

# **CARBON COUNTY COMMISSIONERS AGENDA**

**DATE: May 6, 2025 (Tuesday)**

**8:30 a.m. PLEDGE OF ALLEGIANCE**

**8:35 a.m. PUBLIC COMMENT PERIOD –** On matters within the Commissioners’ jurisdiction

**9:00 a.m. PRELIMINARY BUDGET - TREASURER**

**9:30 a.m. CARBON COUNTY FEE SCHEDULE REVISIONS**

**10:00 a.m. BLUEPINE SUBDIVISION EXPEDITED FINAL PLAT**

**10:30 a.m. CONSENT AGENDA**

**DPHHS STRENGTHENING PUBLIC WORKFORCE GRANT AGREEMENT**

**11:00 a.m. INSURANCE COMMITTEE MEETING**

**11:30 a.m.**

04/18/25  
15:43:59

CARBON COUNTY  
Expenditure Budget by Fund/Org Split Report -- MultiYear Actuals  
For the Year: 2025 - 2026

Page: 1 of 1  
Report ID: B240A2

1000 GENERAL FUND							Current	%	Prelim.	Budget	Final	% Old
			Actuals				Budget	Exp.	Budget	Changes	Budget	Budget
Org	Account	Object	21-22	22-23	23-24	24-25	24-25	24-25	25-26	25-26	25-26	25-26
-----												
203 TREASURER												
410540 TREASURY												
200	SUPPLIES						0	0%			0	0%
210	OFFICE SUPPLIES		2,722	4,422	3,658	2,125	5,000	43%	5,000		5,000	100%
231	GAS, OIL, DIESEL, GREASE						150	0%	150		150	100%
300	PURCHASED SERVICES						0	0%			0	0%
311	POSTAGE, BOX RENT ETC.		14,774	15,128	14,087	10,466	15,500	68%	16,000		16,000	103%
Plates/mail renewals have increased with more being done online												
312	FREIGHT AND SHIPPING		6	42	31	6	400	2%	400		400	100%
320	PRINTING, BINDING ETC.		1,111	709	2,362	277	2,800	10%	2,800		2,800	100%
330	PUBLIC, SUBSCR, DUES, FEE		1,047	1,004	1,032	1,024	1,300	79%	1,300		1,300	100%
332	SOFTWARE SUBSCRIPTIONS		2,691	4,321	3,730	3,180	4,000	80%	4,000		4,000	100%
TAX RECORD PRESERVATION												
COUNTY SILO MONTHLY STORAGE \$315.22/mo=\$3783												
345	TELEPHONE						0	0%			0	0%
355	DATA PROCESSING SERVICES						0	0%	1,920		1,920	*****
DIS												
363	REPAIR-MAINT OFFICE EQUIP		603	521	1,120	907	1,750	52%	1,750		1,750	100%
370	TRAVEL, MEALS, ETC		427	891	786	2,069	1,700	122%	1,700		1,700	100%
390	OTHER PURCHASED SERVICES		2,828	2,687	5,171	2,529	4,000	63%	4,000		4,000	100%
Contract for Tax printing/mailling												
520	PREMIUMS ON SURETY BONDS						0	0%			0	0%
940	CAPITAL OUTLAY						0	0%			0	0%
947	OFFICE MACHINERY & EQUIP.						0	0%			0	0%
	Account:		26,209	29,725	31,977	22,583	36,600	62%	39,020	0	39,020	106%
410541 MOTOR VEHICLE DIVISION SUPPLIES												
210	OFFICE SUPPLIES			388	389	699	4,000	17%	4,000		4,000	100%
SUPPLIES & COUNTER COMPUTERS												
FORMERLY PAID FOR BY MVD FOR VEHICLE REG AND TITLEING												
220	OPERATING SUPPLIES						0	0%			0	0%
355	DATA PROCESSING SERVICES						0	0%	1,920		1,920	*****
363	REPAIR-MAINT OFFICE EQUIP						0	0%	500		500	*****
Printer												
	Account:			388	389	699	4,000	17%	6,420	0	6,420	160%
	Orgn:		26,209	30,113	32,366	23,282	40,600	57%	45,440	0	45,440	111%
	Fund:		26,209	30,113	32,366	23,282	40,600	57%	45,440	0	45,440	111%
	Grand Total:		26,209	30,113	32,366	23,282	40,600		45,440	0	45,440	

