

Change
10/15/91 5/6/94

MADISON COUNTY WASTEWATER TREATMENT PERMIT

Permit to install, extend or repair septic tanks and sewage systems with inspection, in accordance covering the same. Passed by the Madison County Board of Health, Virginia City, MT, effective October 15, 1991.

This permit is issued to (installer's name): Owner

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

for the installation of the following sewage disposal system. System will be located on property

belonging to (owner's name): Ed Sporich & Traci Todd

Address: 3736 MT Hwy 287 City: Sheridan State: MT Zip: 59749

Phone: 596-0437

Legal description of property: 1/4 NE 1/4, Section 23, Township 4S, Range 7W,
consisting of 84.23 acres, located in the County of Madison, Montana.

Subdivision name: Witham Family Transfer 7/2225-FC

Lot, Tract or Parcel, Block: Tract B3

DEQ approval number: _____

Authorized Address: 163 Redfield Lane

Permit issued on the _____ day of _____, 20 _____, for a fee of \$ 200.00

Check #: cash by the Madison County Sanitarian as an authorized representative for
Madison County, Montana. Receipt # 3136.

SYSTEM SPECIFICATIONS

Shallow Capped Absorption Field System

Install 1500 gallon concrete septic tank with effluent filter and 3- 73' laterals using 22"
gravelless chambers.

Maximum trench depth 12" and capped with a minimum of 12" of native soil.

Maintain all required minimum setbacks and regulations per Madison County Wastewater
System Regulations.

http://madison.mt.gov/departments/sanitarian/septic/MC_Septic_System_Regs.pdf

Be safe, and call when installation begins.

