MADISON COUNTY SANITARIAN'S OFFICE
103 W. WALLACE, *PO BOX 278 VIRGINIA CITY, MT 59755
(O) 406-843-4275 (F) 406-843-5362

Certified Installer Report
On-Site Wastewater Treatment System

PROPERTY OWNER: Krushensky **PERMIT#** 3455

INSTALLER NAME: Bob Nevin **PHONE #** 595 3565

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 _____
Manifold 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 76 width 34
Total lineal feet 152 trench depth (average) 30"
Direction of slope North 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 185 drainfield 192
Neighboring water supply to: septic tank 500+ 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 Madison County Sanitarian's Office

Signature: Robt Nevin
Date: 8 10 16

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

ATTACH 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) – you may use back side 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's name)**: Nevin Construction

Address: Box 354 City: Virginia City 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)**: Krushensky Family Trust

Address: Box 932 City: Alpine State: CA Zip: 91903

Phone: _____

Legal description of property: _____1/4 _____1/4, Section 3, Township 12S, Range 2E,

consisting of 20.96 acres, located in the County of Madison, Montana.

Subdivision name: _____

Lot, Tract or Parcel, Block: Lot 70A

DEQ approval number: _____

Authorized Address: _____

Permit issued on the 2nd day of June, 20 16, for a fee of $ 200.00

Check #: 10678 by the Madison County Sanitarian as an authorized representative for Madison County, Montana. Receipt # 3203.

SYSTEM SPECIFICATIONS

Conventional gravity septic system

Install 1000 gallon, two-compartment concrete septic tank with

effluent filter, risers as needed and 3- 75' laterals using 22" gravelless chambers.