Preliminary Budget Request

Wage Increase 2025-2026



Employee: Denise Metzsch Department: Treasurer  
Current: Scale: Clerk 1 Rate: 21.70  
Requested: Scale: Clerk 3 Rate: 24.22  
Requested Effective Date: one year anniversary July 2025 (7/29/2025)  
Comments: employee has taken on many additional  
duties outside the scope of solely motor vehicle  
clerk. These tasks were assigned prior to her  
being here for 6 months. She has handled these  
duties professionally + responsibly.  
H. Niemi 4.18.25  
Department Head Signature Date

\*\*\*\*\*

ALL WAGE INCREASE REQUESTS TO BE CONSIDERED AT THE AUGUST  
28<sup>th</sup> COMMISSIONERS MEETING

Budgetary Impact: \_\_\_\_\_ (total annual wage + fringe increase)

☐ Approved ☐ Denied \_\_\_\_\_  
Presiding Officer Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HR Acknowledgement: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Retro Pay total: \_\_\_\_\_

RECEIVED  
APR 18 2025  
BY: PRH-Finance

# Preliminary Budget Request

## Wage Increase 2025-2026



Employee: Michaela Tucker Department: Treasurer

Current: Scale: Clerk 1 Rate: 21.70

Requested: Scale: Clerk 5 Rate: 26.16

Requested Effective Date: 7.1.25

Comments: Michaela became a deputy and was hired for the assistant to Superintendent of Schools in March 2025. No wage increase was given at that time.

H. Nemi 4.18.25

Department Head Signature

Date

\*\*\*\*\*

## ALL WAGE INCREASE REQUESTS TO BE CONSIDERED AT THE AUGUST 28<sup>th</sup> COMMISSIONERS MEETING

Budgetary Impact: \_\_\_\_\_ (total annual wage + fringe increase)

☐ Approved ☐ Denied \_\_\_\_\_  
Presiding Officer Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HR Acknowledgement: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Retro Pay total: \_\_\_\_\_

RECEIVED  
APR 18 2025

BY: PRH - Finance...



Preliminary Budget Request

Wage Increase 2025-2026



Employee: Michaila Tucker Department: Insurance  
Current: Scale: Clerk 5 Rate: 26.16  
Requested: Scale: Clerk 7 Rate: 28.10  
Requested Effective Date: 1 year as deputy. March '2026 (3/3/26)  
Comments: one year as deputy + assistant to Superintendent of schools.

H. Niemi 4.18.25  
Department Head Signature Date

\*\*\*\*\*

ALL WAGE INCREASE REQUESTS TO BE CONSIDERED AT THE AUGUST 28<sup>th</sup> COMMISSIONERS MEETING

Budgetary Impact: \_\_\_\_\_ (total annual wage + fringe increase)

☐ Approved ☐ Denied \_\_\_\_\_  
Presiding Officer Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HR Acknowledgement: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Retro Pay total: \_\_\_\_\_

RECEIVED  
APR 18 2025

BY: PRH-Finance

## PUBLIC HEARING CARBON COUNTY FEE SCHEDULE

The Carbon County Commissioners will conduct a Public Hearing on May 6, 2025 at 9:30 A.M., for the purpose of revising fees for County Services pursuant to 7-6-4013 MCA, including fees for Floodplain Permitting, Fair Grounds Rentals, and various planning activities.

Written comments may be left with the Commissioners' office at 17 West 11<sup>th</sup> Street in Red Lodge, Montana, or mailed to the Carbon County Commissioners, P.O. Box 887, Red Lodge, Montana, 59068.

