

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): R. E. Miller and Sons

Address: 15 Ramshorn City: Dillon State: MT Zip: 59725

Phone: 683-2175

for the installation of the following sewage disposal system. System will be located on property belonging to (owner's name): Doug & Julie Harcksen

Address: PO Box 493 City: Twin Bridges State: MT Zip: 59754

Phone: 596-0549

Legal description of property: 1/4 1/4, Section 9, Township 3S, Range 5W,
consisting of 26.4 acres, located in the County of Madison, Montana.

Subdivision name: _____

Lot, Tract or Parcel, Block: _____

DEQ approval number: _____

Authorized Address: _____

Permit issued on the 19th day of February, 20 19, for a fee of \$ 200.00

Check #: 2031 by the Madison County Sanitarian as an authorized representative for Madison County, Montana. Receipt # a101.

SYSTEM SPECIFICATIONS

Conventional gravity septic system

Install 1500 gallon, two-compartment concrete septic tank with effluent

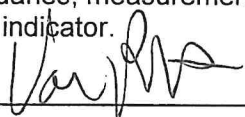
filter, risers as needed and 2- 75' laterals using 22" gravelless chambers.

Maintain all required setbacks IAW Madison County Wastewater System Regulations

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

Be safe, and contact this office prior to backfill. 406-843-4275 or 406-596-8063

~~~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 #: 3836

Madison County Sanitarian's Office

Construction Permit #: 2245 Dated: 2/6/19 Receipt # a101

PERMIT # 3836

**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: Douglas + Julie Harcksen  
Address: PO Box 493 City: Twin Bridges State: MT Zip: 59754  
Phone: 406 596-0549
2. If the person completing this application is not the owner, give:  
Name of applicant: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_
3. Authorized road address: Bear Gulch Rd Twin Bridges 59754  
Please submit directions to location property: North on Bear Gulch Road, Twin Bridges, past airport.
4. Legal description of property: 1/4 South 1/2 Section 9, Township 3 South Range 5 West  
consisting of 26.4 acres, located in the County of Madison, Montana.
6. Subdivision name: \_\_\_\_\_  
Lot, Tract or Parcel, Block: \_\_\_\_\_  
COS: \_\_\_\_\_
7. Type of structure(s) to be served:  
1 One single family dwelling  
\_\_\_\_ Other (please describe) \_\_\_\_\_
8. Number of bedrooms in dwelling: 3
9. Estimated volume of wastewater produced (commercial only): \_\_\_\_\_
10. Name of Madison County licensed installer: R.E. Miller + Sons
11. Does the property have DEQ approval?  
\_\_\_\_ Yes and # \_\_\_\_\_  
\_\_\_\_ No (see part C)
12. Does the property have any exemptions noted on plat?  
\_\_\_\_ Yes - type of exemption \_\_\_\_\_  
X No
13. A permit fee of \$ \_\_\_\_\_ in accordance with the Madison County Regulations for Wastewater Treatment Systems is enclosed.
14. This is:  
X New system  
\_\_\_\_ Upgrade or replacement
15. Type of Water Supply and Wastewater Treatment System proposed: Well water, Septic tank system + leach line.

**Make checks to: Madison County Sanitarian**

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

  
Signature of Applicant

## PART B

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.

### Example with setback distances





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

16. Name of site evaluator: \_\_\_\_\_  
Qualifications: \_\_\_\_\_
17. Give a description of the soil profile to a minimum depth of 8 feet: \_\_\_\_\_  
\_\_\_\_\_
18. Give the estimated depth to the seasonal high groundwater table and how this was determined: \_\_\_\_\_  
\_\_\_\_\_
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: \_\_\_\_\_
20. Nitrate/Nitrite background test results from closest well: \_\_\_\_\_  
Specific conductance test results: \_\_\_\_\_
21. Please attach well log.
22. Show the direction and percent of land slope across the proposed absorption system on the site plan.
23. Is the property located in the Madison County Floodplain and/or evaluate the potential for flooding or accumulation of surface water: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Evaluator:

\_\_\_\_\_  
Dated

**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: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

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