Maintain all required setbacks per Madison County Wastewater System Regulations

http://madison.mt.gov/departments/sanitarian/septic/MC_Septic_System_Regs.pdf

Be safe, and contact this office prior to backfill.

~~~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: _____ **PERMIT #:** 3455

Madison County Sanitarian's Office

Construction Permit #: 1961 Dated: 6/15/16 Receipt # _____

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 $ 400.00. 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)**: Dan Davenport (Blue Heron Design-Build Inc.)

Address: 959 McClellan Rd. City: West Yellowstone State: MT Zip: 59758

Phone #: 406 1040 11608

belonging to **(owners name)**: Jamie Krushensky

Address: 25102 Camino De Tierra City: Descanso State: CA Zip: 91916

Phone #: 619-843-9937 for the following construction or demolition

located at (authorized address): Lot 70A Sportsman Paradise, Cameron MT 59720

Legal description of property: ____ ¼ ____ ¼, Section 3, Township 13S, Range 2E,

Subdivision name: Lot 70A

Lot, Tract or Parcel, Block: Lot 70A

Description of building:

__X__ Single Family Residence

_____ Commercial Building

Main floor Square Footage	768
Second Floor Square Footage	352
Basement Square Footage	
Attached Garage Square Footage	
Total Square Footage:	1120

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

Fees payable to: *Sanitarian's Office* Mail to: Madison County Sanitarian, Box 278, Virginia City MT 59755

Application Dated: 6-1-16 New Construction: X Re-model: ____

Permit issued on the 15 day of June, 20 16, for a fee of $ 400.00
check #: 10717

001961

SIGNATURE: _____ **Permit #:** _____
Madison County Sanitarian's Office

Septic Permit #: 3455 Date: 6/15/16

PERMIT # 3455

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: Krushensky Family Trust, Jamie Krushensky
2. Address: PO Box 932: City: Alpine State: CA Zip: 91903-0932
3. Phone:
2. If the person completing this application is not the owner, give:
   Name of applicant: Ralph Hamler, R.S.

   Address: 3415 MT Hwy 287 City: Sheridan State: MT Zip:59749

   Phone: 596-0437
3. Authorized road address: 173 Jensen Road, Cameron ICS 6/8/16

   Please submit directions to location property: Hwy 87 to Grizzly Mountain Lane, Jensen Road South to property approximately 1 mile on east side of Jensen Road. Garage south of Jensen road on driveway to building site ¼ mile east.

4. Legal description of property: S3, Township 13S, Range 2E,

   consisting of 20.096 acres, located in the County of Madison, Montana.

5. Subdivision name:
   Lot, Tract or Parcel, Block: Lot 70A

6. Type of structure(s) to be served:
   ___1___ One single family dwellings and
   _____ Other (please describe)
7. Number of bedrooms in dwelling: 2 total bedrooms to be served by drainfield.
