2854 ~~Mill Creek~~ 25-2-01-02

MINERAL COUNTY
C/O MISSOULA CITY COUNTY HEALTH DEPARTMENT
301 W. Alder (406)721-5700

Permit # 86 ~~220~~ 222

A-101 #17484

SEWER PERMIT AND APPLICATION

Owner/Applicants Name Elmer May Phone#_____

Owner/Applicants Address Box 111 (Behind Riverside) DeBorgia

Installer Self

Location of Installation: _____1/4 of _____1/4 Section_____ T_____ R_____

Address of Site_____

Certificate of Survey #_____ HD #_____

Subdivision_____

Lot_____ Block_____

Tractland_____

General area name_____

Size of Lot or Parcel .6 Acres

Any existing structure or sewage disposal facilities: Yes____ No X

If Yes, Explain:_____

Residential - Number of Bedrooms 2 Commercial_____ gal/day_____

Water supply: Private Spring Public_____ Multi-family_____

Soil Type gravelly loamy sand

Depth to groundwater >10'

Type of system to be installed: New X Replacement____

System size: From Plat approval _____ From site evaluation # 25 June 91

Application rate_____Gal./square Ft/day

Square feet per bedroom 180 ft²

Engineered _____

Description of System to be installed 1000 gal tank + 3 x 60' lineal foot drainfield

Special Conditions stay 100' from proposed well

As purchaser of this permit, I agree to install an individual sewer system which meets all requirements as specified in the Mineral County Regulations for subsurface sewage disposal systems.

X Permit Purchaser Elmer May Date:_____

Health Authority Denise Moth, R.S. Date: 25 June 1991

This permit is valid for 12 months. Construction of the sewage disposal system must commence during this time or the permit is no longer valid. A final inspection by the Department is required prior to covering the installed system. Applicant's copy of the permit must be on-site at the time of inspection. Please use the permit number in the upper right hand corner for reference when you call for a final inspection.

Mineral County Health Department
P.O. Box 396 Superior, MT 59872
Phone: 822-4632

Permit No. 86 222

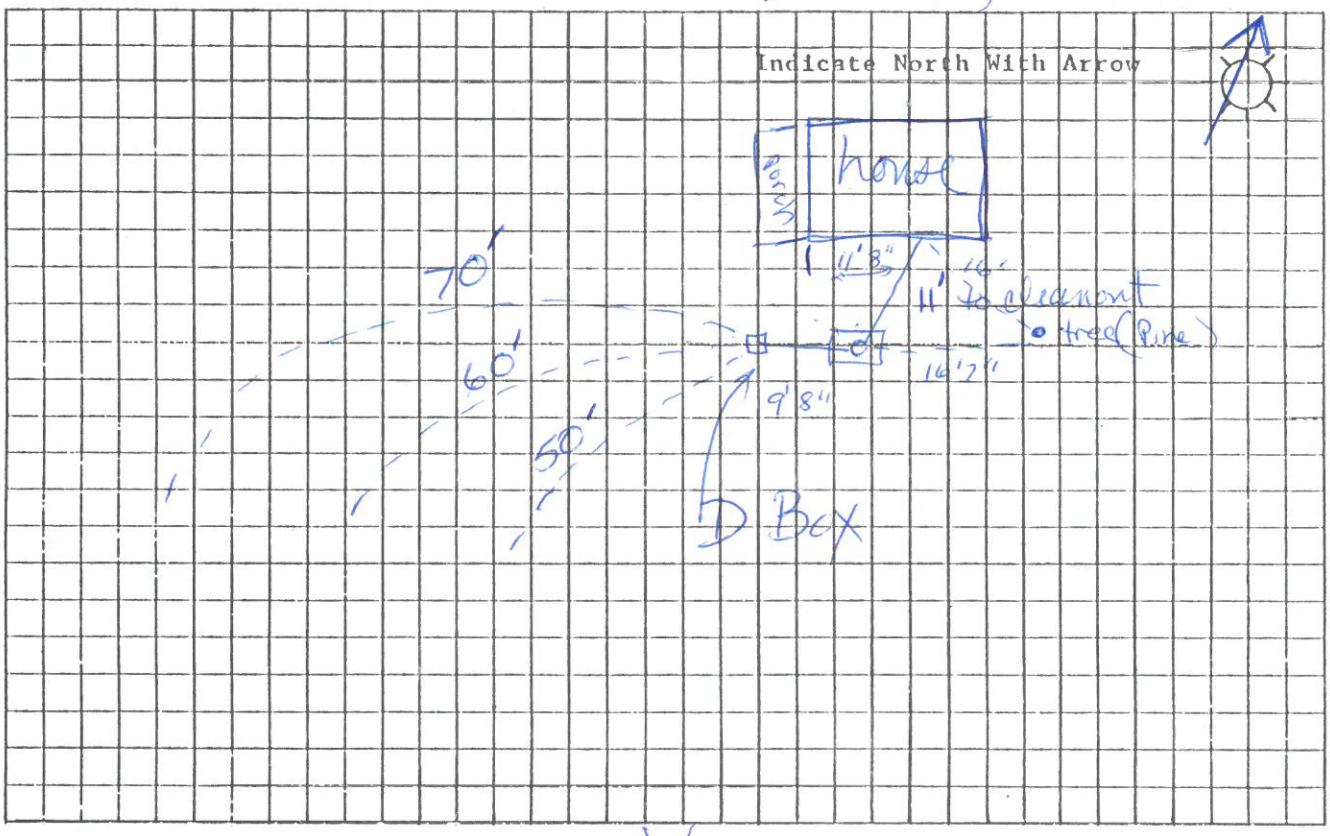
INDIVIDUAL SEWER SYSTEM INSPECTION REPORT

Name of Owner Elmer May

Legal Address/Location Box 111, DeBorgia (behind Riverside)

Certified Installer Self

Type System: New X Replacement__ Soil Type_____
Septic Tank Capacity:1000 gal. X Other___/ Material: Concrete X Other____
Drainfield Total length 180 ft., #laterals 3, Trench depth 36" in. to bottom
Seepage Pit Height_____, Depth to Top_____
Distance to Property Lines >10' Wells 100' from spring Surface Water >100'



Installation Inspected: Approved X Disapproved____

Corrections Necessary:_____

Sanitarian's Signature Denise Mott Date 27 June 91

X Witnessed by: Elmer May Date ___/___/___

Deficiencies Corrected: yes__ no__

Sanitarian's Signature_____ Date ___/___/___