Scott Blain, Presiding Officer  
Carbon County Commission

Publish CC News two times, April 24 and May 1, 2025



**CARBON COUNTY FEE SCHEDULE**  
**P.O. Box 887, Red Lodge, Montana 59068**  
**(406) 446-1595 | Fax (406) 446-2640**

**Exhibit A**

**PLANNING 406-896-6286**

Development Permit Group 1:	\$ 50.00	after the fact: \$100.00
Group 2:	\$150.00	after the fact: \$300.00
Conditional Use:	\$850.00	after the fact: \$1,700.00
Variance:	\$250.00	after the fact: \$500.00
Minor Subdivision:	\$800.00 plus \$100.00 per Lot	
Major Subdivision:	\$1500.00 plus \$100.00 per Lot	
Plat Review Fee (Final):	\$250.00 plus (*)	after the fact: \$500.00
Plat Review Fee (Amended):	\$250.00 plus (*)	after the fact: \$500.00
Plat Review Fee (Exempt COS):	\$200.00	after the fact: \$400.00
Subdivision Design Standard Variance:	\$100.00	after the fact: \$200.00
Subdivision Fire Inspection:	\$100.00 per Lot	after the fact: \$200.00

**WEED 406-962-3967**

Weed Inspection Fees:	\$150.00 1-10 acres
	\$300.00 11-50 acres
	\$450.00 51 acres and over
Weed Bond Fee:	\$100.00/acre/year for three years.
<i>An additional \$25.00/acre for each acre where noxious weeds are present.</i>	

*\* Plus fees - Consultant fee may include, engineering review of public improvements, examining land surveyor, legal review of other professional fees as required and certified mail required.*

**ENVIRONMENTAL HEALTH / SANITARIAN 406-446-1694**

Corrective Action Plan/Compliance Fee:	\$90.00
Cottage Food Operation Registration:	\$40.00
Food Establishment Plan Review:	See Attached
Sanitarian Review:	See Attached
Septic Permit Copy	\$5.00
Temporary Food Service Permit:	\$85 per year (1-2 Emp) \$115 per year (> 2 Emp)

**FLOODPLAIN 406-932-5470**

Floodplain Permit:	<del>\$100.00</del>	after the fact: <del>\$200.00</del>
Floodplain Permit Variance Application:	\$250.00	

Deleted: 50

Deleted: .

Deleted: 100

*NOTE: All encroachments, road cut, and approach permit applications for commercial locations or installed by a commercial contractor, must include copy of contractor's liability and worker's compensation insurance with a minimum \$1,000,000 per occurrence coverage.*

**CARBON COUNTY FEE SCHEDULE**  
**P.O. Box 887, Red Lodge, Montana 59068**  
**(406) 446-1595 | Fax (406) 446-2640**

**ROAD 406-446-1595**

Approach Permit:	
Residential	\$100.00
Commercial	\$400.00
Encroachment Permit*:	\$100.00 minimum up to 100 ft, plus
Per ft outside road structure	\$0.10/ft
Per ft on road structure	\$0.50/ft
Bond may be required	equal to per foot amount
*Permit fees may be waived for road encroachments related to non-profit events	
Road Cut Permit:	\$100.00
Cattle Guard Installation	\$3,400.00

**OTHER**

Burn Permit:	\$5.00 per year
Historical Evaluation:	\$75.00
Cell Tower and Subdivision Review	\$75.00 per hour with \$200.00 minimum
Large Group Events (subject to Ordinance	See Attached
Rural Address Fee:	\$40.00
Sheriff Civil Fees	See Attached

**CARBON COUNTY ENVIRONMENTAL HEALTH**  
**17 West 11<sup>th</sup> St.**  
**PO Box 466**  
**Red Lodge, Montana 59068**  
**(406) 446-1694**

**ENVIRONMENTAL HEALTH DEPARTMENT**  
**PLAN REVIEW & INSPECTION FEES**  
**FOR STATE-LICENSED ESTABLISHMENTS**

*Revised January 30, 2024*

<b>Retail and Wholesale Food</b>	
Small (2 or less employees/shift) - Retail/Manufacturing	\$ 180
Large (>2 employees/shift) - Retail/Manufacturing	\$ 250
Pushcart	\$ 90
<b>Public Accommodations</b>	
< 10 rooms (Most Short-Term Rentals)	\$ 150
10-25 rooms	\$ 250
> 25 rooms	\$ 350
<b>Trailer Courts/ Campgrounds</b>	
< 10 spaces	\$ 150
10-25 spaces	\$ 250
> 25 spaces	\$ 350

\*\*\*Note: All Licensed Establishments require a separate MT DPHHS Environmental Health and Food Safety License. Fee set by Montana Statute \*\*\*

