MADISON COUNTY SANITARIAN'S OFFICE
205 North Broadway *PO BOX 278 VIRGINIA CITY, MT 59755
(O) 406-843-4275 (F) 406-843-5362

25 642305403 050000

On-Site Wastewater Treatment SystemGertified Installer Report
PROPERTY OWNER: OUTY Bliss PERMIT# 5235
INSTALLER NAME: NEVIL PHONE # 58555 68
SEPTIC TANK: size /500 (gallons) type (concrete, plastic) baffles: yes no type (concrete, pvc)
DOSE TANK: size(gallons) type
DISTRIBUTION SYSTEM: distribution box: yestype
Looped system:yesno Capped system: yesno /
lift station: yesnotype
INFILTRATOR SYSTEM: yes / no size-width of infiltrator 24/1
INFILTRATOR SYSTEM: yes no size-width of infiltrator 34" DRAINFIELD: number of laterals 2 length of each 96 width 36
Total lineal feet 192 trench depth (average) 36
Direction of slope west percent of slope
Soil type (gravel, sand, clay, silt)
Gravel size: (average)inches Washed? yesno
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 /80 drainfield /25
Neighboring water supply to: septic tank 500+ drainfield 500+
Surface waters (streams, lakes, irrigation) to: septic tankdrainfield
Groundwater encountered? yesat what depth?at what depth dept
Bedrock encountered? yesat what depth?
I certify that this system meets the requirement s of the permit issued by the department
Signature: / Cant /h Date: 6/2/13
NOTE: "As=built" plans must be submitted to the Sanitarian's Office within Ten
Days of completion.
Bays 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 Owe
125'
22'6 Cleanout 96'
001
2Risers To Surface



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.

