6 June 96

PERMIT NO. 724

APPLICATION FOR WASTEWATER TREATMENT SYSTEM PERMIT
MADISON COUNTY

Complete and return this application to the Madison County Health Department. The Department shall respond within (10) working days for individual systems or within 30 days for other types of systems. Response from the Department shall be in the form of a valid permit for and approved application or a written denial for an unapproved applic.

PART A

1. Name of Property Owner Harold & Doris I. Richardson
   Address P.O. Box 204 McAllister, MT.

2. If the person completing this application is not the owner, give
   Name of Applicant Doris Richardson
   Address Box 204 McAllister
   Phone # (406) 763-4226

3. Legal description and size of property: NW¼ NE 1/4 SW 1/4, Sec. 8, Township 4S Range 1W, being 20.659 acres.

4. Authorized Road Address: _____
   Please submit directions to locating property.

5. Name of Subdivision(if applicable): Shining Mountain - West
   Lot, Tract or Parcel: Tract 55
   Block: _____

6. Type of Structure(s) to be served:
   X One single family dwelling
   _____ Other(please describe) _____

7. Number of bedrooms in dwelling: 3
   Estimated volume of wastewater produced: _____

8. Name of licensed installer: Jim Tomash

9. Does the property have Certificate of Subdivision Plat Approval:
   ✓ Yes and # _____ or _____ No (See Part C)

B. Does the property have any exemptions noted on plat
   _____ Yes _____ (Type of Exemption)
   ✓ No

10. Is the property presently being reviewed under the Sanitation in Subdivision Act:
    _____ Yes or ✓ No

Richardson, Harold McAllister SMD Lot 55

Return application to: 105.00 (Licensed Installer)
Madison County Sanitarian, P.O. Box 278, Virginia City, MT 59755

11. A permit fee of $ 155.00 (if owner installed) in accordance with the Madison County Regulations for Wastewater Treatment Systems, is enclosed.

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. I acknowledge that the Madison County Health Department has not designed this system and that the Madison County Health Department is not bound or obligated to guarantee this systems operation. I further agree to give a minimum of 8 working hours notice for inspection of the system before it is backfilled.

Signature of Applicant

June 7/96
Dated

PART B

12. Site plan: Must include shape and size of parcel, proximity to all water supplies, including wells, open bodies of water, streams and floodplain within 100 feet of the property, design of the wastewater treatment system, area for 100% replacement absorption system, location of house site, and measurements to system.

