

Cascade County On-Site Wastewater Treatment System Permit Application Form

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

SEPTIC \$100.00
SUBTOTAL \$100.00
TOTAL \$100.00
CHECK \$100.00
CHANGE \$0.00
CLERK 1 NO. 000047
TIME 15:06 0001

Instructions: Fill out the following application form completely and submit the appropriate permit application fee. Minimum requirements for obtaining an on-site wastewater treatment system may include obtaining a copy of the certificate of survey for your parcel of property in the Clerk & Recorder's Office, excavating a 10' deep test pit in the area of the proposed system, performing a percolation test, taking a nitrate sample from an existing or nearby well, and/or providing other information to fulfill the minimum requirements outlined in Cascade County On-Site Wastewater Treatment System Regulations.

YOUNGBREN

Robin + John

Property Owner Last Name

Property Owner First Name

Property Owner Other

82 Open Buckle Road

SUN RIVER

406-264-5249

Address Where System Is To Be Installed

City

Phone Number(s)

2422

21

1W

20

3

Residence

1/4 Sec

1/4 Sec

Section

Township

Range

of acres

Number of Bedrooms

Residence or Commercial

Is Property filed with the Clerk & Recorder's Office

yes

Certificate of Survey Number

Code Number

3135-22-4-02-26-00

Parcel ID Number

6148220

New or Replacement System?

Replacement

Reason for Replacement

Is property within 4.5 miles of Great Falls City Limits?

no

Is Property Located in a Reviewed Subdivision?

yes

Name of Subdivision

Open Buckle

Subdivision Approval Number

Other Legal Description

Water Supply

cistern

If well, depth in feet

-

Is your property in a 100yr flood plain

no

Is Drainfield 100' from surface bodies of water (ponds, river, creeks, etc.)

no

Perc. Rate

N/A

Are there any sanitary restrictions on the property (aq exemption, no structures requiring sewer water, etc)?

no

This 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 placed 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 obligate 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 invalid 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.

Robin Younggren

5/16/02

100.00 (MK) 5/23/02

Signature of Applicant

Date

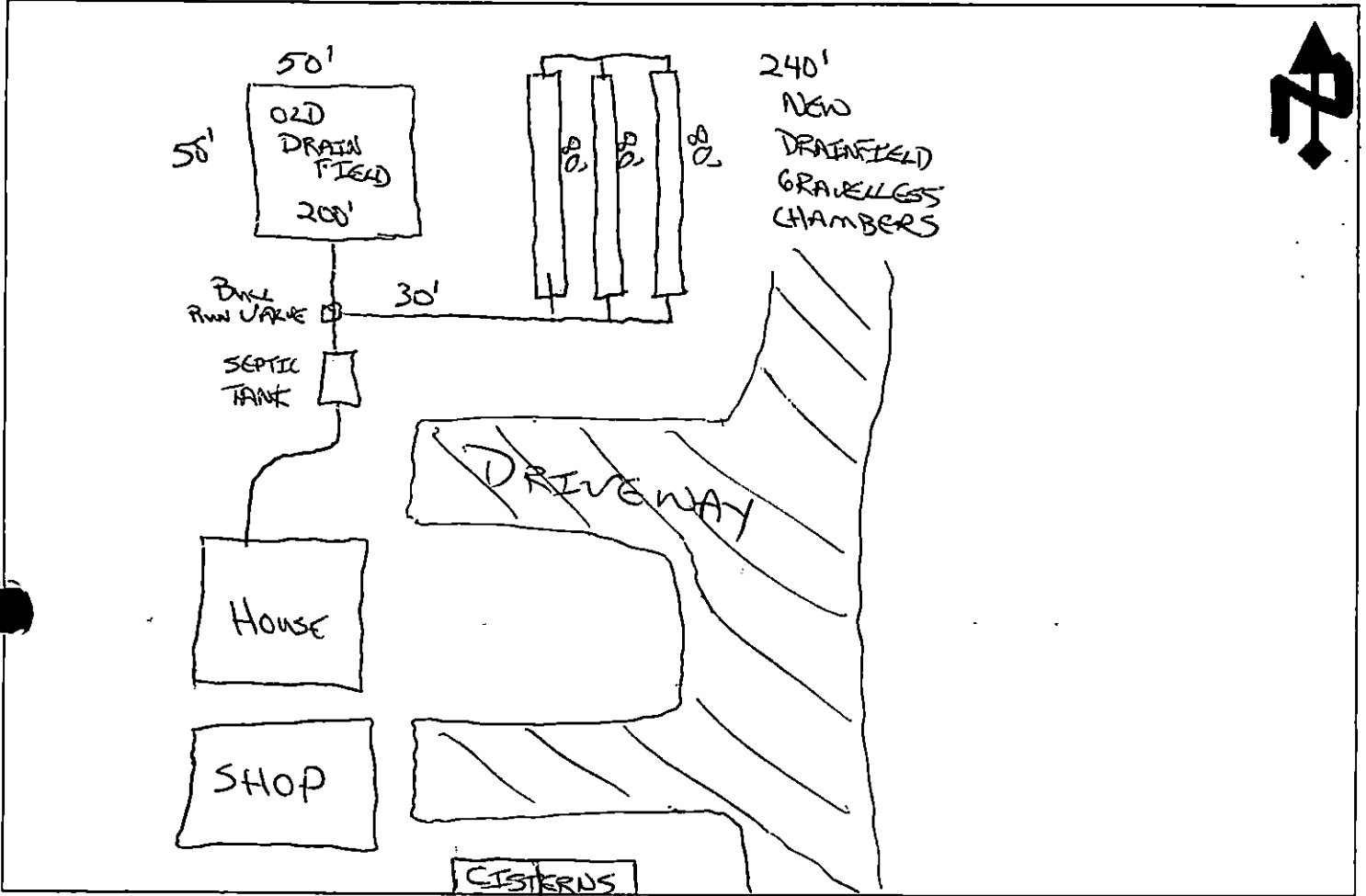
Fee Amount Paid

**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 YOUNG, REN Permit # 045-02
 Owners Address 82 OPEN BURKE RD

(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, impondments, 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: Existing concrete/poly
- c. Approved Effluent Filter NO yes/no
- d. Baffles Yes yes/no
- e. Access Port w/n 1' of surface Yes yes/no

2. Administration

- a. New or Replacement REP
- b. Reason for Failure SAT DFIELD
- c. Street Address obtained Yes yes/no
- d. non-degradation addressed N/A yes/no

3. Drainfield

- a. Lineal Feet Installed 240
- 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 0
- j. Distance from water sources 100'
- k. Groundwater Depth >10'
- l. Bedrock Depth >10'

STEVE KUNKEL BY [Signature]
 Certified Installer Signature
[Signature]
 Health Authority Signature

5/28/02 Date
69 Certificate #
5/28/02 Date
Yes Approved (yes/no)