estimated depth to the seasonal high groundwater table and how this was determined:
    _____
    _____
19. Give the results of one percolation test and show the location on the site plan. Perc test must be performed in the drainfield area: _____
20. Nitrate/Nitrite background test results from closest well: _____
    Specific conductance test results: _____
21. Please attach well log.
22. Show the direction and percent of land slope across the proposed absorption system on the site plan.
23. Is the property located in the Madison County Floodplain and/or evaluate the potential for flooding or accumulation of surface water: _____
    _____

_____ _____

Signature of Evaluator: Dated

PART D (for department use)

Type of Wastewater Treatment System required: _____

_____

Minimum Requirements:

Septic tank type and size: _____

Absorption area: _____ lineal feet per bedroom

Comments: _____

_____

_____

_____

Paid: $ _____ Check #: _____ Cash: $_____ Receipt # _____

Permit #: _____ Date: _____

Construction Permit #: _____ Dated: _____