## JEFFERSON COUNTY ENVIRONMENTAL HEALTH OFFICE

Courthouse Annex: Box H Boulder, MT 59632

Phone: 406-225-4126

Sanitarian: Megan Bullock

#### **On-Site Wastewater Treatment System Permit**



**PERMIT #:** J13-21

ISSUED TO: Al Arnold

PHONE: <u>431-4077</u>

ADDRESS: 1330 Walnut Street, Helena, MT 59601

LEGAL DESCRIPTION OF PROPERTY: Pine Meadows Lot #1

SECTION: 35

TOWNSHIP: 9 North

RANGE: 3 West

ISSUED BY: Megan Bullock, R.S.

**ISSUE DATE:** <u>09/03/13</u>

**EXPIRATION DATE:** 09/03/14

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 concrete tank with effluent filter in outlet baffle based on 3 bedrooms

Secondary treatment (drainfield):

188 lineal feet of 22" infiltration chambers based on 3 bedrooms

Special treatment (if applicable):

Must be installed-in area approved by DEQ and all setback distances must be met

INSTALLATION. DO NOT COVER SYSTEM UNTIL APPROVAL IS GRANTED	BY HEALTH AUTHORITY. ********
	DATE: 5/27/14
INSTALLER: <u>Gary Bay</u> APPROVED?	YES NO
COMMENTS: 3 laterals each 64 in la	ength of 22"
infiltration chanles connected via	d-box with levellons
1000 gallon tank with Litter in or	of David-c4. talle
be submitted.	
Signature of Health Authority	Title: RS-

\*\*\*\*\*\*\*\*\*NOTIFY THIS DEPARTMENT AT LEAST 24 HOURS PRIOR TO COMPLETION OF SYSTEM

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Courthouse Annex: P.O. Box H Boulder, Montana 59632 **Phone:** 406-225-4126 Sanitarian: Megan Bullock, R.S.

On-Site Wastewater Treatment System - Certified Installer Report Form PERMIT# J13-21 PROPERTY OWNER: INSTALLER NAME: SEPTIC TANK: Size 1000 (gallons) type concrete (concrete, plastic) Baffles: yes \_\_\_\_ no \_\_\_ Type \_\_ Puc\_ (concrete,PVC) DISTRIBUTION SYSTEM: Distribution box: yes \_\_ no\_\_\_ Type plastic 6-holp Lift station: yes\_\_\_\_\_no\_\_\_Type DRAINFIELD: Lineal feet of perforated pipe installed (total): 192' x 22" chambers Trench depth (average): 30 inches Percent slope: 2
Soil type (gravel, sand, clay, silt): 5 and 5 Under pipe: inches Over pipe: inches DISTANCE FROM WATER SOURCES (measured by installer): Property owner's water supply (well, cistern): tank 201+ drainfield 2001+ Neighboring water supplies: tank 2001+ drainfield 2001+ 3 km 201+ 3 km 2 Groundwater encountered? yes\_\_\_\_ no\_\_\_\_ If yes, at what depth? \_\_\_\_\_ Bedrock encountered? yes\_\_\_\_ no\_\_\_\_ If 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) ILIS well-as mate ( a- Box slored well

I certify that this system meets the requirements of the permit issued by the Department

# JEFFERSON COUNTY ENVIRONMENTAL HEALTH OFFICE

Courthouse Annex: P.O. Box H Boulder, Montana 59632 Phone: 406-225-4126

Application for On-Site Wastewater Treatment System Permit	
Property Owner's Name: Al Arnold Current Address: 1330 Walnut 5t City / State / Zip: Helena mt 59601 Phone: 406-43/-4077	
Legal Description of Property: \( \frac{\lambda}{\lambda} \) 1/4 \(	
Soils INFORMATION: Soil description (to 7 feet): Is bedrock within 7 feet of surface? No If yes, what depth? Percolation test results (in minutes per inch):	
Is groundwater within 7 feet of surface any time of the year?	
WATER SUPPLY INFORMATION:  Type of water supplying property (municipal well) cistern, etc.):  Name of municipal supply (if applicable):  Depth of well (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: 3 Sq. footage of home:  Multi-family dwelling: # of units:  Commercial property: Estimated sewage flow (gallons/day):  Name of Installer: Yava TwiPhone #: 449-4645  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 properly 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:  Clan R. Smale Date: 9-3-13	
TO BE COMPLETED BY THE DEPARTMENT  Fee paid: \$\\ \lambda \lambda \\ \lambda \lambda \\ \	
Application approved? Yes No Permit number: 513-21	

#### LOT LAYOUT

In the space below, sketch the proposed wastewater treatment system. Include the following: property boundaries; water supply location(s); drainages, natural waterways; all buildings; location of proposed system; percolation and test pit locations; direction and degree of slope in absorption (drainfield) area; designated replacement area. Measure and record distances from proposed system location and items identified in layout.

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