Address: PO Gox 354 City: V.C. State: MT Zip: 5975-5 Phone: 595-5565 for the installation of the following sewage disposal system. System will be located on property belonging to (owner's name): 9/10/20 Biss. Address: 3811 Fletcher St. City: 10 ve and. State: CO. Zip: 80538 Phone: 541-588-0696 Legal description of property: ME 1/4 SE 1/4, Section 5, Township 65, Range 1/20. 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: 38.79-516-314 BHSs# Authorized Address: 105 Antelope Meadons Rd., Ennis, MT 59739 Permit issued on the 1444 day of October 2014, for a fee of \$ 30000 Check # 200.00 by the Madison County Sanitarian as an authorized representative for Madison County, Montana. Receipt # 2336 SYSTEM SPECIFICATIONS 1000 sallow Service for System Specific Catholics (25-47-510-314) 125 12 12 25 32 32 4 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	This permit is issued to (installer's name): Bob Nevin
Phone: 595-5565 for the installation of the following sewage disposal system. System will be located on property belonging to (owner's name): 3AN BISS Address: 3811 Fletcher St. City: Loveland. State: CO. Zip: 80538 Phone: 541-588-0696 Legal description of property: NE114 SE 1/4, Section 5, Township 65, Range W., consisting of 6.2 acres, located in the County of Madison, Montana. Subdivision name: 21khorn Subdivision Lot, Tract or Parcel, Block: 2 DEQ approval number: 38-79-516-314 DHSs# Authorized Address: 165 Antelope Meadors Rd., Ennis, MT 59739 Permit issued on the 14th day of October 2014, for a fee of \$ 200 Check #: 200.20 by the Madison County Sanitarian as an authorized representative for Madison County, Montana. Receipt# 2336e SYSTEM SPECIFICATIONS SYSTEM SPECIFICATIONS DOD SILO SERVIC For Develope Security (28-79-5/0-3/4) 125 12 25 25 K reduction for groweless changes (22-4) Must have All required County and the Schools Requires 24 hours and security and security and schools and design of the system, and north indicator.	Address: PO Box 354 City / C State: MT 7in: 597575
for the installation of the following sewage disposal system. System will be located on property belonging to (owner's name): Gany Bliss Address: 3811 Fletcher St. City: Love land. State: CO Zip: 80538 Phone: 541-588-0696 Legal description of property: NE1/4 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: 38-79-516-314 bHE5# Authorized Address: 65 Antelope Meadows Rd., Ennis, MT 59729 Permit issued on the 14th day of October 2014, for a fee of \$ 200 Check # 200.00 by the Madison County Sanitarian as an authorized representative for Madison County, Montana. Receipt # 2336 SYSTEM SPECIFICATIONS 100 silon septic for the septic for System special filter in coulded by filter in coulde	Phone: 595-5545
belonging to (owner's name): Gan, Bliss Address: 3811 Fletcher St. City: Loveland. State: CO. Zip: 80538 Phone: 541-588-0696 Legal description of property: NE1/4 SE 1/4, Section 5, Township 65, Range 1/2, consisting of 6.2 acres, located in the County of Madison, Montana. Subdivision name: ZIKNOTN Subdivision Lot, Tract or Parcel, Block: 2 DEQ approval number: 38-79-516-314 bHSs# Authorized Address: 65 Antelope Meadons Rd., Ennis, MT 59729 Permit issued on the 1444 day of October 2014, for a fee of \$ 200 co. by the Madison County Sanitarian as an authorized representative for Madison County, Montana. Receipt # 2336 SYSTEM SPECIFICATIONS 100 silva septic factor acres of the Silva septics of the state of the Silva septics of t	
Address: 3811 Fletcher St. City: Loveland State: CO Zip: 80538 Phone: 541-588-0696 Legal description of property: NE1/4 SE 1/4, Section 5, Township 65, Range 60, 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: 38-79-516-314 bH25# Authorized Address: 65 Antelope Meadows Rd., Ennis, MT 59729 Permit issued on the 44th day of October 2014, for a fee of \$ 2000 Check # 200.00 by the Madison County Sanitarian as an authorized representative for Madison County, Montana. Receipt # 2 336 SYSTEM SPECIFICATIONS 1000 Salan Senter for the efficient Cutter baffle (128-75-510-314) Legalors 250 Schoolsonan per DHES Cestificate (128-75-510-314) 125 Cest 250 realization for gravelless changes see affected (128-75-510-314) 125 Cest 250 realization for gravelless changes see affected (128-75-510-314) Must be 18 Traguine of County and Hale Setbacks Requires 24 business affected in 1920 System - must not beddill point to inspect the set of t	
Phone: 541-588-0636 Legal description of property: NE114 SE 114, Section 5, Township 65, Range 16, a acres, located in the County of Madison, Montana. Subdivision name: Elkhorn Subdivision Lot, Tract or Parcel, Block: 2 DEQ approval number: 38-79-516-314 bH25# Authorized Address: 165 Antelope Meadows Rd., Ennis, MT 59729 Permit issued on the 14th day of October 2014, for a fee of \$ 300 cb Check #: 200.00 by the Madison County Sanitarian as an authorized representative for Madison County, Montana. Receipt # 2336 SYSTEM SPECIFICATIONS 1000 9-10 se phic factor a feeling of the Secondary of the Secondary State of the Secondary Stat	
Legal description of property: NE 1/4 Section 5 Township 6 Range 16 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: 2879-516-314 bHES# Authorized Address: 105 Antelope Meadows Rd. Ennis, MT 59729 Permit issued on the 14th day of October 2014 for a fee of \$ 200 CD Check #: 200.00 by the Madison County Sanitarian as an authorized representative for Madison County, Montana. Receipt # 2336 SYSTEM SPECIFICATIONS SYSTEM SPECIFICATIONS 1000 9110 Septic for 2 effluent filter in Outlet biffle (28-75-510-314) 125 1. 265 2540 reduction for gravelless channel see effective of 188 1. 2 body and state setbacks 188 1. 2 body and septic for gravelless channel see effective for gravelless channels for efficiency for gravelless channels for efficiency for septic for a feet setbacks Requires 24 hours article to inspect system — must not backell prior toinspect for septing for months of 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.	
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: 28-79-516-314 bHES# Authorized Address: 165 Antelope Meadows Rd. Ennis, MT 59729 Permit issued on the 14th day of October 2014, for a fee of \$ 2000 Check #: 200.00 by the Madison County Sanitarian as an authorized representative for Madison County, Montana. Receipt # 2336 SYSTEM SPECIFICATIONS SYSTEM SPECIFICATIONS SYSTEM SPECIFICATIONS 1000 silln senter to the first that the filter in could be	
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Permit issued on the 14th day of October 2014, for a fee of \$ 2000 Check # 200.00 by the Madison County Sanitarian as an authorized representative for Madison County, Montana. Receipt # 2336 SYSTEM SPECIFICATIONS 125 L.	DEO approval number: 28-79-516-314 DHE5#
1000 salon septic tack to effluent filter in outlet baffle (bessed upon 3 bedrown house) requirer 250 St bedrown per DHFS certificate the (28-79-510-314) 125 Lie less 25% reiduction for gravelless channel see attached) 93.75 Lif x2 bedrown = 188 Lif 2 bedrown and all (2) some of 94 Lif. gravelless a hearbest (22") Must heat All required County and state setbacks Requires 24 hours patice to inspert system - must not backed prior to insper As-bilt 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.	Permit issued on the 14th day of <u>Dotober</u> , 2014, for a fee of \$ <u>200</u> Check #: <u>200.00</u> by the Madison County Sanitarian as an authorized representative for
requires 250 s. Cherkonan per DHES Certificate M. (28-75-510-315) 125 L. Less 25% reduction for gravelless channel see attached) 93.75 L. X. Sedicion for gravelless channel see attached) 188 L. Zindrum 1	SYSTEM SPECIFICATIONS
Requires 24 hours natice to inspect system - must not backell prior to inspect As-bilt 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.	(besco upon 3 bedroven himse) requires 250 S.f. hertroven per DHFS certificate M. (28-79-510-319 1251.E. less 25% reclusion for gravelless charbar see attached) 1881.F. 26 bedroven = 1881.F. 26 bedroven
\bigcap_{α} \bigcap_{α} \bigcap_{β}	Requires 24 house natice to inspect system -must not backell prix to inspect the Southern of the system and with 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
Madison County Sanitarian's Office Construction Permit #: (859 Dated: 10/10/14 Receipt # 233/0	SIGNATURE: Oyo Curbo, R.S. PERMIT #: 3235 Madison County Sanitarian's Office

