

BEAVERHEAD COUNTY
ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

Beaverhead County Environmental Health Department
2 South Pacific — CL Box #7
Dillon, Montana 59725

Phone: (406) 683-4868

.....
Permission is hereby granted to install an on-site wastewater treatment system on the property

owned by LEO CERVELLI
PROPERTY OWNER

and located at: 105 MTN VIEW SQ, DILLON 59725
PROPERTY ADDRESS

in the 1B Section, Township 6S, Range 8W, of Beaverhead County,
Montana.

This system shall be installed in accordance with current Department rules governing the on-site treatment of wastewater, and the minimum construction requirements and special requirements provided for in this permit. This permit is issued, based on the information provided in the permit application. If any of this information is found to be incorrect, or if the system is not installed as provided for, this permit shall be rendered null and void.

.....
PERMIT ISSUED BY: South Sullivan DATE: 8/23/93
.....

Type and size of system: minimum 240 linear feet of drainfield
Shallow cap system required minimum of 1000 gallon
concrete septic tank - drainfield must be 110 ft from
any well or water source.

check bush location. ground water. PS
check bush not to get too close to the septic tank
check with owner OK to install system - 11/08/93
to separate from sewer system

INSTALLER: _____ Phone No.: _____
.....

NOTE: take photos prior to cover-up - send w/ signed statement
THE SYSTEM MAY NOT BE BACKFILLED WITHOUT PRIOR APPROVAL OF THE DEPARTMENT. NOTIFY THE COUNTY SANITARIAN AT LEAST 48 WORK DAY HOURS IN ADVANCE OF WHEN THE SYSTEM WILL BE READY FOR INSPECTION. YOU ARE ALLOWED TO COVER THE SYSTEM UP WITHOUT FINAL INSPECTION IF THE SANITARIAN IS UNABLE TO INSPECT IT WITHIN 48 WORK DAY HOURS.

from installer that system has been installed as per all
county & state regulations

OFFICE USE ONLY
Date Received: _____

ATTACH PERC RESULT AND PROPERTY DESCRIPTION FROM CLERK AND RECORDER (DEED, SURVEY)

APPLICATION FOR ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT
Beaverhead County Environmental Health Department
2 South Pacific --
Dillon, MT 59725
Phone: 683-4868

CONSTRUCTION OR MODIFICATION OF A SEPTIC SYSTEM SHALL NOT TAKE PLACE UNTIL A PERMIT IS ISSUED

PART I. TO BE COMPLETED BY APPLICANT

- Applicant's Name: Carroll, Leo B.
- Applicant's Mailing Address: 105 Mt. View St
Dillon MT. 59725
- Applicant's Phone: Home 683-2089 Work None
- Address of/ Location of Septic System: 105 Mt. View St
Dillon MT. 59725
- Property Legal Description: Lot 1A Webster minor
Subdivision
____ 1/4 Section ____ Township ____ Range ____
- Subdivision Name & Lot Number (If applicable): Webster Minor
Sub Division
- Property Size: Approx 4.57 acres;

- If smaller than 20.00 acres in size:
Year property survey was filed: 1987
- If survey filed after July 1, 1973:
Year of sanitary restriction removal: _____
Certificate of Approval number: _____
Minimum absorption area required: _____

(CHECK WITH YOUR REALTOR, THE COUNTY SANITARIAN OR THE COUNTY CLERK AND RECORDER'S OFFICE IF YOU DO NOT HAVE THIS INFORMATION AVAILABLE)

- Installer's Name: Don Moore
- Installer's Phone: 683-4343

- Type of system to be installed: _____
If Replacement: _____
New Replacement Tank Only Drainfield Both

