



CASCADE COUNTY SUBSURFACE WASTEWATER TREATMENT SYSTEM PERMIT

City-County Health Department, 115 4th St. S., Great Falls, MT 59401
ph. (406) 454-6950, fax (406) 454-6959

Permit #
076-00 *

SEARS _____ GARY _____ SANDY _____
Property Owner Last Name Property Owner First Name Property Owner Other

174 COOPER DR _____ GEORGE BONSER _____ 10 _____
Address Where System Is To Be Installed Installer % Slope for absorption field

Is groundwater within 8' of ground surface? >10' Is bedrock within 8' of ground surface? >10'

Is Non-Deg. and Phos. Breakthrough analysis required? _____ If not, why? _____

Categorically Exempt (y/n) _____ # of acres 17.9 _____ Depth to aquifer/bedrock _____ Distance to surface water _____ Background Nitrate Result _____ Perc. Rate (minutes/inch) n/a _____ Soil Properties _____	Background Nitrate Result _____ Average k value _____ Hydraulic Gradient (I) _____ Mixing Zone Length _____ Final NonDegradation Result _____ Final Phosphorus Breakthrough _____ Confined Aquifer (y/n) _____ (attach data used to determine)	Soil Profile:
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1000 Concrete Standard Gravelless 22" 300'
Tank Size Tank Type Drainfield Type Drainfield Size

Special Permit Conditions

Signature of Health Authority Issuing Permit Louis J. D'Antuono Date. 5/31/2000

N Y 2000 y

Date Called for Inspection Final Inspection System Approved? Year Installed Certified Installer Report Received?

Comments About Installed System SIZED FOR 4 BEDROOMS

Signature of Health Authority Approving Installed System Darrell J. Furan R.S. Date. 10/8/2002

Application for On-Site Wastewater Treatment Permit
 Cascade County Health Department, 115 4th Street South, Great Falls, MT 59405, (406) 454-6950
 Application/Permit # 076-00
 Preliminary Requirements: percolation test, 10' deep excavated pit, completed application form, preliminary lot layout, permit fee.

Property Owner Last Name SEARS First Name GARY Other Owner SANDY
 Address (new) 194 Copper Dr City (mailing) CASCADE Phone # 452-6203 # of Bedrooms 4
 Township 16N Range 2W Sec. 20 1/4 Sec. NE 1/4 Sec. 1/4 # of acres 17.9 Res. or Cmrc. (R or C) R
 Property filed w/ Clerk & Recorder YES Is property w/in 4.5 miles of G.F. NO Is property in 100yr flood plain NO
 Depth to Seasonal High Groundwater? >10' Depth to Bedrock? >10' % Slope at drainfield 10% New or Repl (N or R) N
 Reason for Replacement N/A Water Supply Well Drainfield 100' from water (wells, rivers, etc)? Y
 Fee Rate (min/inch) N/A Is Property Located in a Reviewed Subdivision N/A Subdivision Approval # N/A
 Name of Subdivision N/A Are there any sanitary restrictions on this property? No
 Former Legal Description Dearborn, MT

I certify that the information is correct to the best of my knowledge and I understand that if any of the application information is found to be incorrect, and/or any restrictions recorded on this property have not been properly removed at the time that this permit is issued, my application and/or permit will be invalid. This permit does not guarantee this office to guarantee the performance of the system. Permittee shall provide 24hr notice prior to any required inspection by the department. Permit will be void if system is not installed within 3 months of issue date. **THIS PERMIT IS ISSUED WITH THE UNDERSTANDING THAT THE MINIMUM REQUIREMENTS OF CASCADE COUNTY REGULATIONS FOR SEWAGE DISPOSAL SYSTEMS WILL BE MET.**

Nature of Applicant Sam K. Am... Date 5-31-00

Septic System Permit and Approval Statement (department use only)

Tank Size (gallons)	Tank Type	Drainfield Type	Drainfield Size (lineal feet)	10' soil analysis (clay, sand etc)
1000 gal	Concrete	std shallow	300'	0-10" TOP SOIL 10"-60" Fine sand 60"-108" loamy sand NO Groundwater NO Bedrock

Signature of Health Authority Issuing Permit Louis D'Antonio Date 5/31/00 Fee Amount Paid \$100.00 cash Soil Evaluator Louis D'Antonio

Site Called for Inspection	Final Inspection (y or n)	Installer	Syst. Prvd?	Year Installed	Rec. C.I.R.F. (y,n,n/c,n/a)
	<u>NO</u>	<u>Richard Gates Jr</u>	<u>YES</u>	<u>2000</u>	<u>Y</u>

Comments George Bousler

Signature of Health Authority Approving System Installed [Signature] Date 10-08-02

ABBREVIATED REQUIREMENTS FOR CASCADE COUNTY ON-SITE WASTEWATER SYSTEM CONSTRUCTION

Septic Tank Size	Minimum Distance Requirements	
	Septic Tank	Drainfield
1 to 2	50 feet	100 feet
3 to 4	50 feet	100 feet
5	10 feet	10 feet
6	10 feet	10 feet
Each additional bedroom add 50 gals.	10 feet	10 feet
Well	50 feet	100 feet
Stream/Lake/River	50 feet	100 feet
Property Line	10 feet	10 feet
Foundation	10 feet	10 feet
Water Lines	10 feet	10 feet
Groundwater		4 feet
Roadcuts/Cliffs	10 feet	25 feet
Cisterns	25 feet	50 feet