<b>Other Fees</b>	
Compliance Inspection/Corrective Action Plan	\$ 90
Cottage Food Operation Registration	\$ 40
Temporary Food Service Permit	\$ 85 per year (1-2 Emp) \$ 115 per year (> 2 Emp)

**CARBON COUNTY ENVIRONMENTAL HEALTH**  
**17 West 11<sup>th</sup> St.**  
**PO Box 466**  
**Red Lodge, Montana 59068**  
**(406) 446-1694**  
**ENVIRONMENTAL HEALTH DEPARTMENT**  
**ON-SITE WASTEWATER TREATMENT (SEPTIC) PERMITTING**

*Revised January 30, 2024*

**PROPERTY OWNER NAME:**

**GEOCODE:**

	Unit	Unit Cost	Number of Units	Total Cost
<b>BASE FEE:</b> Septic Construction Authorization issuance, On-Site Inspection, and filing Permit to Operate (Applies to all applications, including Replacement systems). If Montana Certificate of Subdivision Approval (COSA) was issued after 12/22/2023 and calls for a pressure-dosed system for the lot, add \$240 per below. <b>NOTE:</b> Additional fee of \$200 for Septic Construction Authorization if After-the-Fact	permit	\$200		

TYPE OF LOTS	Unit	Unit Cost	Number of Units	Total (unit cost x number of units)
Subdivision Lot/Parcel	lot or parcel	\$160		
Condo Unit – Trailer Court – RV Campground	unit / space	\$60		

**GENERAL SERVICES:**

New gravity-fed system	drainfield	\$120		
New pressure-dosed systems, elevated sand mound, ET systems, intermittent sand filter, ETA system, recirculating sand filter, recirculating trickling filter, aerobic treatment unit, nutrient removal, and whole house subsurface drip irrigation	design	\$240		
	drainfield	\$60		
Hydraulic Analysis review for pressure-dosed system with existing Montana DEQ Certificate of Subdivision Approval (COSA) issued prior to 12/23/2023	design	\$50		
Non-degradation review – non-significance determinations				
	Individual/shared	drainfield	\$70	
	Multiple-user	lot/structure	\$40	

**ADDITIONAL SERVICES:**

Montana DEQ Certificate of Subdivision Approval (COSA) or Septic Permit Search	Request	\$5		
Montana DEQ Certificate of Subdivision Approval (COSA) Application Review Fee				
Revised Lot Layout (1- hour standard review*)	application	\$130		
New application or Re-Write for existing COSA (3-hour standard review*)	application	\$390		
(*plus \$130 per hour for review in excess of standard allocation)	invoiced	\$130		
Septic Construction Authorization Extension Fee	request	\$100		
Re-Inspection Fee if more than one site visit must be made.	occurrence	\$100		
Board of Health Variance (request and inspection)	request	\$250		
Gray water reuse systems. This is a stand-alone fee and all gray water reuse systems will be reviewed at the unit cost.	unit	\$120		

<b>TOTAL REVIEW FEE</b>	<b>\$</b>
-------------------------	-----------

**CARBON COUNTY ADMINISTRATION**  
**17 West 11<sup>th</sup> St.,**  
**PO Box 887**  
**Red Lodge, Montana 59068**  
**(406) 446-1595**

**Large Group Ordinance Applications**

Application Fee:     \$500 Minimum  
                             \$1,500 Maximum  
                             \$100 per five hundred (500) people without alcohol  
                             \$150 per five hundred (500) people with alcohol

Weed Inspection Fee: \$250

Sheriff Additional Staff: \$30/hr per additional deputy or dispatcher required

**CARBON COUNTY SHERIFF**  
**102 N. Broadway**  
**PO Box 230**  
**Red Lodge, Montana 59068**  
**(406) 446-1595**



***CARBON COUNTY SHERIFF***

Josh McQuillan, Sheriff / Coroner  
Jeff Schmatz, Undersheriff

102 Broadway Ave N / P.O. Box 230  
Red Lodge, Montana 59068  
(406)446.1234 Fax (406)446.1239

**Civil Process Fees**

Summons & Complaint	\$65 Per Person PLUS
Subpoena	\$25 Processing Fee
Small Claims	
Court Order – Notice, Rule, Letter, Etc	

**WRITS –**

Writ of Execution	
Writ of Assistance	\$100 plus advertising
Writ of Possession	storage fees, etc.