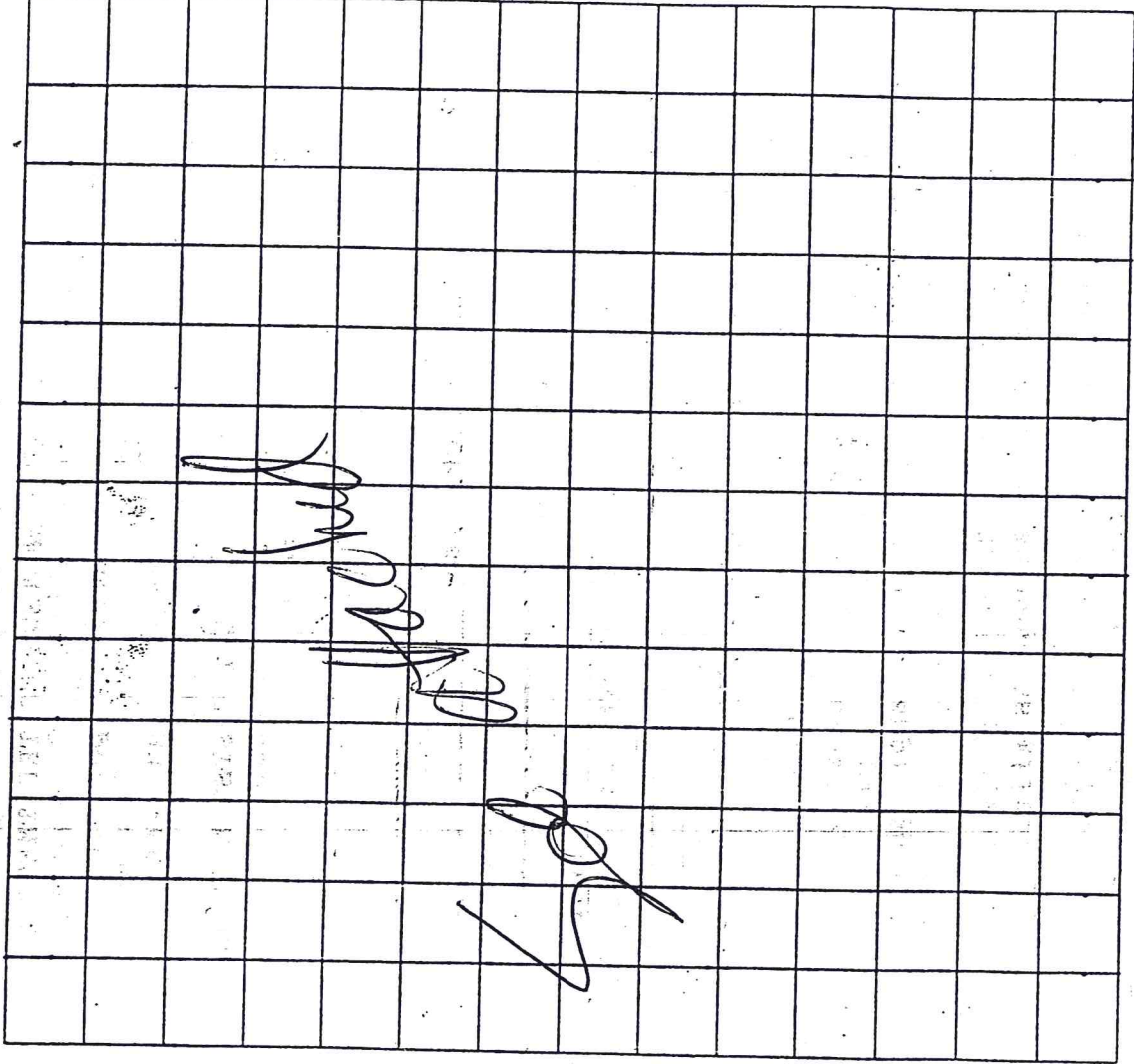
Extension Alternative/Experimental

- If replacement system: Year failing system installed _____
Treatment system to serve: _____
Single family dwelling
Mobile Home/Modular Home
Multi-family dwelling
(# of units) _____
Commercial (Specify): _____
Other (Specify): _____

- RESIDENTIAL: Number of bedrooms: 3
- COMMERCIAL: Attach estimated daily sewage flow data and minimum required absorption area.
- Type of water supply: Well

Permit # 271

North



15. In the space above, sketch the septic system and lot boundaries. Include the following: all buildings, wells, waterways, drainageways, bedrock outcroppings, areas of high groundwater and ponding. SHOW DIRECTION OF SLOPE, AND DEGREE OR PERCENT OF SLOPE IN DRAINFIELD AREA. LABEL DISTANCES OF THE SEPTIC SYSTEM FROM WELLS, WATERWAYS, HOUSES, AND PROPERTY LINES. SHOW WHERE A 100% REPLACEMENT DRAINFIELD CAN BE LOCATED in the event of the original system's failure.

