

MISSOULA COUNTY SELF-INSPECTION GUIDELINES

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

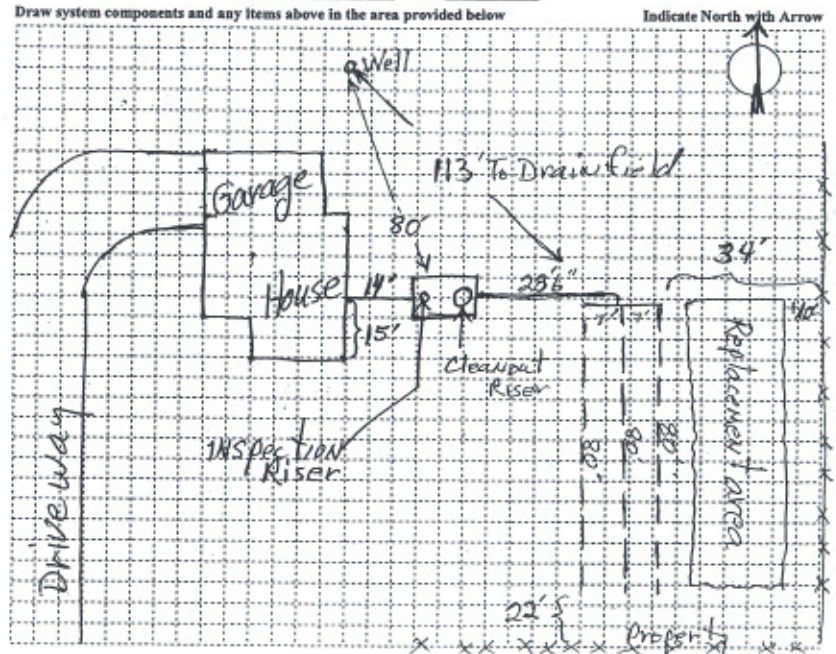
INDIVIDUAL SEPTIC SYSTEM SELF-INSPECTION REPORT

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

Name of Owner Joe Permit
 Legal Address/Location 1313 Jackson Drive
 Certified Installer Eddy Backhoe
 System 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 bottom
 Seepage Pit: Height ft. Depth to Top ft. in. No. of Bedrooms Permitted 3
 Distance of Installation from: Property Lines: 22' Wells: 113' Surface Water: >200'
 Foundations: 74' Other:

As a Certified Installer occasionally doing self-inspections, you must follow the procedure established by the Department. [See Reg. 1, VI (B)].

1. After receiving approval from the Department, certified installers may self-inspect 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. Self-inspection drawings must be provided to the Department within two working days. Failure to do so may result in a disapproval being issued.
3. All drawings must be done on Department forms, approximately to scale and showing "North". Do not hand draw on a separate sheet.
4. Sign the inspection on the line provided after the phrase "Self Inspected By:".
5. Turn in the original.
6. We recommend you keep a copy of all inspections on file in your office as a back-up for our files.



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 Date 05/15/07
 Inspection Reviewed By: Sam Sanitarian, P.S. Date 05/16/07
Certified Installer
Sanitarian
 Drawing shows that system meets the requirements of the permit and the Health Code. Yes No
 Corrections Necessary:
 Deficiencies Corrected: Yes No Date / /
Sanitarian