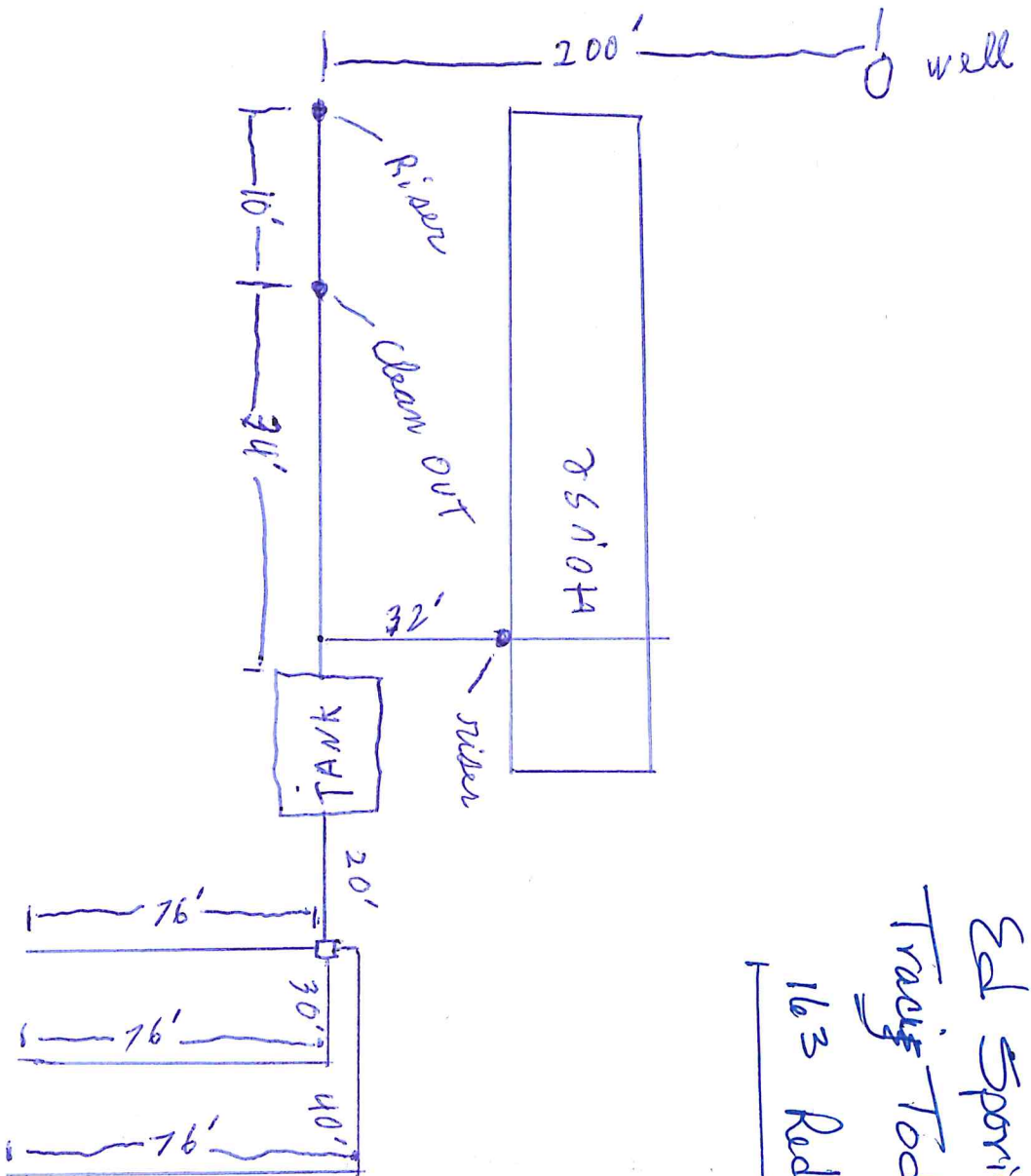
~~~**As-Built plans must be submitted upon completion**~~~ of the system and  
include property boundaries, measurements to wells and streams, as well as location and design of  
the system, and north indicator.

SIGNATURE: 

PERMIT #: 3401

Madison County Sanitarian's Office

Construction Permit #: \_\_\_\_\_ Dated: \_\_\_\_\_ Receipt # \_\_\_\_\_



Ed Sprich  
 Tracey Todd.  
 163 Redfield Ln.

PERMIT # 3401

**MADISON COUNTY APPLICATION FOR WASTEWATER TREATMENT SYSTEM**

Incomplete applications will not be processed. All permits are valid for 12 months from date of issuance. After that time, a \$50.00 fee will continue the permit for another year. The permit is void if the system is not installed within 24 months, and another must be purchased.

**PART A**

1. Name of property owner: Edward Sporich & Traci Todd  
Address: 3736 MT Hwy 287 City: Sheridan State: MT Zip: 59749  
Phone: 406-842-5314
2. If the person completing this application is not the owner, give:  
Name of applicant: Ralph Hamler, R.S.  
Address: 3415 MT Hwy 287 City: Sheridan State: MT Zip: 59749  
Phone: 406-596-0437
3. Authorized road address: 163 Redfield Lane (Temporary)  
Please submit directions to location property: Redfield Lane, Twin Bridges
4. Legal description of property: NE 1/4 Section 23, Township 4S, Range 7W,  
consisting of 84.23 acres, located in the County of Madison, Montana.
5. Subdivision name: Witham Family Transfer  
Lot, Tract or Parcel, Block: Tract B3  
COS: Book 7 Page 2225-FC
6. Type of structure(s) to be served:  
☒ One single family dwelling  
☐ Other (please describe) \_\_\_\_\_
7. Number of bedrooms in dwelling: 4
8. Estimated volume of wastewater produced (commercial only): \_\_\_\_\_
9. Name of Madison County licensed installer: Owner Installation
10. Does the property have DEQ approval?  
☐ N/A ☐ Yes and # \_\_\_\_\_  
☐ No (see part C)
11. Does the property have any exemptions noted on plat?  
☐ Yes – type of exemption \_\_\_\_\_  
☒ No
12. A permit fee of \$200.00 in accordance with the Madison County Regulations for Wastewater Treatment Systems is enclosed.
13. This is:  
☒ New system  
☐ Upgrade or replacement
14. Type of Water Supply and Wastewater Treatment System proposed: Cistern tank for storage water, on-site conventional wastewater system

**Make checks to:** Madison County Sanitarian

**Return application to:** Madison County Sanitarian, PO Box 278, Virginia City MT 59755

I hereby declare that the information above is true, complete and correct to the best of my knowledge. The wastewater treatment system will be installed according to the Madison County Regulations for Wastewater Treatment Systems and the DEQ. I acknowledge that the Madison County Health Department is not bound or obligated to guarantee this systems' operation. I further agree to give a minimum of 24 hours notice for inspection of the system before it is back filled.

Leah Todd

Signature of Applicant

3/15/2016

Dated