8. Estimated volume of wastewater produced (commercial only):_____
9. Name of Madison County licensed installer: Nevin Construction
10. Does the property have DEQ approval?
    ___N/A___ Yes and
    __N/A____ No (see part C) parcel over 20 acres.
11. Does the property have any exemptions noted on plat?
    _____ Yes – type of exemption _____
    ___x___ No
12. A permit fee of $_200.00 in accordance with the Madison County Regulations for Wastewater Treatment Systems is enclosed.
13. This is:
    ___x___ New system
    _____ Upgrade or replacement
14. Type of Water Supply and Wastewater Treatment System proposed: Individual well. On site drainfield.

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.

_Ralph Hamler, R.S._____ 5/23/2016
Signature of Applicant Dated

PART B

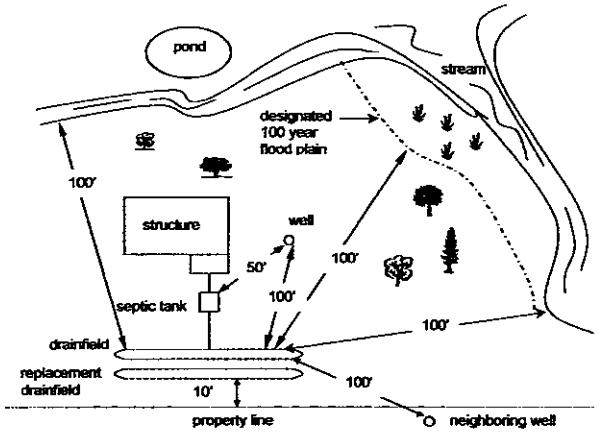
* * * **IMPORTANT** * * *

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

See attached drawing



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

16. Name of site evaluator: Ralph Hamler, R.S.
    Qualifications: Sanitarian
17. Give a description of the soil profile to a minimum depth of 8 feet: 0"-7" Sandy loam, 7"-36" Sandy Clay loam, 36"-52" Sandy Clay Loam, 52"-96" fine sandy clay loam,
18. Give the estimated depth to the seasonal high groundwater table and how this was determined: Test Pit conducted from foundation excavation.
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: Application rate sandy clay loam, 0.4 gpd/ft2,
20. Nitrate/Nitrite background test results from closest well: .17 mg/l, Armbagos results enclosed Specific conductance test results: 604 umhos/cm,
21. Please attach well log.
22. Show the direction and percent of land slope across the proposed absorption system on the site plan. 10-13% northwest
23. Is the property located in the Madison County Floodplain and/or evaluate the potential for flooding or accumulation of surface water: N/A

_Ralph Hamler, R.S._____ 5/28/15
Signature of Evaluator: Dated

2 bedroom = 225gpd @ application rate of 0.4gpd/ft2 = 562.5 sq.ft. of drainfield using conventional pipe and gravel system, 25% reduction for gravelless chambers = 422 sq.ft. of drainfield. Example using gravelless chambers 22" chambers = 422 sq.ft/ 2ft= 211 lineal feet of drainfield, 3 laterals, 24" wide, 71' long each. 1000 gallon septic tank, Risers as needed, effluent filter. Call for inspection prior to backfill.

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: _____

_____

_____

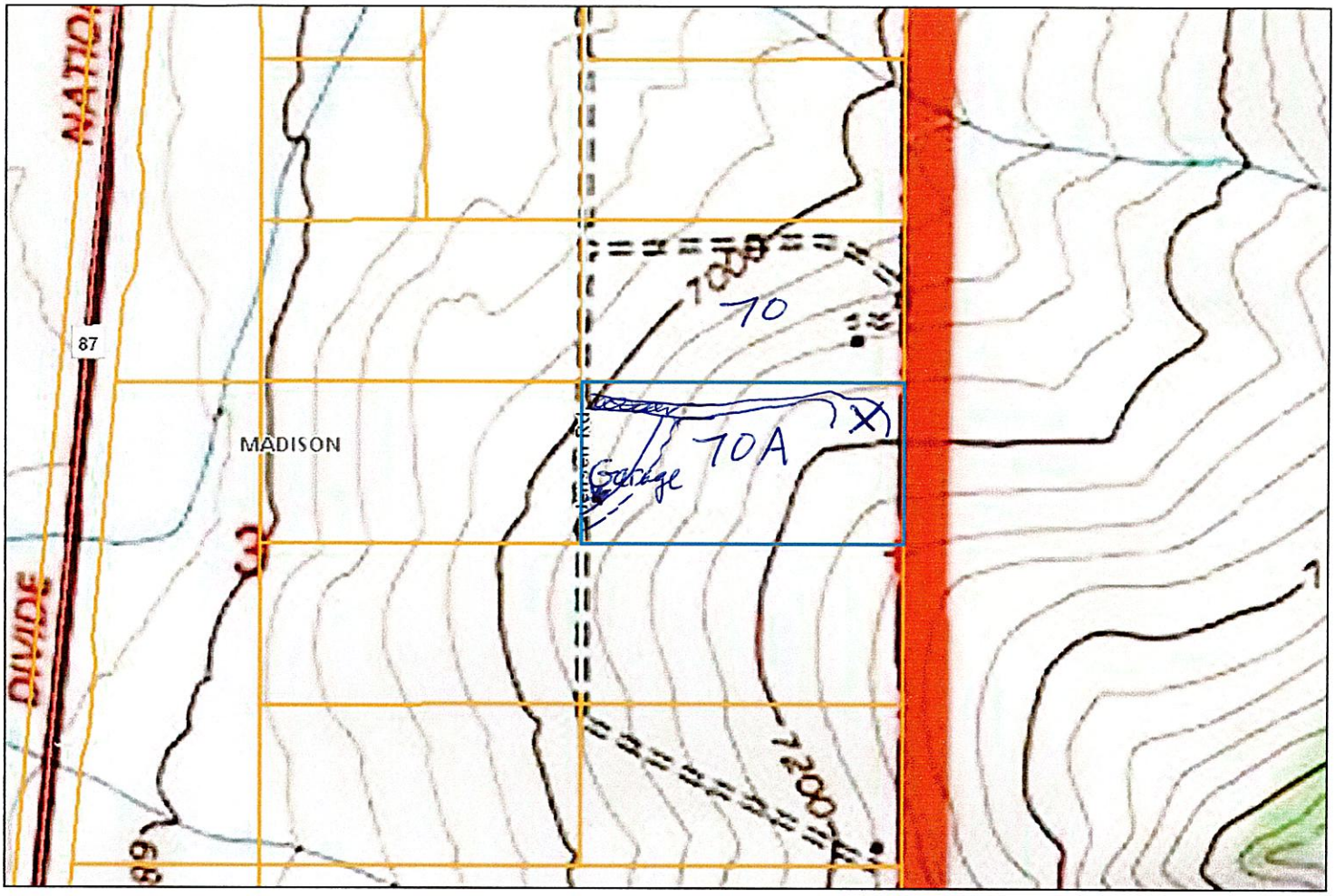
_____

Paid: $200.00 Check #: 10678 Blue Heron Design Receipt # :_____

Permit #: _____ Date: _____

Construction Permit #:

Dated: _____



X = SITE

N

70A = 20.96 Ac.