16. Distance to nearest river, stream, or drainage/irrigation ditch is 500 yards.

16. A. Do you have reason to believe that the water table is high (within 6 feet of ground surface during highest period of year: YES NO)

If yes, estimate depth: _____ feet from ground surface.

17. Directions for locating property: To the end of Webster Lane to the right on Mainview St,

18. The above information is true to the best of my knowledge and I understand that if any of this application is found to be untrue, my application and permit will not be valid. I further understand that inspection and approval of the above septic system does not constitute assumption by the Department or its employees of liability for the system's failure. The property owner, shall be responsible for the proper maintenance of the system and for abatement of any nuisance arising from its failure.

SIGNATURE [Signature] DATE: 8/2/90
OF APPLICANT

Applicant's Name: Leo Cervelli

PART II. TO BE COMPLETED BY SANITARIAN

Application complete? Yes No Specify _____

On-site visit required? Yes No Comments _____

Depth to seasonally high groundwater 5 feet How verified _____

Site inspection

Depth to bedrock > 6' How verified Site inspection

Site characteristics level

Slope at drainfield level % Slope at replacement site level %

Is there room for a 100% replacement field: Yes No

List any site problems and mitigation measures: ground water @ 5'

Percolation test results (if applicable): _____ minutes/inch

SOIL PROFILE DESCRIPTION:

SKETCH APPROVED SYSTEM LAY OUT

System requirements 240 feet¹ of drain field - closed loop
or distribution box - shallow cap system

APPLICATION APPROVED DENIED BASIS FOR DENIAL _____

APPLICANT'S OPTIONS AFTER DENIAL: _____

Reviewed by: John Johnson

Date: 8/23/93

Title: Sanitarian S.I.T.

PART III. TO BE COMPLETED BY INSTALLER AND SANITARIAN

SEPTIC TANK:

Distance from nearest water source 50 ft. min.)
 Distance from foundation 5 ft. min.)
 Size _____ gallons
 Material _____
 Tank level: baffles: inlet & outlet caulked.
 Slope of inlet line: _____ inches/ft. (1/8"/ft. min.)
 Slope of outlet line: _____ inches/ft. (1/8"/ft. min.)

DISTRIBUTION BOX?

Box level; inlet & outlets sealed. YES _____ NO _____
 Outlets same height from bottom.

LIFT STATION?

YES _____ NO _____

DRAINFIELD:

Open system _____ Closed Loop
 Distance from nearest water source 100 ft. min.)
 Distance from foundation 10 ft. min.)
 Total _____ lineal feet of perforated pipe
 Distance between lines _____ (min. 8 ft. on centers)
 Length of longest line _____ (100 ft. max.)
 Type of filter material: _____
 Amount of filter materials: _____
 Under pipe: 6" min.) Over pipe: 2" min.)
 Ends of laterals capped.
 Laterals level

 DIAGRAM SHOWING LOCATION AND SIZE OF SYSTEM AS INSTALLED:
 (Locate the septic tank with distances from two (2) permanent features)

Inspection Results
Actual
Actual
OK
OK
OK
Actual
Actual
Actual
Actual
Actual
OK
OK
OK
Actual
OK
OK
Actual

