



Cascade County Subsurface Wastewater Treatment System Permit Application Form

City-County Health Department, 115 4th St. S., Great Falls, MT 59401

Instructions: Fill out the following application form completely and submit the appropriate permit application fee. Minimum requirements for obtaining a subsurface wastewater treatment system may include obtaining a copy of the certificate of survey for your parcel of property from 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 the Cascade County Subsurface Wastewater Treatment System Regulations.

Williams II Kenneth D.
 Property Owner Last Name (Company name if commercial) Property Owner First Name Property Owner Other
1812 29th Ave. South Great Falls 454-9921
 Address Where System Is To Be Installed City/Town Phone #

Lot #(s) 5+6 Block # 22 Addition/Phase Sexton Park Addition C.O.S. Number _____
 _____ 2 3

1/4 Sec Section Township Range # of acres Residence or Commercial # of Bedroom # of people on system

Is Property filed with the Clerk & Recorder's Office Yes Parcel ID Number 2221800

Geo Code # 3016-19-2-24-14-000 2221800 New or Replacement System? Failed Tank
 Reason for Replacing

Is Property within 4.5 miles of Great Falls City Limits? Yes Is Property Located in an approved Subdivision? _____

Name of Subdivision Sexton Park Subdivision Approval Number _____

Other Legal Description _____

Water Supply Cistern Tank 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.) _____ Perc. Rate (if required) _____

Are there any sanitary restrictions on the property which would prohibit the construction of a structure requiring water and sewer (i.e. agriculture exemption, sanitation act exemptions noted on plat, etc.)?? _____

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 permit is issued, my application and/or permit will be invalid. The permit does not obligate this office to guarantee the performance of the system. The permit is issued based on minimum sizing requirements based on application information, previous permits issued for property if any, and on-site evaluation as set forth by the State of Montana and adopted by Cascade County. 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. THE PERMIT IS ISSUED WITH THE UNDERSTANDING THAT THE MINIMUM REQUIREMENTS OF CASCADE COUNTY REGULATIONS FOR SUBSURFACE WASTEWATER TREATMENT SYSTEMS WILL BE MET.

COPY OF RECEIPT FOR PERMIT PURCHASE OR INITIALED THAT FEES WERE RECEIVED

Kenneth D. Williams 9 MAY 2003 \$50.00
 Signature of Applicant Date Fee Amount Paid

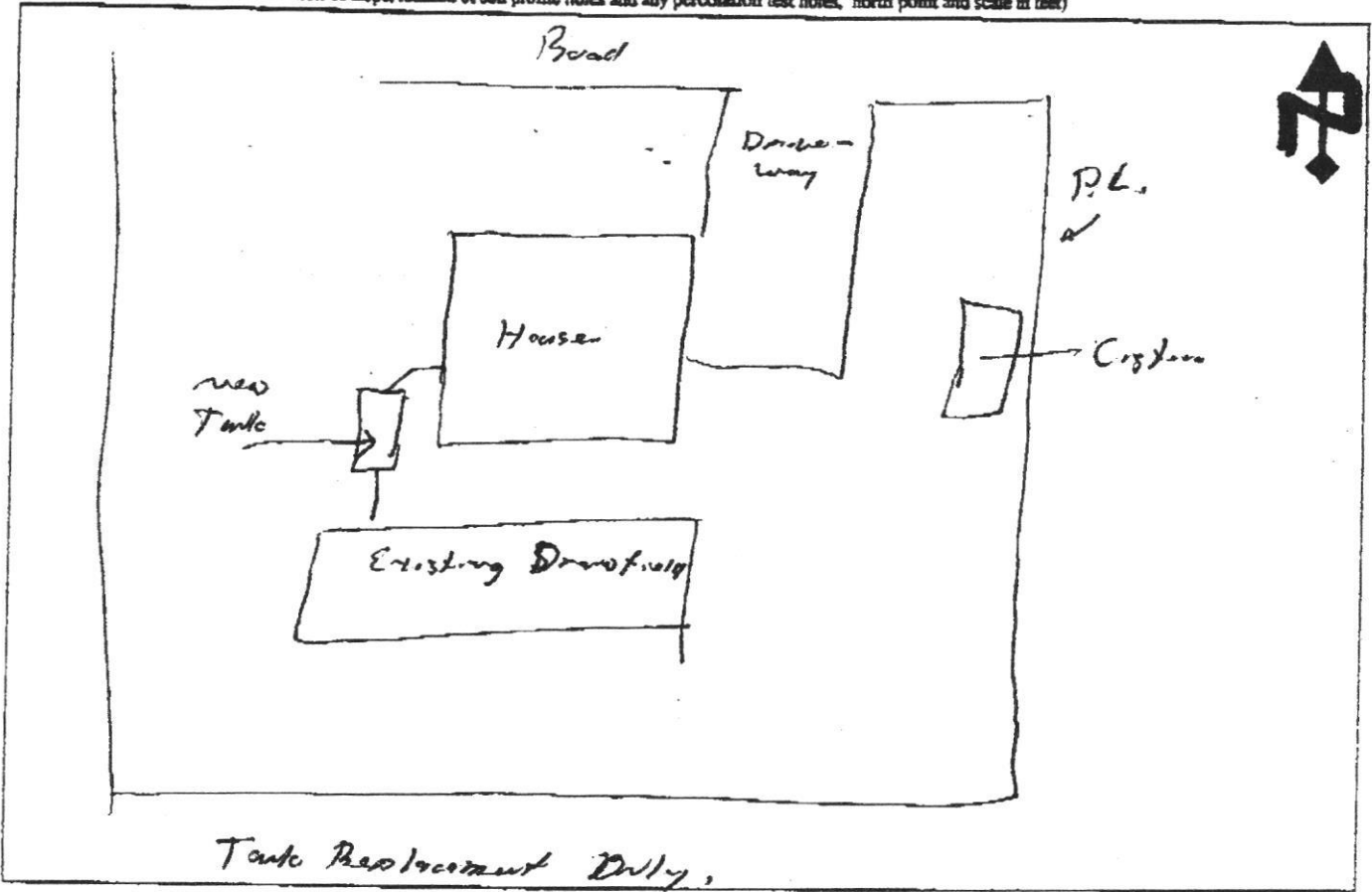
**CASCADE COUNTY ON-SITE WASTEWATER TREATMENT SYSTEM
CERTIFIED INSTALLER REPORT FORM**

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

051-03

Property Owners Name Kew Williams Permit # 2003
Owners Address 1812-29 Ave S

(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: 1200 gallons
- b. Type: concrete/poly
- c. Approved Effluent Filter yes/no
- d. Baffles yes/no
- e. Access Port w/ 1' of surface yes/no

2. Administration

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

3. Drainfield

- a. Lineal Feet Installed Existing
- b. Gravel or Gravelless Trenches _____
- c. If Gravelless, Chamber Width _____ inches
- d. If Gravel, Trench Width _____ inches
- e. Inches of Gravel under pipe _____
- f. Inches of Gravel over pipe _____
- h. Trench Depth _____ feet
- i. Percent grade of land slope _____
- j. Distance from water sources _____
- k. Groundwater Depth _____
- l. Bedrock Depth _____

Jeff Poncelet
Certified Installer Signature
[Signature]
Health Authority Signature

2003 Date
9/28/04 Date
5 Certificate #
Y Approved (yes/no)