MADISON COUNTY CONSTRUCTION & DEMOLITION APPLICATION/PERMIT

1.	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.							
	bConstruction 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: Finis State: MT. Zip: 59789							
	Phone #: _662- 1474							
	belonging to (owners name): Gary Bliss							
	Address: 3811 Fletcher St., City: Love land State: CO zip: 80538							
	THI TOP OF OIL							
	Phone #: _37) -388-0696 for the following construction or demolition located at (authorized address): _65 Antelope Meadows Rol (Cfeeliter 10/10/14)							
	Legal description of property: NE 1/4 SE 1/4, Section 5, Township (e.S., Range / U),							
	Subdivision name: $\frac{1}{2} \frac{1}{2} $							
	Lot, Tract or Parcel, Block: 2							
	Lot, Trade of Farcer, Diock.							
	Description of building:							
	Single Family Residence Main floor Square Footage							
	Second Floor Square Footage Commercial Building Basement Square Footage							
	Attached Garage Square Footage							
	Total Square Footage: 14/00 Square footage to include attached garage and finished or unfinished basements.							
3								
	\$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							
F	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 00 to ber 20 14 , for a fee of \$ 400.00 check #: 15/1 by the Madison County Sonitarion as an authorized corresponds tive for Madison County MT								
Ü	sheck #: 7/5/ by the Madison County Sanitarian as an authorized representative for Madison County, MT							
SIGNATURE: Permit #:								
S	Septic Permit #: 3038 Date: 10/6/14 Receipt # for Septic 2336 for C/D 2337							



85.691

Antelope Mendows

No FORMINGE or LANd SCAPING NEAROST FIRE PYLLING WATER SUPPLY Beaverhead St, Ennis-25 miles PROXIMITY to Other Stauctures famile

Bode of Page 139

RANGE 1W 50 digs may 500 5

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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: 59789
Phone: 62 - 7474
3. Authorized road address: 65 Antelope Meadows Rd (efection 10/10/18)
Please submit directions to location property:
4. Legal description of property: <u>N ε 1/4 SF 1/4</u> , Section <u>S</u> , Township <u>65</u> , Range <u>I</u> ω
consisting of 6,2 acres, located in the County of Madison, Montana.
5. Subdivision name: Elkhorn Subdivision Lot, Tract or Parcel, Block: 2 COS: 4/139
6. Type of structure(s) to be served: One single family dwelling Other (please describe)
7. Number of bedrooms in dwelling: 2
 Estimated volume of wastewater produced (commercial only): Name of Madison County licensed installer:
10. Doeş the property have DEQ approval?
No (see part C) 11. Does the property have any exemptions noted on plat?
Yes – type of exemption BY
No 12. A permit fee of \$ 200 in accordance with the Madison County Regulations for Wastewater
Treatment Systems is enclosed.
13. This js:
New system
Upgrade or replacement 14. Type of Water Supply and Wastewater Treatment System proposed:
Make checks to: Madison County Sanitarian
Return application to: Madison County Sanitarian, PO Box 278, Virginia City MT 59755

I hereby deciare 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

<u>10-1-2014</u> Dated

PARTB

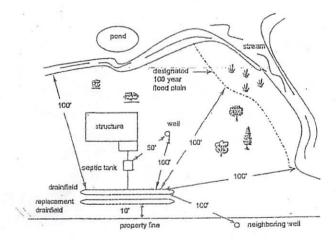
* * * IMPORTANT * * *

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 Wastewa							
Layout:			-				
					0	well	ť
10	501.5.7	# 65	ı dı				
a.				i.		/ 10	
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Approved	Antel	ope M	ود ناسده	20.			

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 a plan.	cross the proposed absorption system on the site				
23. Is the property located in the Madison County I or accumulation of surface water:	loodplain and/or evaluate the potential for flooding				
Signature of Evaluator:	Dated				
	en e				
· · · · · · · · · · · · · · · · · · ·					
PART D (for department use)	•				
Type of Wastewater Treatment System required:	•				
Type or vradiowator frontification of the first of the fi					
Minimum Requirements: Septic tank type and size:	•				
Absorption area:	lineal feet per bedroom				
Comments:					
Paid: \$ Check #: Cas	sh: \$ Receipt #				
Permit #: Date:					
Construction Permit #: Dated:					