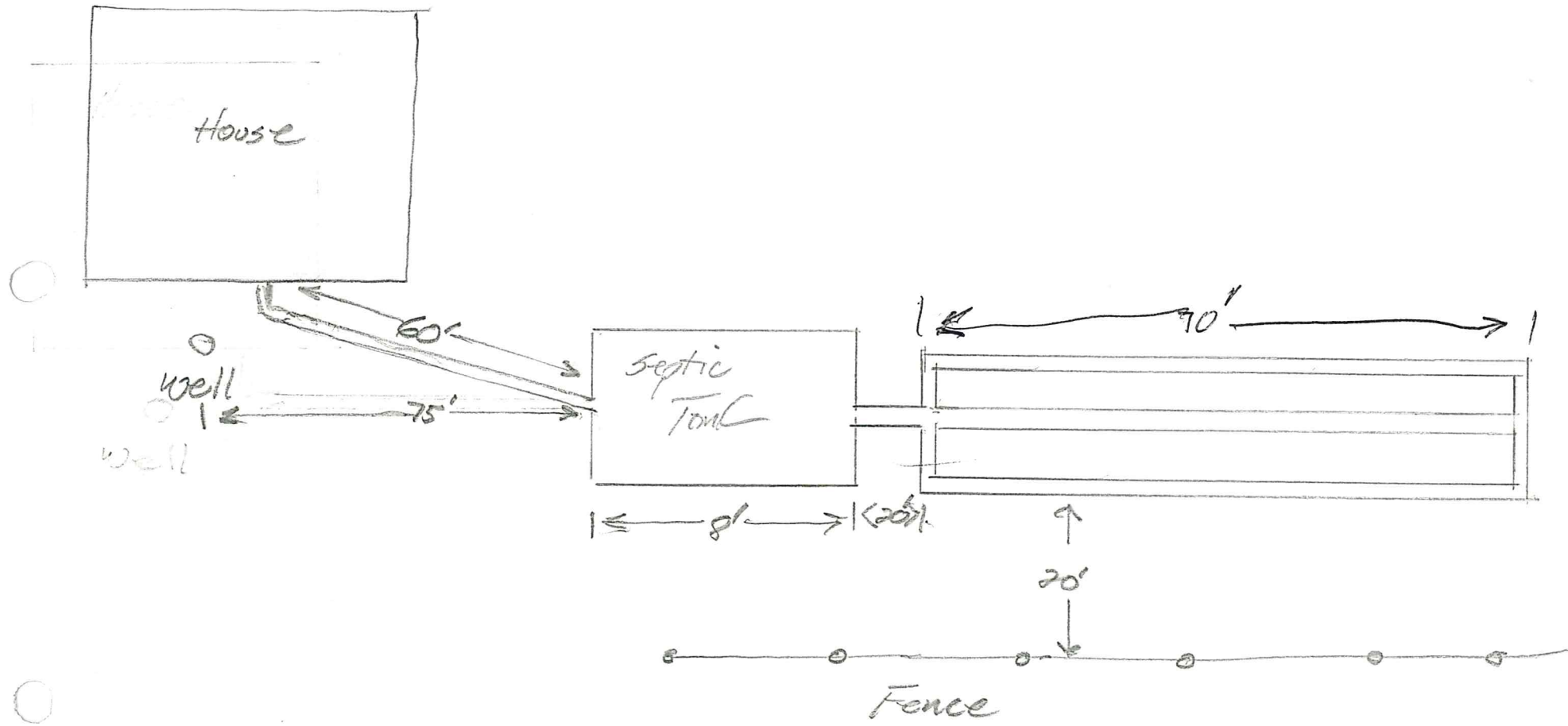
Cervelli

INSPECTOR'S COMMENTS: Conventional septic system installed.

I re-examined site and found that system was installed in ^{than or equal to} trench ~~is~~ ^{permanently}. I examined ~~to~~ 6' deep fert pit. It showed no signs of groundwater to 6' - it was all sand & pebbles (no fines to wick moisture). This septic system is approved.

This septic system was approved for closure/cover-up on 11.08.93

BY: Francine C. Cheave, R.S.O.



Permit #271



(see detn for lot 3A)

WEBSTER MINDOR SUBDIVISION
LOT LAYOUT DRAWING

PERCOLATION TEST DATA
FOLLOW TEST PROCEDURES IN CIRCULAR QWB 6 OR QWB 4 (1992 Edition)
IMPORTANT: ALL 8 MEASUREMENTS MUST BE COMPLETED BEFORE THE RESULTS WILL
BE ACCEPTED!

