

PERMIT NUMBER: _____



1930 Ninth Avenue
Helena, MT 59601
Ph: 406-447-8351 Fax: 406-457-8990

CERTIFIED INSTALLER INSPECTION FORM

PROPERTY OWNER _____

PROPERTY ADDRESS _____

<u>MINIMUM CONSTRUCTION REQUIREMENTS (FROM PERMIT)</u>		<u>INSPECTION RESULTS</u>	
1 Septic Tank	a) Size _____ gallons	OK	_____
	b) Material _____	OK	_____
	c) Effluent Filter _____	Yes	_____
	d) 10' SCH 40 into and out of tank _____	Yes	_____
2 Treatment Field:	a) _____ linear feet of chambers _____ 22" _____ 34	Actual	_____
	b) _____ linear feet of perforated pipe	Actual	_____
	c) Cover Material _____	OK	_____
	d) Trench Depth _____ (24" min to 36" max)	Actual	_____
	e) Sand-lined trenches _____ Yes _____ No	OK	_____
3 Distribution system:	a) D-Box _____ Yes _____ No	OK	_____
	b) Dose Tank _____ Yes _____ No	OK	_____
	Size: _____ gallons	Actual	_____
4 Distance to Water Source from:	a) Septic Tank (50' Min)	Actual	_____
	b) Treatment Field (100' Min)	Actual	_____
5 Bedding:	a) _____ Under pipe 6" min	Actual	_____
	b) _____ Over pipe 2" min	Actual	_____

Clearly draw a diagram of the installed system. Include a North arrow and the following measurements:

- 1) Well to drainfield AND septic tank (include nearby neighboring wells)
- 2) Tank to two fixed points on the house
- 3) All pipe runs (including D-box and/or tank to first chamber or perforation)
- 4) Length of laterals
- 5) Drainfield to two (2) closest property lines

I certify that the above system has been installed and meets the construction requirements of the permit issued by the Environmental Health Division, Lewis & Clark Public Health Department.

Print: _____

Sign: _____
CERTIFIED INSTALLER

Date: _____