



**Missoula City-County Health Department**

**ENVIRONMENTAL HEALTH**

301 West Alder Street | Missoula MT 59802-4123

[www.co.missoula.mt.us/envhealth/](http://www.co.missoula.mt.us/envhealth/)

Phone | 406.258.4755

Fax | 406.258.4781

**A Septic Determination was issued for this septic permit  
99-114 . See 2023-039DET **DET.****

**NOTE: Septic Determinations are not available online,  
please contact our office if you need to see one.**



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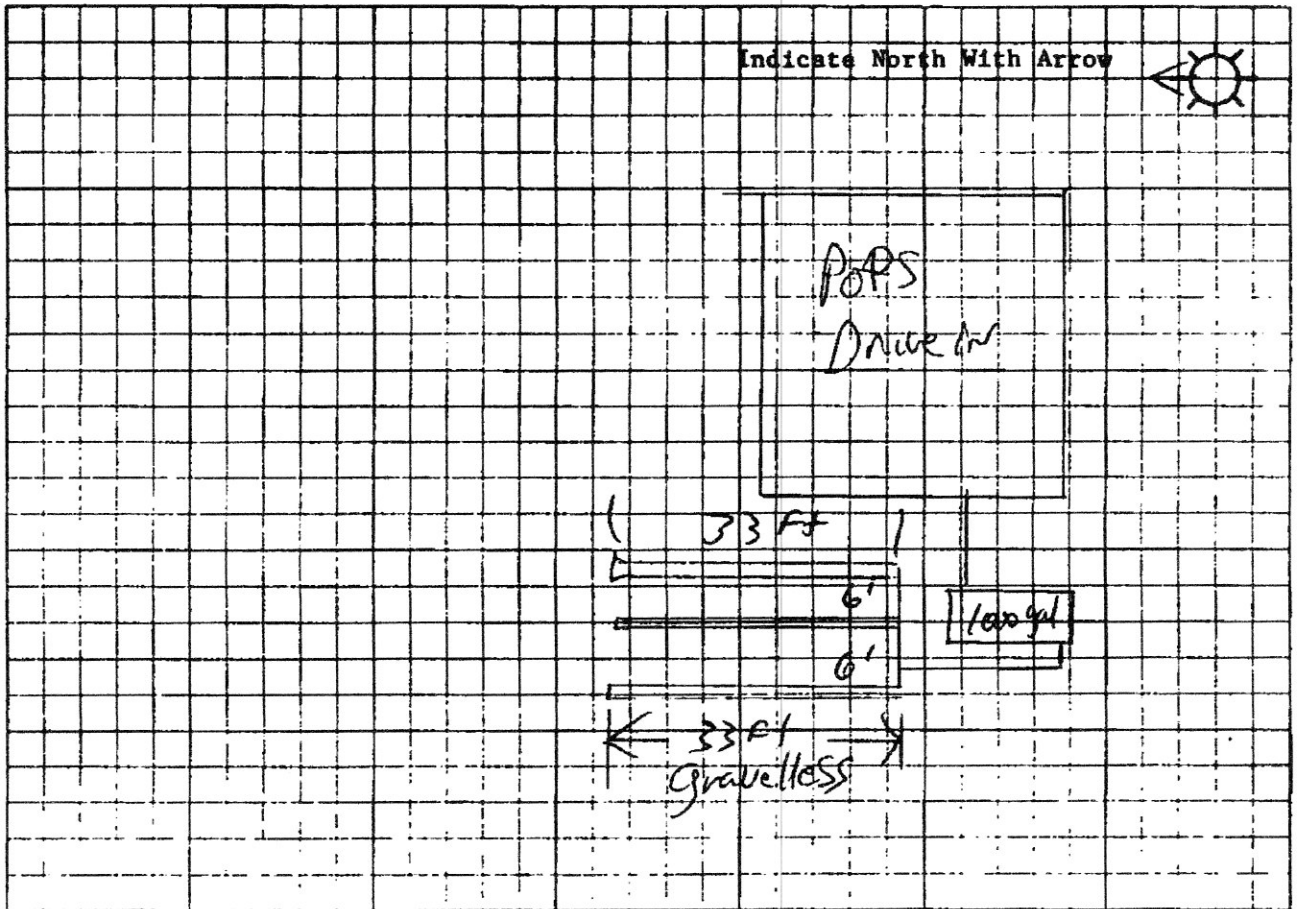
Permit No. 99-114

MISSOULA CITY-COUNTY HEALTH DEPARTMENT  
301 W. Alder 523-4755

INDIVIDUAL SEWER SYSTEM INSPECTION REPORT

Name of Owner Tim Clark  
Legal Address/Location POPS on Hwy 83 Saddle Lake Mt.  
Certified Installer John C. Miller

Type System: New  Replacement   
Septic Tank: Capacity: 1000 gal.  Other  gal., Material: Concrete  Other  , Depth to top:  ft.  in.  
Drainfield: Total length 100 ft., # of laterals 3, Trench Depth 30 in. to bottom  
Seepage Pit: Height  ft., Depth to Top  ft.  in.  
Distance of Installation From: Property Lines: 10+ Wells: 10+ Surface Water: 6+ Other City water  
Soil Type sand Gravelless 10 inch



Installation Inspected: Approved  Disapproved

Self Inspected By: John Miller Sanitarian Date 6/10/99

Corrections Necessary: \_\_\_\_\_

Inspection Witnessed By: \_\_\_\_\_ Date 6/10/99

Deficiencies Corrected: yes  no  Sanitarian Date 6/10/99

PERMIT #: 99-114

MISSOULA CITY-COUNTY HEALTH DEPARTMENT  
301 W. ALDER (406)523-4755  
SEWER PERMIT AND APPLICATION

OWNER NAME: Tim Clark PHONE: \_\_\_\_\_  
OWNER ADDRESS: Seeley Lake  
CERTIFIED INSTALLER: John Miller  
LOCATION OF INSTALLATION: 1/4 SE 1/4 T 16 R 15 S 3  
ADDRESS OF SITE: Pops on Hwy 83 in Seeley  
CERTIFICATE OF SURVEY: # \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ TRACT: \_\_\_\_\_ SIZE OF PARCEL: \_\_\_\_\_  
GENERAL AREA NAME: Seeley Lake

SEPARATION ADEQUATE FOR:  
(INFO SUPPLIED BY APPLICANT)(CHECK ALL)

Special Conditions and Other Information

	YES	NO
WELLS >100'	<u>city</u>	
WATER LINES >10'	<input checked="" type="checkbox"/>	
FLOODPLAIN >100'	<input checked="" type="checkbox"/>	
SURFACE WATER >100'	<input checked="" type="checkbox"/>	
HGW >4', >5', >6'	<input checked="" type="checkbox"/>	
BEDROCK >6'	<input checked="" type="checkbox"/>	
SLOPE <25%	<input checked="" type="checkbox"/>	
PROPERTY LINES, BLDGS >10'	<input checked="" type="checkbox"/>	

*SANITARY RESTRICTIONS ?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
*ANY EXISTING SEPTIC SYSTEMS?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
UPGRADE REQUIRED?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
*INSIDE OR NEAR FLOODPLAIN:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
*PUBLIC SEWER LESS THAN 200 FEET:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
*PROPERTY LOCATED IN MWTPSA?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
FOR NEW OR INCREASED USE	
SUBDIVISION PLAT LANGUAGE EXISTS	
DEED RESTRICTION FILED	
*PROPERTY LOCATED IN S.T.E.P. AREA?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CITY S.T.E.P. TANK & PERMIT REQUIRED	

SOIL TYPE: sand  
WATER SUPPLY: Seeley Lake system

TYPE OF SYSTEM TO BE INSTALLED: \_\_\_\_\_ NEW:  REPLACEMENT  
SYSTEM SIZING: \_\_\_\_\_ RESIDENTIAL #OF BEDROOMS: \_\_\_\_\_ GAL/DAY: \_\_\_\_\_  
                  x COMMERCIAL USE Restaurant GAL/DAY: \_\_\_\_\_

APPLICATION RATE (Gal/day or sq. ft./bedroom): \_\_\_\_\_  
FROM: PLAT APPROVAL \_\_\_\_\_; SITE EVALUATION \_\_\_\_\_; ENGINEER \_\_\_\_\_  
SYSTEM SIZE & DESCRIPTION: existing 1000 Gallons ( x concrete, \_\_\_\_\_ S.T.E.P., \_\_\_\_\_ other) septic tank  
with 100 lineal feet of 24 inch trench drainfield as per site plan attached. Install an 8 inch capped riser from tank to surface.  
S.T.E.P. tanks requires manway and lid to be inspected by the City. gravelless pipe

SPECIAL CONDITIONS: going to leave old rings connected and  
install 100 ft of gravelless pipe

As purchaser of this permit, I agree to comply with all requirements for installation as described in Missoula City-County Health Code Regulation #1, State Water Quality Bureau Regulations and special conditions described above. This document does not release me from complying with any other State, Federal or Local regulations including but not limited to zoning, building and floodplain regulations.

This permit is valid for twelve (12) months from date of purchase. Sewage disposal systems must be completed within this time and inspected by the Department prior to covering the system. A copy of this permit is to be on site at all times during construction and inspection of the system. Please use the permit number in the upper right hand corner for reference when you call for a final inspection.

Permit purchaser: [Signature] Date: 5/24/99  
Health Authority: [Signature] Date: 5/24/99

# SEWER PERMIT CHECKLIST

## ALL PERMITS:

SITE PLAN ATTACHED TO PERMIT

### HOOK-UP TO MUNICIPAL SEWER IS REQUIRED IF: (CHECK ONE)

- <200' TO PROPERTY LINE IF IN CITY LIMITS       CALLED AND REFERRED TO CITY ENGINEERS OFFICE  
 <200' TO BUILDING IF OUTSIDE CITY LIMITS       DATE \_\_\_\_\_  
 NOT WITHIN 200 FEET OF MUNICIPAL SEWER       PERSON CONTACTED \_\_\_\_\_

### SPECIAL MANAGEMENT AREAS: (see section XV of Health Code)

- LINDA VISTA - Connect to public sewer.  
 MWTPSA - IF YES, IS DEED RESTRICTION FILED? YES \_\_\_\_\_  
OR SUBDIVISION PLAT LANGUAGE EXISTS: YES \_\_\_\_\_  
 RATTLESNAKE - ONE SYSTEM PER LOT - 25' VERTICAL & 100' HORIZONTAL SEPARATION FROM VALLEY  
 ROMAN CREEK/TOUCHETTE LANE (W 1/2 SEC 27, S 28, E 1/2 S 29, T 15N, R 21W)  
(NORTH OF I-90 AND SOUTH OF FRENCHTOWN CANAL) - CONDITIONS MET \_\_\_\_\_

### TYPE OF PARCEL: (CHECK ONE)

- SUBDIVISION FILED PRIOR TO 5/27/61, REQUIRES A SITE EVALUATION. S.E. IN FILE \_\_\_\_\_ (YES OR NO)  
 SUBDIVISION FILED AFTER 5/27/61 WITHOUT LIFTING, REQUIRES SUBDIVISION REVIEW. S.E. IN FILE \_\_\_\_\_  
 SUBDIVISION FILED AFTER 5/27/61 WITH RESTRICTIONS LIFTED AND RECORDED  
 COS W/LIFTING ON FILE/RECORDED  
 COS WITH >20 ACRE EXEMPTION (REQUIRES SITE EVALUATION) SITE EVALUATION ON FILE \_\_\_\_\_ (YES OR NO)  
 COS WITHOUT LIFTING ON FILE (IS USUALLY AN EXEMPTION FOR WHICH NO PERMIT CAN BE ISSUED I.E. AG., CEMETERY, etc.)  
 TRACTLAND REQUIRES A SITE EVALUATION. (>5 (BEFORE 1973), >10 (BEFORE 1975), >20 ACRES)

## NEW PERMITS:

### PLANNING/ZONING PERMIT REQUIRED (CHECK ONE)

- INSIDE BUILDING INSPECTOR ZONE - BUILDING PERMIT APPLICATION REQUIRED  
 IN ZONED AREA OR IN OR NEAR FLOODPLAIN OR SUBDIVISION FOR LEASE OR RENT - COMPLIANCE PERMIT REQUIRED.  
 OUTSIDE BUILDING INSPECTOR ZONE - NOT IN ZONED AREA OR IN FLOODPLAIN.

### SIZE OF PARCEL OR PARCELS: \_\_\_\_\_

- IF <1/2 ACRE, OWNERSHIPS OF CONTIGUOUS LOTS (prior to May 19, 1986)  
DETERMINED FROM ASSESSORS OFFICE. (SEE SECTION V(D)(2))

## REPLACEMENT SYSTEMS:

### HIGH GROUND WATER OR BEDROCK (CHECK ONE)

- HIGH GROUNDWATER OR BEDROCK AREA - DRAINFIELD, ADSORPTION BED, OR SHALLOW SEEPAGE PIT REQUIRED  
 NOT A HIGH GROUND WATER OR BEDROCK AREA

### SITE VISIT:(CHECK ONE)

- SITE VISIT REQUIRED TO VERIFY ROOM FOR: 1) DRAINFIELD, ADSORPTION BED OR SEEPAGE PITS  
2) GROUNDWATER 3) WELLS 4) ETC.  
 SITE VISIT NOT NECESSARY TO VERIFY SOILS, SPACE FOR ADSORPTION AREA, DISTANCE TO WELLS, OR GROUNDWATER.

Tim Clark  
Pops

