CASCADE COUNTY SUBSURFACE WASTEWATER TREATMENT SYSTEM PERMIT

Permit # 170-06

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

GERARD	JASON	BROOK
Property Owner Last Name	Property Owner First Name	Property Owner Other

252 ULM VAUGHN RD

Address Where System Is To Be Installed | Installer | % Slope for absorption field

Is groundwater within 8' of ground surface? _____ Is bedrock within 8' of ground surface? _____

Is Non-Deg. and Phos.Breakthrough analysis required? _____ If not, why? EXEMPT

Categorically Exempt (y/n) _____ # of acres 36.77 Depth to aquifer/bedrock _____ Distance to surface water _____ Background Nitrate Result _____ Perc. Rate (minutes/inch) _____ Soil Properties _____	Background Nitrate Result _____ Average k value _____ Hydraulic Gradient (I) _____ Mixing Zone Length _____ Final NonDegradation Result _____ Final Phosphorus Breakthrough _____ Confined Aquifer (y/n) _____ (attach data used to determine)	Soil Profile:

1000 gal	Concrete	Deep Gravel	400'
Tank Size	Tank Type	Drainfield Type	Drainfield Size

Special Permit Conditions

Signature of Health Authority Issuing Permit Darrell J. Furan R.S. Date. 11/13/2006

11/13/2006	Y	Y	06	y
Date Called for Inspection	Final Inspection	System Approved?	Year Installed	Certified Installer Report Received?

Comments About Installed System

Signature of Health Authority Approving Installed System Darrell J. Furan R.S. Date.. 11/13/2006

Cascade County Subsurface 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

Directions: 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.

Gerard | Jason & Brook | |
Property Owner Last Name (Company name if commercial) | Property Owner First Name | Property Owner Other

252 Ulm-Vaughn Rd | Ulm | cell 836-9502 wk 731-2162
Address Where System Is To Be Installed | City/Town | Phone #

Lot #(s) | Block # | Addition/Phase | C.O.S. Number

1/4 Sec | Section | Township | Range | # of acres | Residence or Commercial | # of Bedrooms | # of people on system
36.77 | 3 bedroom | 4 persons

Is Property filed with the Clerk & Recorder's Office Yes Parcel ID Number 2952 450

Geo Code # 3014-30-1-02-01 New or Replacement System? N Reason for Replacing

Is property within 4.5 miles of Great Falls City Limits? No Is Property Located in an approved Subdivision? Yes

Name of Subdivision Ulm Pishkun Estates 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.) Yes 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. **I understand that if any of the application information is found to be incorrect, and/or any restrictions, delinquent taxes or community decay citations placed on this property have not been properly removed at the time that the 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. Permitee 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.**

Signature of Applicant | Date 11/06/06

Prior to issuance of a septic permit, approval by the Cascade County Planning Department must be obtained for compliance with Zoning, Floodplain, Commercial Development, and Subdivision Regulations.

