JEFFERSON COUNTY ENVIRONMENTAL HEALTH OFFICE

Courthouse Annex: Box H Boulder, MT 59632

Sanitarian: Megan Bullock

Phone: 406-225-4126



On-Site Wastewater Treatment System Permit

PERMIT #: J19-23

ISSUED TO: Robert Peccia

PHONE: 406-459-5050

ADDRESS: 940 Sonoma, Helena, Montana 59601

LEGAL DESCRIPTION OF PROPERTY: Miltenberger BLA Lot # 4A

SECTION: 6

TOWNSHIP: 8 North

RANGE: 3 West

ISSUED BY: Megan Bullock, R.S.

ISSUE DATE: <u>08/29/2018</u>

EXPIRATION DATE: 08/29/2019

This permit is issued to the property owner based on information provided in the permit application. If any application information is found to be untrue, this permit shall be null and void. This system shall be installed in accordance with current Jefferson County wastewater treatment regulations and any special requirements provided for in this permit.

SYSTEM SPECIFICATIONS:

Primary treatment (septic tank):

1000 gallon tank with effluent filter in outlet baffle based on 3 bedrooms

Secondary treatment (drainfield):

188 lineal feet of 22" infiltration chambers (2 laterals each 92' in length) based on 3 bedrooms

Special treatment (if applicable):

Must be installed in area approved by DEQ

*********NOTIFY THIS DEPARTMENT AT LEA	ST <u>24</u> HOURS <u>PRIOR</u>	TO COMPLETION OF SYSTEM
INSTALLATION. DO NOT COVER SYSTEM UNTIL APP	ROVAL IS GRANTED BY HE	ALTH AUTHORITY. ********
INSPECTED BY: waved INSTALLER: Gary Bay COMMENTS:	DAT	E: 4/24/19 /ES_xNO
As built to	be submitte	ed
Signature of Health Authority	3.001	Title: RS

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On-Site Wastewater Treatment System - Certified Installer Report Form

PROPERTY OWNER: Pecca PERMIT# (1-19-23) INSTALLER NAME: Gas Ban	1
SEPTIC TANK: Size (gallons) Type (concrete, plastic) Baffles: yes no Type (concrete, PVC)	×
DISTRIBUTION SYSTEM: Distribution box: yesnoType Lift station: yesnoType	
Trench depth (average):inches Percent slope:% Soil type (gravel,sand,clay,silt):inches Washed? yes no Under pipe:inches Over pipe:inches	
DISTANCE FROM WATER SOURCES (measured by installer):	
Property owner's water supply (well,cistern): tank 1 20 drainfield 1/0 Neighboring water supplies: tank drainfield drainfield drainfield drainfield drainfield drainfield drainfield drainfield	
Groundwater encountered? yes nolf yes, at what depth? Bedrock encountered? yes nolf yes, at what depth?	*
DIAGRAM SHOWING LOCATION AND SIZE OF SYSTEM AS INSTALLED: (Identify location of septic tank and drainfield with distances from two (2) permanent features of the lot)	
$\frac{1}{120}$ $\frac{1}{120}$ $\frac{1}{120}$ $\frac{1}{120}$ $\frac{1}{120}$ $\frac{1}{120}$ $\frac{1}{120}$ $\frac{1}{120}$	
qu' qu' property	
I certify that this system meets the requirements of the permit issued by the Department	
Signature: Date: Date: Date:	ig

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Application for On-Site Wastewater Treatment System Permit
Property Owner's Name: ROBert Parcin
Current Address: 940 Souoma
Property Owner's Name: Robert Pacian Current Address: 940 Sowoma City / State / Zip: Helena 3960 (Phone: 459-5050
Legal Description of Property:1/41/4 Section 6 Township Range 3 Subdivision name and Lot #:
Soil Sinformation: Soil description (to 7 feet): Is bedrock within 7 feet of surface? Percolation test results (in minutes per inch):
Is bedrock within 7 feet of surface? If yes, what depth? Percolation test results (in minutes per inch): GROUNDWATER INFORMATION: Is groundwater within 7 feet of surface any time of the year? If yes, depth from surface: Is property subject to flooding or standing water? Is absorption (drainfield) area located within 100 feet of a designated floodplain? If yes, explain: If yes, what depth? If yes, explain: If yes, what depth? If yes, what de
WATER SUPPLY INFORMATION: Type of water supplying property (municipal, well, cistern, etc.): Name of municipal supply (if applicable): Any surface waters(streams, lakes, etc.)or wells within 100 feet of absorption field? If yes, explain:
SEWAGE SYSTEM INFORMATION: Type of system to be installed (check one): New Replacement If replacement (check one): Tank only Drainfield only Extension Total system
Treatment system to serve (check one): Single family dwelling: # of bedrooms: Sq. footage of home: Society for units: Commercial property: Estimated sewage flow (gallons/day):
Name of Installer: Cevtified Phone #: Lot layout must be provided (see back of this form)
The above information is true to the best of my knowledge and I understand that if any application information is found to be untrue, my application and permit will be invalid. I also understand that the permit fee may not be refundable. I further understand that inspection and approval of this treatment system does not constitute assumption by the Department or its representatives of liability for the failure of the system. I, as property owner, shall be responsible for the proper maintenance of the system and for abatement of any nuisance arising from its failure.
Signature of Property Owner: Robort Pears 84 [mg/fl] Date: 8/29/18
TO BE COMPLETED BY THE DEPARTMENT
Fee paid: #125 (\$125 /certified;\$200 /non-certified) Date received: 8/29/18
Application approved? Yes No Permit number:

