

**MISSOULA CITY-COUNTY HEALTH DEPARTMENT
SEPTIC SYSTEM INSPECTION PROTOCOL
FOR CERTIFIED INSTALLERS**

Installers or applicants shall notify the department and schedule an inspection not less than one business day prior to completion. If department personnel are unable to inspect the system within one (1) business day of the requested inspection time, installers may receive permission to inspect their own installation and make drawings on forms provided by the department.

Drawings MUST be turned in to the department within two (2) working days of self-inspection. Failure to submit Self Inspections within this time may result in revocation of the ability to self inspect.

Guidelines for inspections (an example inspection follows):

- 1. Installers must receive permission from the Department before self-inspecting a system. If you call on Friday for an inspection and no one can come, it does not mean you are approved to self-inspect!**
- 2. All drawings must be done on Department forms, approximately to scale and showing “North”. Do not hand draw on a separate sheet. Sign the inspection on the line provided after the phrase “Self Inspected By:”.**
- 3. Ensure that the System complies with permit requirements including special conditions and approved location. Fill in top portion of septic inspection completely. Be sure to include depth of trench and depth of septic tank.**
- 4. Make an accurate drawing of the structure, septic tank, drainfield and any wells, streams and surface water located in the area in the space provided on the inspection form. Draw a North arrow in the area provided. Draw the drainfield showing its location, length of laterals and their separation distances.**
- 5. Take septic tank measurements including the depth and location of the tank and its inspection and cleanout risers in relation to the structure being served. Check and ensure the outlet is lower than inlet. Show location measurements on your inspection drawing.**
- 6. Note size type and strength of pipe (4” PVC schedule 40) used for each portion of the system and ensure the grade is no less than ¼” per foot for inlet pipe and 1/8” per foot for outlet pipe.**
- 7. For pressurized systems, include the spray height of the spray test and orifice size and spacing.**
- 8. Check and ensure the header and laterals for level and the drain rock is 2 inches over and 6 inches under the pipe.**
- 9. Show the location of property lines and replacement area on the inspection form. If replacement room is inadequate the system will not be approved.**
- 10. Where the installation is a replacement system, no replacement area is needed but show any available room that may be used for another replacement area.**

MISSOULA CITY-COUNTY HEALTH DEPARTMENT
301 W. Alder, Missoula, MT 59802 Phone: 258-4755, Fax 258-4781

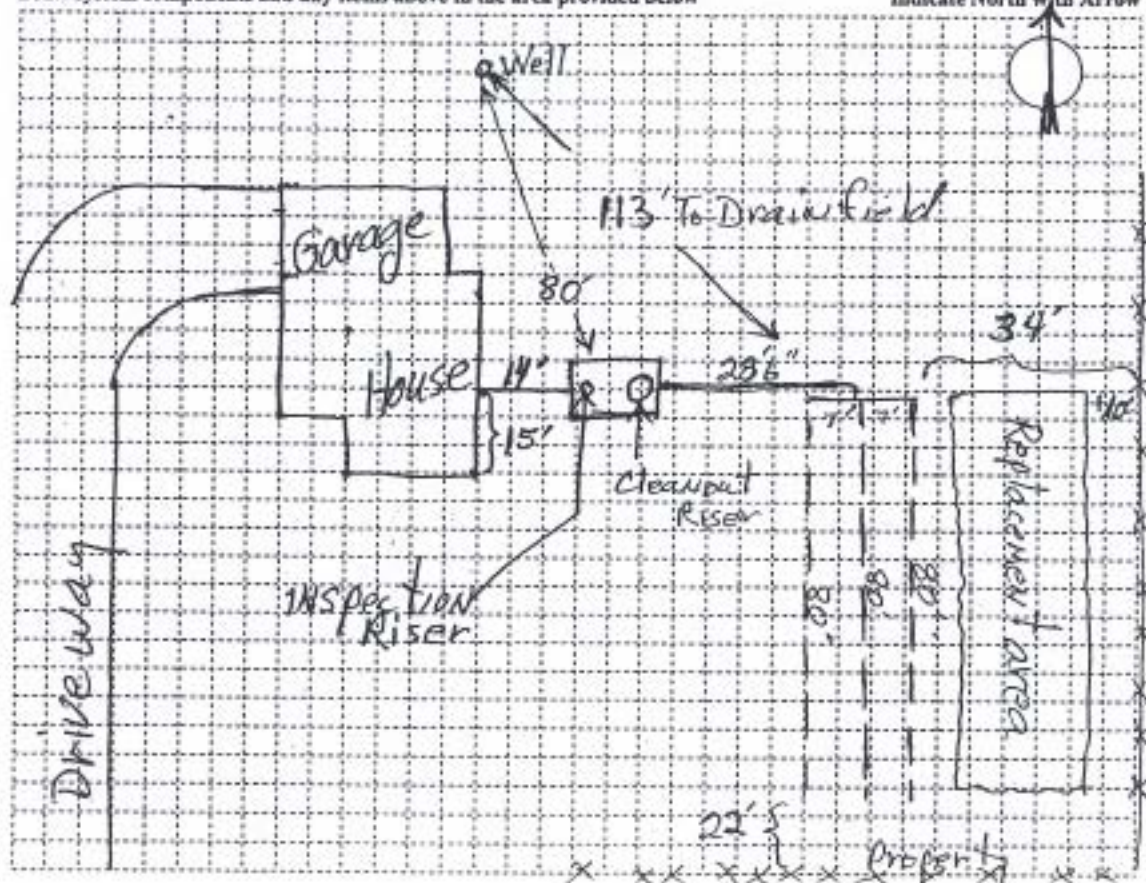
INDIVIDUAL SEPTIC SYSTEM SELF-INSPECTION REPORT

You must call for an inspection and receive permission to self-inspect from the Department before using this form.

Name of Owner Joe PermitLegal Address/Location 1313 Jackson DriveCertified Installer Eddy BackhoeSystem Type: New Replacement Standard Gravelless Pressure Dist. Dosed Capacity: Septic Tank 1000 gal. Pump Chamber — gal. Depth to Top: Septic Tank 2 ft. Pump Chamber — ft.Drainfield: Total length 240 ft. # of laterals 3 Range of Trench Depth 18"-30 in. to bottomSeepage Pit: Height — ft. Depth to Top — ft. — in. No. of Bedrooms Permitted 3Distance of Installation from: Property Lines: 22' Wells: 113' Surface Water: >200'Foundations: 14' Other: —

Draw system components and any items above in the area provided below

Indicate North with Arrow



I attest that this system was installed in accordance with the septic permit and the Missoula City-County Health Code and that the above drawing accurately reflects what was installed.

Self Inspected by: Eddy Backhoe 05/15/07Inspection Reviewed By: Ben Sanitarian, P.S. 05/16/07Drawing shows that system meets the requirements of the permit and the Health Code. Yes No Corrections Necessary: —Deficiencies Corrected: Yes No 1 1

Sanitarian

Date