**Agister's Lien**

<b>SHERIFF'S SALE</b>	\$100 for accepting claim (Plus other actual expenses)
	\$120 for actual sale

**FEES ARE NON-REFUNDABLE FOR NOT FOUND RETURN OR RETURNING DOCUMENT AT THE REQUEST OF THE PLAINTIFF OR PLAINTIFF'S ATTORNEY AFTER PROCESSING WITHOUT SERVICE, CANCELLATION, OR POSTPONEMENT OF SHERIFF'S SALE.**

**MISCELLANEOUS FEES**

Fingerprints	\$10 per Card
Catering Permits	\$35
NSF Checks	\$50
Request for Copies / Reports	\$5 (up to 4 pages; additional pages \$0.50 each)



**CARBON COUNTY SHERIFF**  
**102 N. Broadway**  
**PO Box 230**  
**Red Lodge, Montana 59068**  
**(406) 446-1595**



**CARBON COUNTY SHERIFF**

Josh McCullian, Sheriff / Coroner  
Jeff Schmalz, Undersheriff

102 Broadway Ave N / P.O. Box 230  
Red Lodge, Montana 59068  
(406) 446-1234 Fax (406) 446-1239

**REQUEST FOR COPIES**

Please fill out this form to obtain a copy of a law enforcement report. There is a non-refundable charge of \$5 to provide the search and up to four (4) pages; additional pages are \$.50 each. \$5 needs to be included with this form. If there are additional fees, you will be advised. If the requested report is considered confidential in nature, it requires a different type of request, procedure, cost, and longer waiting period. If you are not sure, please ask!

**ONLY COMPLAINANT/VICTIM OR AN AUTHORIZED REPRESENTATIVE IS ENTITLED TO RECEIVE COPIES. REPRESENTATIVE MUST INCLUDE COPY OF SIGNED WAIVER OR RELEASE FROM CLIENT.**

TODAY'S DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

RELATIONSHIP (VICTIM/COMPLAINANT, INSURANCE AGENT, ATTORNEY, ETC.): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

INCIDENT: (check one) \_\_\_\_\_ CASE NUMBER \_\_\_\_\_  
\_\_\_\_ Accident \_\_\_\_\_ Damaged property  
\_\_\_\_ Theft \_\_\_\_\_ Other (Explain) \_\_\_\_\_

REPORTED BY: \_\_\_\_\_

DATE REPORTED: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

HAVE YOU APPEARED BEFORE A JUDGE REGARDING THIS INCIDENT OR OFFENSE: ☐ YES ☐ NO

Check one: ☐ Please mail to address above.  
☐ Please email to \_\_\_\_\_  
☐ Please fax to \_\_\_\_\_

Records Custodian: \_\_\_\_\_ Release Date: \_\_\_\_\_

!Paid cash \_\_\_\_\_ check \_\_\_\_\_

## **FAIRGROUNDS RENTALS**

Formatted: Left: 1", Right: 1", Top: 1", Bottom: 1"

### **TYPE OF EVENT**

#### **Family- Wedding, Reunion, etc.**

\$300 for two days, \$50 for each additional day.

Winter rate (10/1 through 5/1) \$375 for first two days, \$75 for each additional day.

#### **Commercial- Business Meeting, Banquet, etc.**

\$500 for two days, \$250 for each additional day.

Winter rate (10/1 through 5/1) \$550 for first two days, \$300 for each additional day.

#### **Government or Community Events**

\$150 per day.

The following facilities are available only with the rental of the Edgar Gruel Building.

