

Central Montana Health District  
Sanitarian's Office



Permit # 103-01

PERMIT TO INSTALL SEWER SYSTEM

Property Owner Julle Vaughn

Phone 667-2311

Address 369 Border Rd., Shepherd Mt. 59079-3038 Border Tr 1, Roundup

Legal Description sec. 35, T5N., R25E County Musselshell 23-1420-35-2-01-01-0000

Number of Bedrooms 3 Size of Septic Tank 1000gal

Water Supply well 170' Percolation Rate 20 min/in Soil Type loam

Slope < 8% Type of Drainfield certification Length

Special Consideration CERT> OF EXISTING SYSTEM

The contractor or owner installer must install this sewer system according to ~~State~~ and local health department regulations. If the sewer system varies from this permit, without written approval, this permit will be void.

Permit Purchaser Interstate 12/20

Contractor or Installer Certification

Permit Fee \$100.00 Check no. or cash ??

Together with Non-significant work ups and application make this a valid permit.

Plans Approved (2201) by [Signature]  
date sanitarian

Permit #: 122001 JV

# Central Montana Health District

Sanitarian's Office

## PERMIT TO INSTALL SEWER SYSTEM

Property Owner Julie Vaughn

Phone 667-2311

Address 369 Border Rd., Shepherd Mt., 59079-3038

Legal Description sec. 35, T5N., R25E County Musselshell

Number of Bedrooms 3 Size of Septic Tank 1000gal

Water Supply well 170' Percolation Rate 20 min/in Soil Type loam

Slope <2% Type of Drainfield certification Length

Special Consideration CERT. OF EXISTING SYSTEM

The contractor or owner installer must install this sewer system according to State and local health department regulations. If the sewer system varies from this permit, without written approval, this permit will be void.

Permit Purchaser Interstate 12/20

Contractor or Installer Certification

Permit Fee \$100.00 Check no. or cash ??

Together with Non-significant work ups and application make this a valid permit.

Plans Approved (122001) by

date

sanitarian

Central Montana Health District  
Sanitarian's Office

Application For An On-Site Wastewater Treatment System Permit

NO CONSTRUCTION OF DWELLINGS OR SEPTIC SYSTEMS SHALL TAKE PLACE UNTIL A PERMIT HAS BEEN ISSUED AND ALL REQUIRED FEES PAID

1. Property Owner JULIE VAUGHN Phone: Work ? Home 667-2311
2. Address 369 Border Rd Shepherd MT 59079-3038
3. Property Address \_\_\_\_\_ County \_\_\_\_\_
4. Legal Description Sec <sup>35</sup> 26-T5N R25E 6 A. Lot or Parcel Size ~~80000~~ 80
5. Installer Certification Phone 6672311
6. Treatment system to serve: Residential  Commercial \_\_\_\_\_ Other \_\_\_\_\_
7. Number of bedrooms 3 8. Type of water supply well 170' If a well, give depth \_\_\_\_\_
9. Is lot in an existing subdivision? NO Year subdivision recorded NO  
If so, name or tract number of subdivision & lot number \_\_\_\_\_  
Percolation test results \_\_\_\_\_ min/in
10. Type of sewer system to be installed? Certification Soil type WORMY % Slope 8%
11. Will this sewer system replace an existing system? NO
12. Will sewer system be installed within 100 feet of the 100-year flood plain. Yes \_\_\_\_\_ No
13. Depth of groundwater 30' Depth of bedrock 30'  
How were these depths determined? \_\_\_\_\_
14. Septic tank Design 1000yl. Gallons Septic tank is concrete \_\_\_\_\_ Or \_\_\_\_\_  
Effluent filter NO Make \_\_\_\_\_ Drainfield size \_\_\_\_\_ Type \_\_\_\_\_  
Type of system to be installed \_\_\_\_\_
15. Will any portion of this sewer system be installed within 10 feet of the property line? \_\_\_\_\_  
a. Has the property line been verified? \_\_\_\_\_
16. Directions for finding property. (Highway marker, road, street, map, etc.) \_\_\_\_\_



ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT APPLICATION  
CHECK-OFF SHEET

<input type="checkbox"/> Permit fee for new sewer systems		Systems requiring professional designer or engineer	
<input type="checkbox"/> Certified installer	\$150.00		\$300.00
<input type="checkbox"/> Owner installed	\$300.00	Nondegradation Review	\$160.00
<input checked="" type="checkbox"/> Replacement sewer systems	\$100.00		

- Complete on-site wastewater treatment system application
- Size of parcel \_\_\_\_\_ If less than 20 acres, include documentation showing first date subdivision was recorded, including any subsequent modifications. If parcel is a State approved subdivision less than 20 acres, include approval statement lifting sanitary
- Legal description of parcel. Provide copy of tax statement, warranty deed, certificate of survey, plat, or title report that shows the legal description. (Section, township, range to 1/4 Of 1/4 section)
- Current nitrate test from your well or area well
- Number of existing homes on parcel.
- Site diagram
- Percolation test results. Include percolation test hole calculations page.
- Signature of applicant and date
- Seven (7) feet deep soil profile hole must be dug in the area of the proposed drainfield. This hole will be used to inspect proper distance to bedrock and/ or high groundwater.
- Show distance to the nearest surface water.
- Include nonsignificant determination or information showing site meets one of the exemptions.

MAKE Check PAYABLE to

CENTRAL MT. HEALTH

305 WEST WATSON

LEWISTOWN MT 59457

AMT \$100.00

DUE AT CLOSING