Owner's Name: Leo Margaret Cervelli
Legal Address of Property: 105 Min. View So
Test Performed or Signed by: Leo Cervelli/Leo Cervelli
Date of Test: 8/22/93 Pre-Soak Time: 14:40 Hole Number: 2
Depth of Hole: 28" Depth of Nail (Marker): 6"

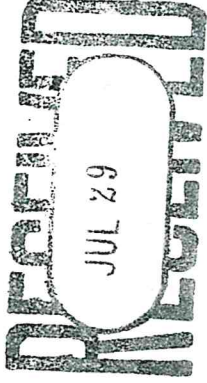
Measurements Taken	Begin Test	End Test	Time (Minutes)	Drop (Inches)	Percolation Rate
1	2:28	2:58	30	3.5	8.6 min per in
2	2:58	3:28	"	3	10.0
3	3:28	3:58	"	3.5	8.6 min per in
4	3:58	4:28	"	3.5	
5	4:28	4:58	"	3.5	
6	4:58	5:28	"	3.5	
7	5:28	5:58	"	3.5	
8	5:58	6:28	"	3.5	

PERCOLATION TEST DATA
FOLLOW TEST PROCEDURES IN CIRCULAR QWB 6 OR QWB 4 (1992 Edition)
IMPORTANT: ALL 8 MEASUREMENTS MUST BE COMPLETED BEFORE THE RESULTS WILL
BE ACCEPTED!

Owner's Name: Cervelli, Leo/Margaret
Legal Address of Property: 105 Min. View So
Test Performed or Signed by: Leo Cervelli
Date of Test: 8/22/93 Pre-Soak Time: 17 Hole Number: 3
Depth of Hole: 28" Depth of Nail (Marker): 6"

Measurements Taken	Begin Test	End Test	Time (Minutes)	Drop (Inches)	Percolation Rate
1	2:00	2:30	30 min	5	
2	2:30	3:00	"	4.5	7.5 min per in
3	3:00	3:30	"	4.3	
4	3:30	4:00	"	4.0	7.5 min per in
5	4:00	4:30	"	4.0	
6	4:30	5:00	"	4.0	
7	5:00	5:30	"	4.0	
8	5:30	6:00	"	4.0	

No. 38



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BEAVERHEAD COUNTY PLANNING, SANITARIAN, ENGINEERING OFFICES
COMPLAINT REPORT

Date: July 29
Complainant: Tom Webster Phone: 683-4891
Address: 2250 Webster
Complaint Issued Against: Leo Cervelli
Nature of Complaint: Replacement Septic System
Location: (Be specific) 30105 Mountain View Drive
Dillon Montana 59725

Details of Complaint: Working on a septic
system which I feel is
located within a flood plain
that was outlined to me by
Carps of Engineers in 1968.
I wanted to see the details
of the system

Tom Webster
Signature

THIS COMPLAINT IS A MATTER OF PUBLIC RECORD AND WILL BE KEPT ON
FILE FOR INQUIRY BY THE PUBLIC OR MEDIA.



BEAVERHEAD COUNTY SANITARIAN

COURTHOUSE

2 SOUTH PACIFIC

TELEPHONE 683-4868

DILLON, MONTANA 59725-2799

July 29, 1993

CERTIFIED MAIL

Mr. Leo Cervelli
30105 Mountain View Drive
Dillon, Montana 59725

683-2089

Dear Mr. Cervelli:

I have received a complaint from Tom Webster stating that today you are putting in a replacement septic system. Since you have not been issued a septic system permit for this activity this is a violation of Beaverhead County's Regulations Governing Subsurface Sewage Treatment and Disposal Systems. Please cease this activity immediately and come to the County Sanitarian's office Monday, August 2nd, at 2:00 p.m. to obtain a permit.

Sincerely,

Scott Snelson
Beaverhead County
Acting Sanitarian

:pt

c: County Attorney
County Commissioners
Tom Webster

FILE

PERCOLATION TEST DATA
 FOLLOW TEST PROCEDURE IN CIRCULAR QWB 6 OR QWB 4 (1992 Edition)
 IMPORTANT: ALL 8 MEASUREMENTS MUST BE COMPLETED BEFORE THE RESULTS WILL
 BE ACCEPTED!