- Show Barn- \$100 for the first two days, \$50 per additional day. \_\_\_\_\_
- Show Barn with interior stalls- \$300 for first two days, \$100 per additional day. \_\_\_\_\_
- Horse Barn- entire barn \$400 per day. \_\_\_\_\_
- Horse Stalls: Outside Stalls (rented only in blocks of 8 stalls) \$25 per stall, per night. Deposit \$25 per stall REQUIRED- \_\_\_\_\_
- Outdoor arenas (includes round pen, warm up arena, outdoor arena) \$250 per day. \_\_\_\_\_
- Camping – (rented in blocks of 2 sites) \$60 per night. \_\_\_\_\_

**CARBON COUNTY**  
**Planning Office**  
**P.O. Box 466, Red Lodge, MT 59068**  
**Main: (406) 446-1694**  
**Fax: (406) 446-2640**

---

**PROJECT MEMORANDUM**

TO: Carbon County Board of County Commissioners

FROM: Forrest J. Mandeville – Contract Planner

DATE: April 28, 2025

RE: Bluepine Farm Subdivision Application–Staff Report and Findings

REQUIRED COMMISSION ACTION: Review, receive public comment, and action to approve, conditionally approve, or deny the proposed plat.

RECOMMENDATION: **Approval**

RECOMMENDED MOTION: *Having reviewed and considered the application materials, project memorandum, public comments and all of the information presented, I hereby move to **approve** of Bluepine Farm Subdivision, with the findings included in the project memorandum.*

---

**Project/Application Summary:**

Red Lodge Surveying, on behalf of Bluepine Farm LLC and Row Row Your Boat LLC, has submitted a preliminary plat and final plat application for a one-lot minor subdivision removing an agricultural covenant from a 143.73-acre tract.

The tract was created using an agricultural covenant in 2000. In order for the property to be used for any non-agricultural purposes, the covenant needs to be revoked. The process for revoking such a covenant is subdivision review (76-3-211, MCA). Revoking the covenant will allow for a residence to be constructed on the eastern portion of the property; the balance will remain in agricultural use. The Environmental Health approval documents indicate the site has been designed for a four-bedroom single-family residence.

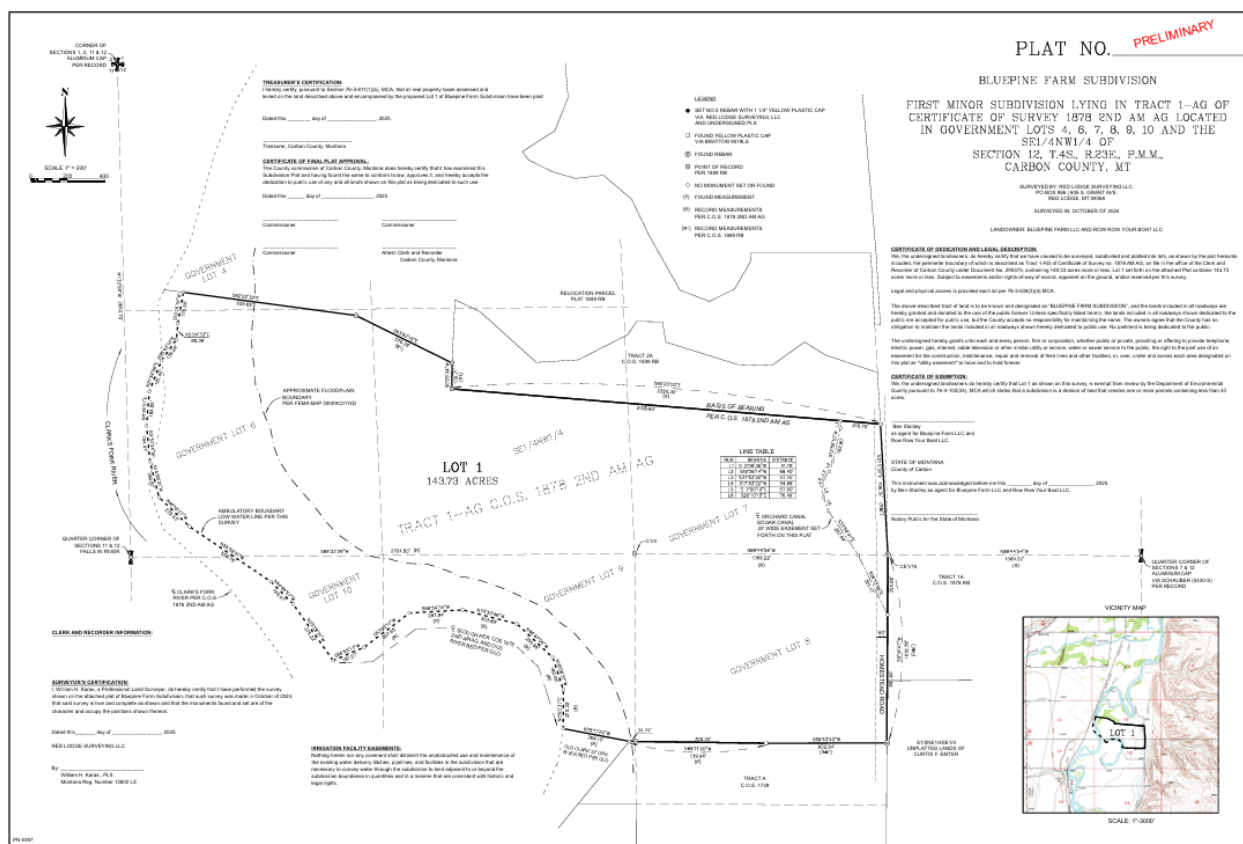
The subject property is located on Homestead Road, about 3.5 miles north of Edgar. The property is legally described as Tract 1-AG of Certificate of Survey 1878 2<sup>nd</sup> Am AG, located in portions of Government Lots 4, 6, 7, 8, 9,10, and a portion of the SE1/4NW1/4 of Section 12, Township 4 South, Range 23 East, P.M.M., Carbon County, Montana.