NA per John. | Approved by County Planning Department | Date 10/04/06

Attach a copy of any County Planning Permits to this Application

$200.00 11/6/06 MK

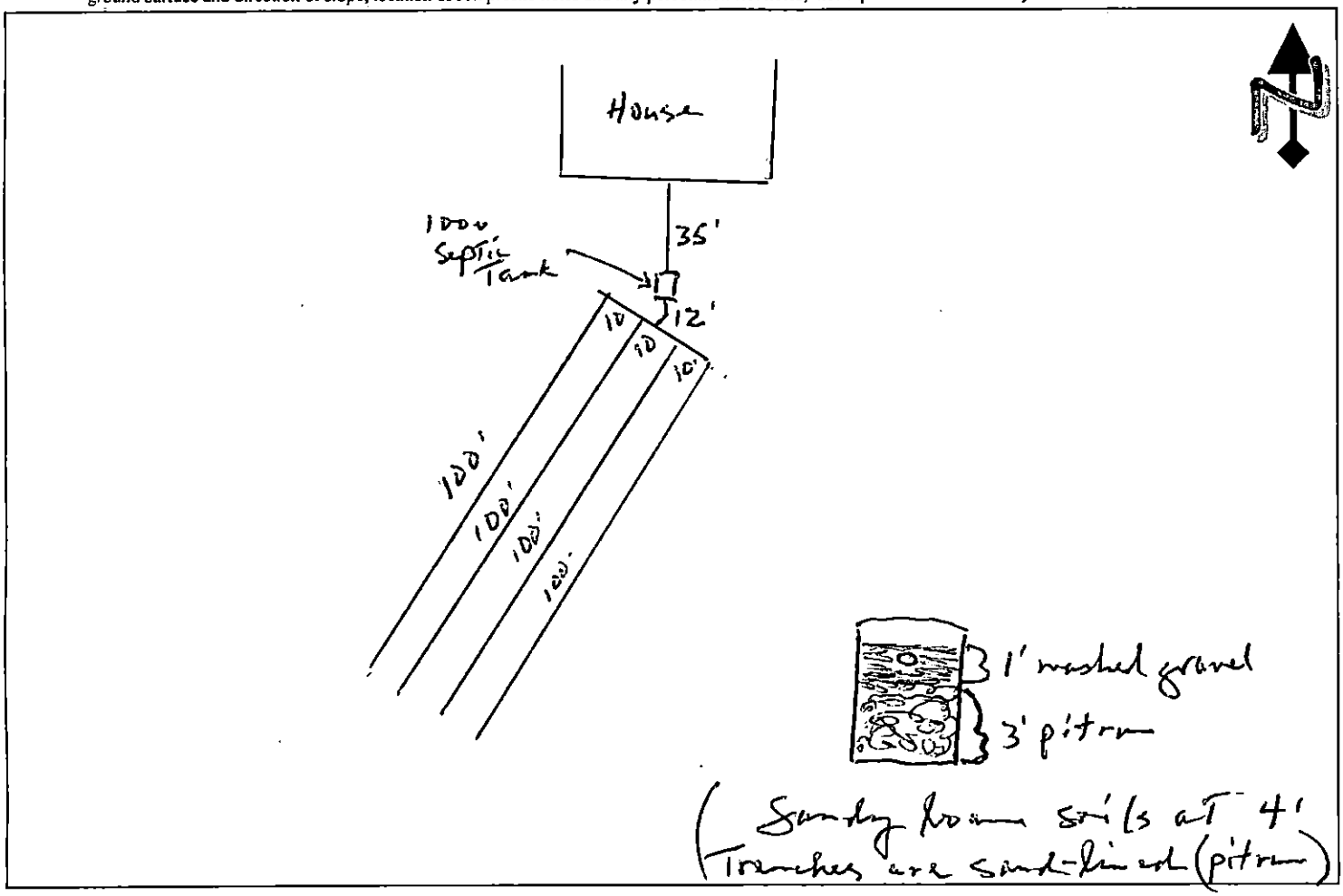
CASCADE COUNTY SUBSURFACE WASTEWATER TREATMENT SYSTEM
CERTIFIED INSTALLER REPORT FORM

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

Property Owners Name Jason Gerardi Permit # 170-06

Owners Address 252 Ulm-Vaughn 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: concrete/poly
- c. Approved Effluent Filter ____ yes/no
- d. Baffles ____ yes/no
- e. Access Port w/n 1' of surface NA 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 ____
- b. Gravel or Gravelless Trenches
- c. If Gravelless, Chamber Width ____ inches
- d. If Gravel, Trench Width 2 inches
- e. Inches of Gravel under pipe 6"
- f. Inches of Gravel over pipe 2"
- h. Trench Depth 5 feet 3' pitrun
- i. Percent grade of land slope ____
- j. Distance from water sources ____
- k. Groundwater Depth ____
- l. Bedrock Depth ____

Certified Installer Signature	Date	Certificate #
Health Authority Signature	11-13-06 Date	yes Approved (yes/no)