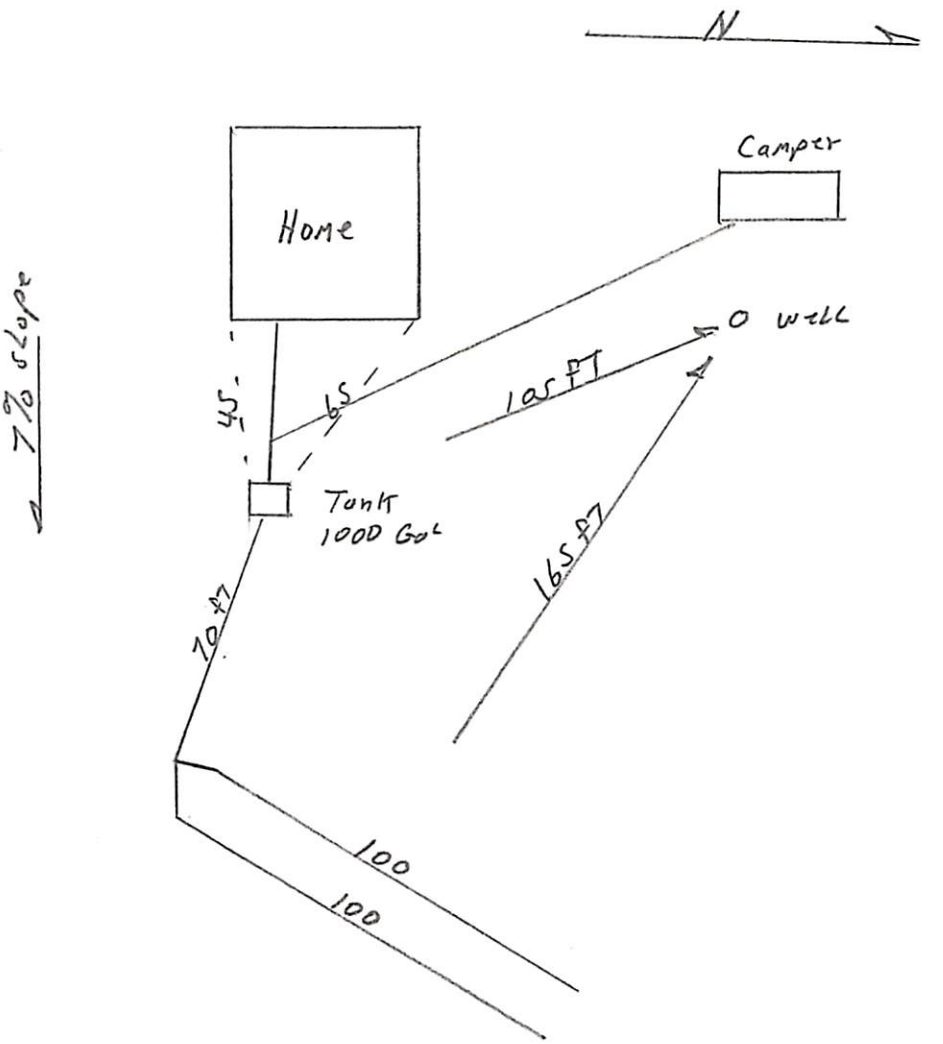
NORTH

Harold + Doris Richardson

Shining Mtns West

Tract 55

Permit # 724



Tomash

13. Type of Water and Wastewater Treatment System proposed:

PART C (Complete this section if the property does not have Certificate of Subdivision Approval)

14. Name of Site Evaluator:
Qualifications:

15. Give a description of the soil profile to a minimum depth of 7 feet.

16. Give the estimated depth to the seasonal high groundwater table and how this was determined.

17. Give the results of 2 percolation tests and show their location on the site plan. 3.33 Per Min.
Perc test done by Ralph per Jim Tomasek

18. Show the direction and percent of land slope across the proposed absorption system on the site plan.

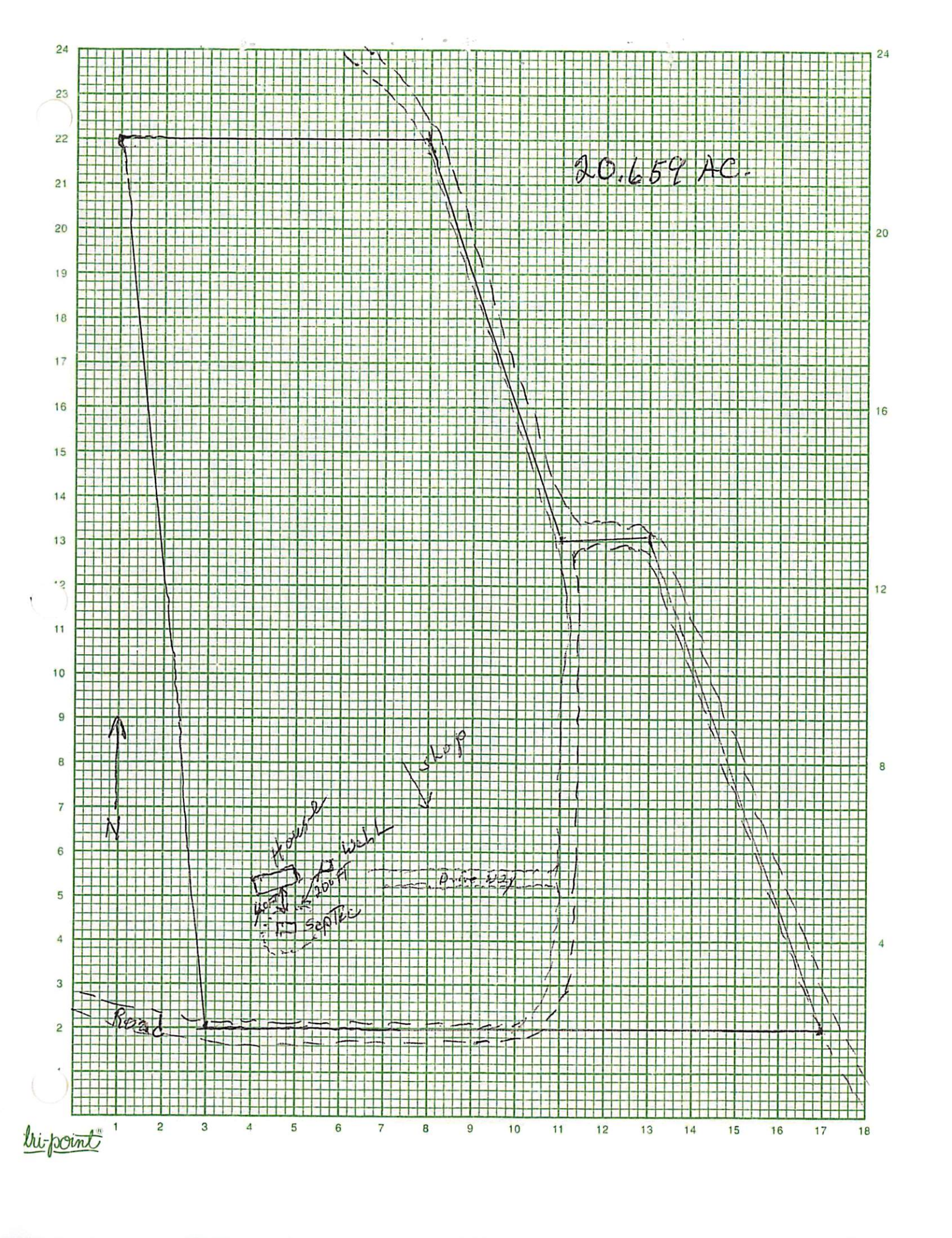
19. Evaluate the potential for flooding or accumulation of surface water.