**Required County Commission Action:**

Under the adopted Carbon County Subdivision Regulations, following a public meeting, the Commission shall approve, conditionally approve, or deny the plat within 35 working days of a determination of sufficiency. Sufficiency was determined on April 19, 2025, so a decision must be reached by June 9, 2025.

- a. The division of land is for 1 lot subdivisions that meets the definition of a first minor subdivision from a tract of record;
- b. Legal and Physical access to all lots is provided;
- c. No land in the subdivision will be dedicated to the public use for parks and playgrounds;
- d. The plat has been approved by DEQ or county environmental health when approval is required. When a subdivision requires sanitary restrictions to be lifted the DEQ approval must be submitted with the final plat; and
- e. No public improvements are required.

The basis for the Commissioners' decision is whether the proposed subdivision application, the plat, and any additional information authorized by law demonstrates that the proposed subdivision would meet the requirements of the Montana Subdivision and Platting Act and the Carbon County Subdivision Regulations.



## Bluepine Farm Subdivision

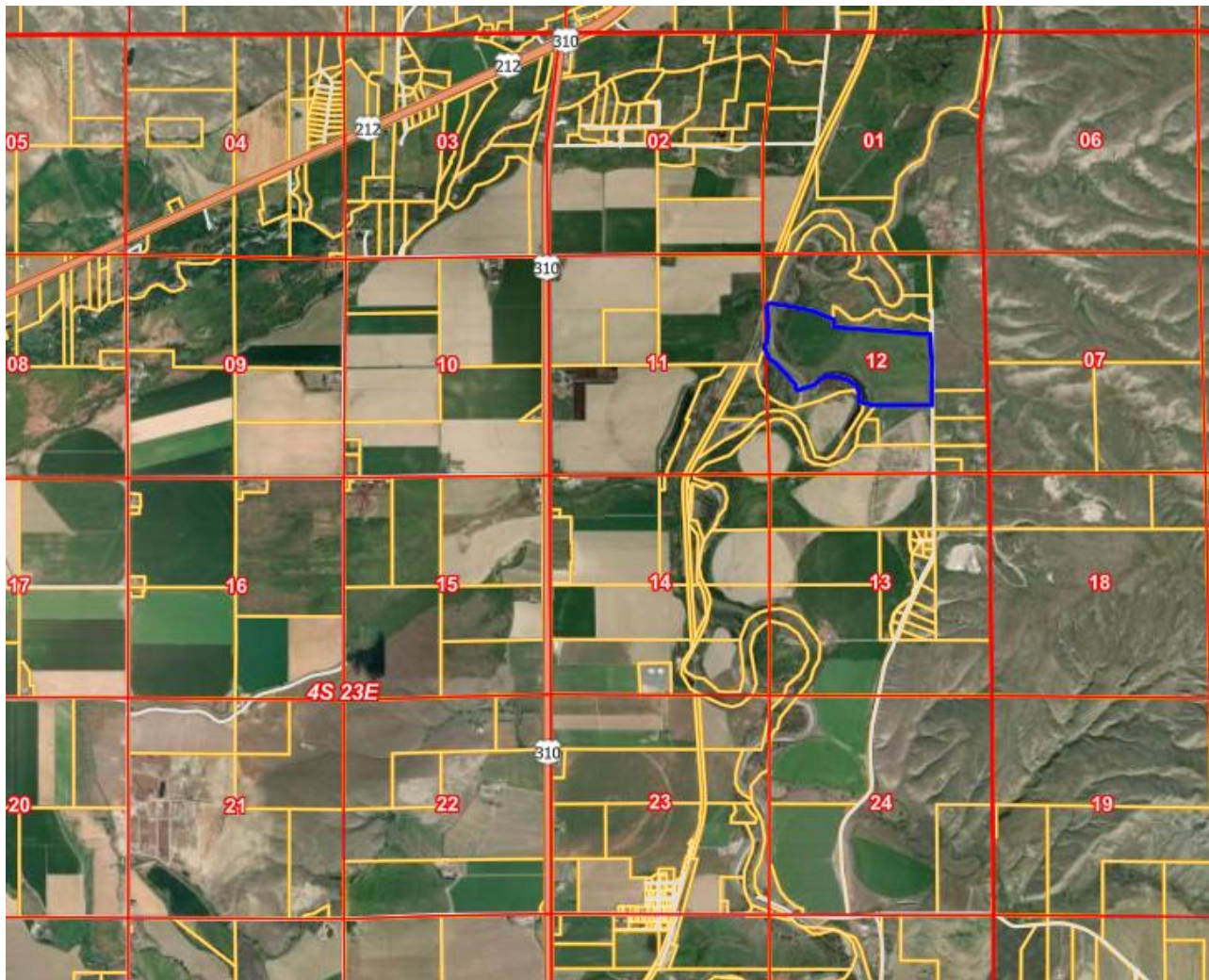
**Subdivision Regulations – Compliance Review/Findings Summary:** (Section references are to the Carbon County Subdivision Regulations unless otherwise noted)

*a. Relevant evidence relating to the public health, safety, and welfare*

A review of the submitted materials does not indicate that the proposed subdivision would, if approved, negatively impact public health and safety.

A septic/drainfield system and well system will serve the subdivision. DEQ approval has been obtained according to documents submitted with the application (CC #25-02).

The property is accessed from Homestead Road, a County-owned and maintained road. There is an existing approach serving the property.



**Subdivision Site (Blue) and Vicinity**





**Subdivision Site (Blue) and Vicinity**

*b. Summary of Probable Impacts*