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Owner's Name: Genovelli, Leo / Margaret
 Legal Address of Property: 105 Wm. New St.
 Test Performed or Signed by: Leo Genovelli
 Date of Test: 8/6/93 Pre-Soak Time: 12 Hrs Hole Number: 1
 Depth of Hole: 24" Depth of Nail (Marker): 6"

Measurements Taken	Begin Test	End Test	Time (Minutes)	Drop (Inches)	Percolation Rate
1	9:05 AM	9:35	30	3"	10 inq/in
2	9:35	10:05	"	"	"
3	10:05	10:35	"	"	"
4	10:35	11:05	"	"	"
5	11:05	11:35	"	"	"
6	11:35	12:05	"	"	"
7	12:05 PM	12:35	"	"	"
8	12:35	1:05	"	"	"

site
 WRONG

 PERCOLATION TEST DATA
 FOLLOW TEST PROCEDURES IN CIRCULAR QWB 6 OR QWB 4 (1992 Edition)
 IMPORTANT: ALL 8 MEASUREMENTS MUST BE COMPLETED BEFORE THE RESULTS WILL
 BE ACCEPTED!

Owner's Name: _____
 Legal Address of Property: _____
 Test Performed or Signed by: _____
 Date of Test _____ Pre-Soak Time _____ Hole Number _____
 Depth of Hole _____ Depth of Nail (Marker) _____

Measurements Taken	Begin Test	End Test	Time (Minutes)	Drop (Inches)	Percolation Rate
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece next to the article number.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
 2. Restricted Delivery
- Consult postmaster for fee...