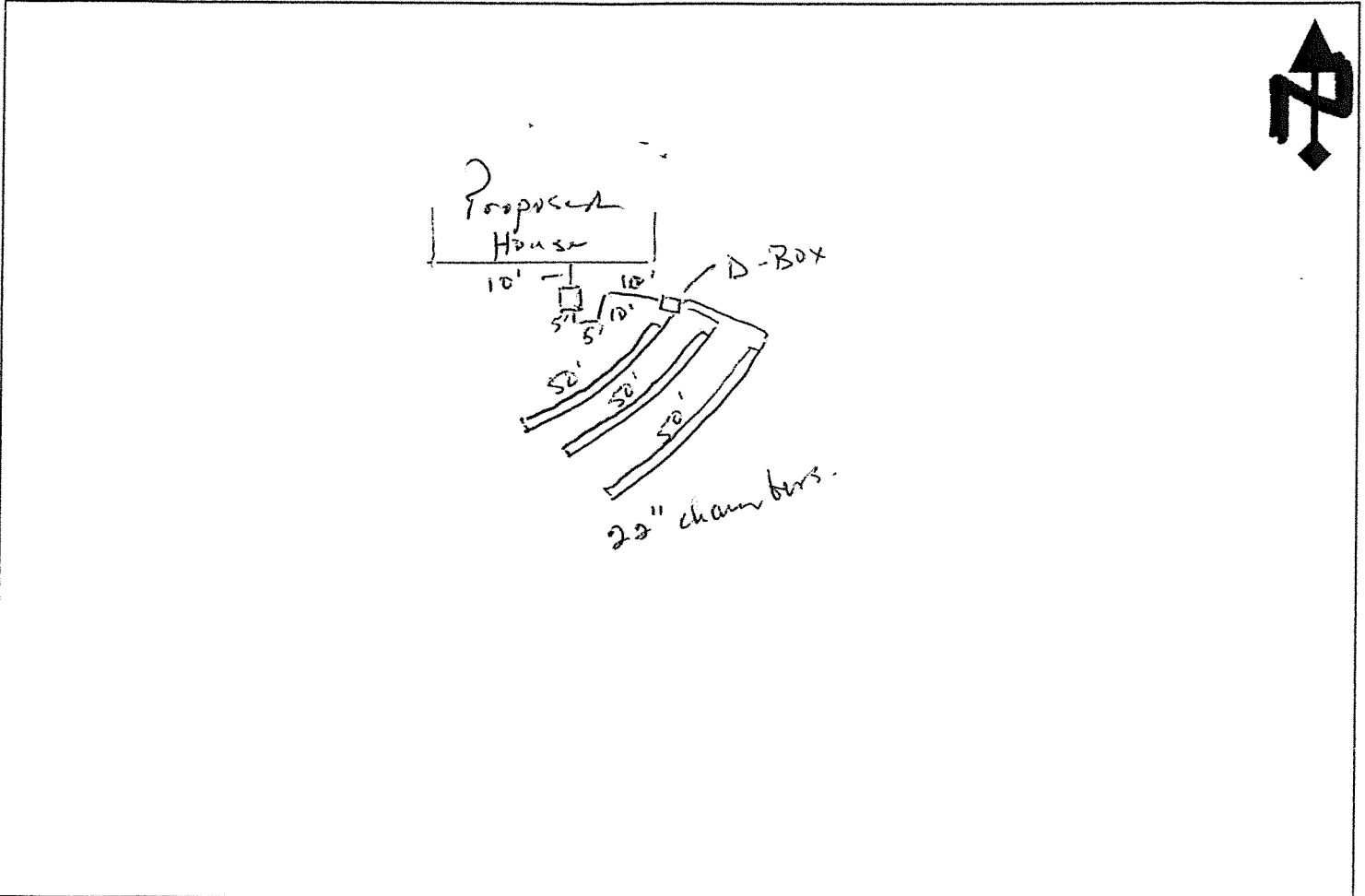
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 GREAT FALLS, MT
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**CASCADE COUNTY ON-SITE WASTEWATER TREATMENT SYSTEM
CERTIFIED INSTALLER REPORT FORM**

CITY-COUNTY HEALTH DEPARTMENT, 115 4TH St South, Great Falls, MT 59401

Property Owners Name Gary Sears Permit # 076-00
 Owners Address 174 Cooper Dr.

(information needs to include: location, size, slope, and depth of building sewer, location of cleanouts, location of septic tank, drainfield, and 100% replacement area, location of proposed wells, existing wells, cisterns, and water lines in the area of the proposed system and any lots adjacent to it, lot boundaries, location of water courses, irrigation ditches, lakes, impoundments, including the 100 year floodplain in the immediate area, percent slope of ground surface and direction of slope, location of soil profile holes and any percolation test holes, north point and scale in feet)



CHECKLIST

1. Septic Tank

- a. Size: 1000 gallons
- b. Type: concrete/poly
- c. Approved Effluent Filter yes/no
- d. Baffles yes/no
- e. Access Port w/n 1' of surface yes/no

2. Administration

- a. New or Replacement
- b. Reason for Failure NA
- c. Street Address obtained yes/no
- d. non-degradation addressed yes/no

3. Drainfield

- a. Lineal Feet Installed 150'
- b. Gravel or Gravelless Trenches
- c. If Gravelless, Chamber Width 22 inches
- d. If Gravel, Trench Width inches
- e. Inches of Gravel under pipe
- f. Inches of Gravel over pipe
- h. Trench Depth 3 feet
- i. Percent grade of land slope 15%
- j. Distance from water sources 100' +
- k. Groundwater Depth 10' +
- l. Bedrock Depth 10' +

George Bensen
 Certified Installer Signature

[Signature]
 Health Authority Signature

 Date

10-8-02
 Date

 Certificate #

123
 Approved (yes/no)