## PART B

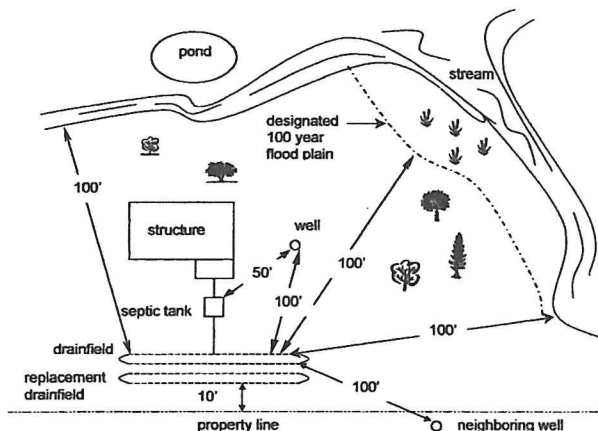
### \*\*\* IMPORTANT \*\*\*

15. The application will not be accepted if any of the following site plan information is missing.

**Must include:** shape and size of parcel, location of house site and all buildings, percent and direction of slope, proximity to all water supplies to include wells, open bodies of water, streams and floodplain within 100 feet of the property, areas of high ground water, and the design of the wastewater treatment system area for 100% replacement absorption system.

### NORTH

#### Example with setback distances



See attached layout:



**PART C (Complete this section if the property does not have DEQ approval.)**

16. Name of site evaluator: Ralph Hamler, R.S./ Van Puckett, SIT, Madison County  
Qualifications: Sanitarian
17. Give a description of the soil profile to a minimum depth of 8 feet: Application rate 0.6gpd/ft<sup>2</sup> from DEQ 4 Table 2.1-1 Medium sand, sandy loam.
18. Give the estimated depth to the seasonal high groundwater table and how this was determined: 5' per Van Puckett, test pit conducted by Van Puckett.
19. Give the results of one percolation test and show the location on the site plan. Perc test must be performed in the drainfield area: Application rate of 0.6 gpd/ft<sup>2</sup> from Soil survey information and test pit.
20. Nitrate/Nitrite background test results from closest well: ND mg/l Sam Novich well  
Specific conductance test results: 384 umhos/cm. Sam Novich Well
21. Please attach well log. Closest well logs enclosed
22. Show the direction and percent of land slope across the proposed absorption system on the site plan. N NW 3%+- slope at proposed drainfield area.
23. Is the property located in the Madison County Floodplain and/or evaluate the potential for flooding or accumulation of surface water: N/A

Ralph Hamler R.S.  
Signature of Evaluator:

3-15-16  
Dated

1500 gallon septic tank with risers as needed, effluent filter at outlet. 4 bedroom home = 350 gpd (from DEQ4 page 25 Wastewater flow) @ 0.6 gpd/ft<sup>2</sup> (Medium sand, sandy loam) from DEQ 4, 2004 edition.  $350\text{gpd}/0.6\text{ gpd/ft}^2 = 583.33\text{ sq.ft}/2 = 292\text{ lineal feet}$  of 2' wide drainfield for conventional rock and gravel drainfield. Using gravelless chambers 22" wide would require 25% reduction which equals 438 sq.ft. of drainfield/ 2 = 219 lineal ft of drainfield. 3 laterals of 73'+ each using 22" wide gravelless chambers. Drainfield requirement to be a shallow capped system, bottom of trenches to be maximum of 12" depth to maintain 48" separation from groundwater. Insulate over top of trenches with native soil 12" minimum to prevent freezing.

**PART D (for department use)**

Type of Wastewater Treatment System required: \_\_\_\_\_

**Minimum Requirements:**

Septic tank type and size: \_\_\_\_\_

Absorption area: \_\_\_\_\_ lineal feet per bedroom

Comments: \_\_\_\_\_

Paid: \$ 200<sup>00</sup> Check #: 1202 Cash: \_\_\_\_\_ Receipt #: 3134 2/19/16