3. Article Addressed to:

LEO CERVELLI
30105 MOUNTAIN VIEW DR
DILLON MT 59725

4a. Article Number

P 988 760 093

4b. Service Type

- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

7. Date of Delivery

7-30-83

5. Signature (Addressee)



6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, October 1990

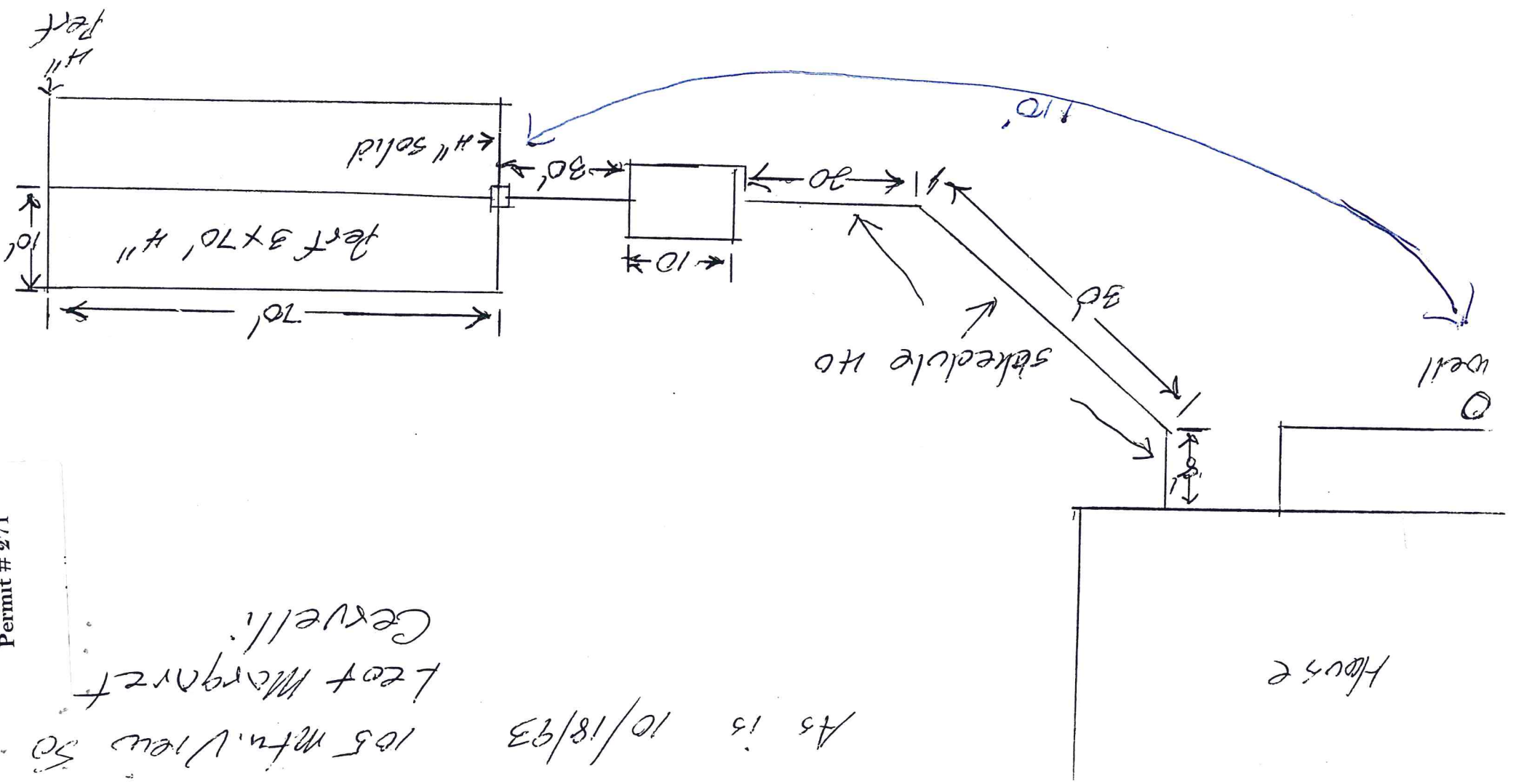
*U.S. GPO: 1990-273-861

DOMESTIC RETURN RECEIPT

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105 Mt. View St
Leot Margaret
Cervelli

As is 10/18/93



House

Well

40 schedule 40

4" solid

4" x 70' 4"

70'

10'

4" 10'

10' 10'

30'

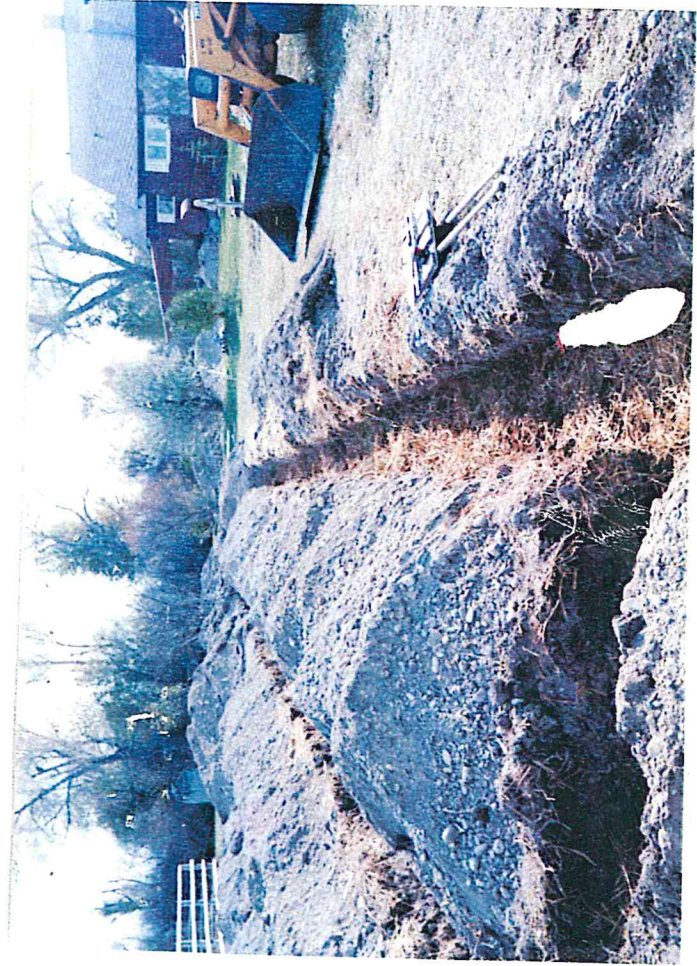
10'

30'

Beaverhead County Sanitarian,

I installed for Leo Carvelli at 105 Mtn View
south a complete septic system. The system
was a 1000 gal double compartment tank 230'
of loach line it included a D Box with water
flow gauges.

Thank You
Don Moor



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