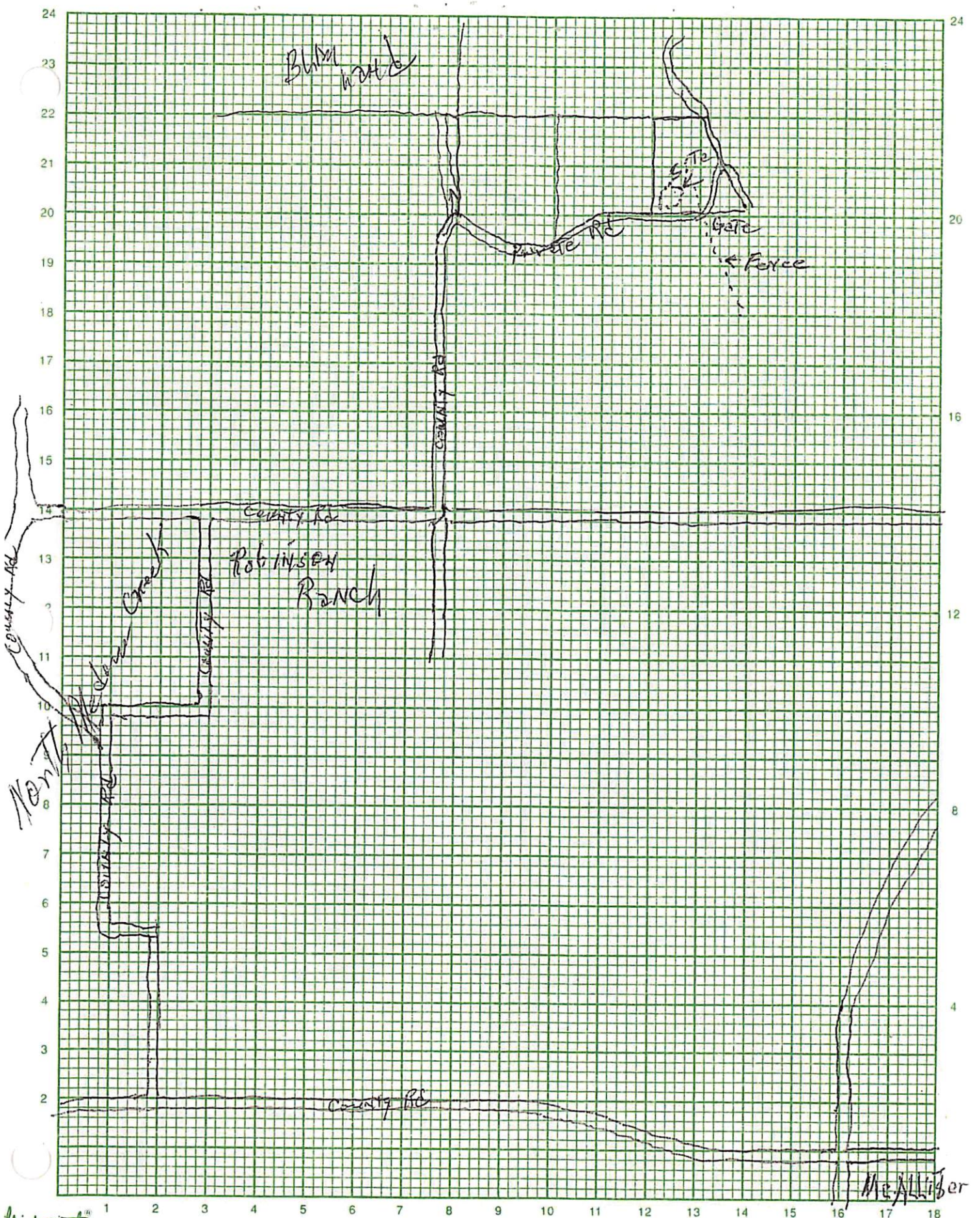
Signature of Site Evaluator: Date

PART D (For Department use only)
Type of Wastewater Treatment System required:

Minimum Requirements:
Septic Tank: Type and size: 1000 gal. concrete
Absorption Area: 165 Lineal ft.per bedroom
Comments: 195 total feet drainfield

Paid: $105.00 Cash Check # 1116 6-7-96 Date ph.
Permit # 724 Date Madison County Health Dept.
Construction permit paid ✓ Yes X No 250.00 Amt. 8-28-97 Date
V# 524 ↑ permit # 366 Will build in the future


20.659 AC.
N
House
Well
200'
Septic
Road
Slope


BLM land
Site
Gate
Fence
Private Rd
County Rd
Robinson Ranch
Creek
County Rd
County Rd
County Rd
McAllister

tri-point®