Except where exempt by state law, all subdivisions must be reviewed for the impact on agriculture, agricultural water user facilities, local services, the natural environment, wildlife, wildlife habitat, and public health and safety.

- **Effect on agriculture:** The 143.73-acre parcel is currently subject to a covenant limiting use to agricultural purposes and appears to be in agricultural production. The area has several large-lot residential uses, farmsteads, and farm/ranch uses. One additional residence is unlikely to cause a significant adverse impact.

Carbon County Weed District Coordinator Brian Ostwald conducted an inspection of the site in October 2024 and reported that there was Canada thistle, absinth wormwood, leafy spurge, scotch thistle, spotted knapweed, and houndstongue present. The western portion of the property along the river has the majority of the noxious weeds. The Weed District

did not require a bond, but noted the weeds will need to be sprayed prior to development and will be monitoring the situation. A weed plan have been entered into and the owner is coordinating with the Weed District regarding chemicals and schedule.

Due to the small scale of the development and because noxious weeds are now being controlled under a weed management plan, there should be little to no additional impact on agriculture.

- Effect on agricultural water user facilities: The Orchard Canal/Edgar Canal is located on the northeast side of the property and will divide the residential area from the agricultural land. A 20-foot easement appears on the plat and the required irrigation facility easement language is provided.

A water rights are reviewed through the Montana Department of Natural Resources and Conservation (DNRC). There is an existing well on the property which will be utilized for potable water. Typically, a well is exempt if it will use less than 10-acre-feet of water per year. It is not expected that a new residence will trigger additional water rights being required.

Because there is an easement and related language provided for the irrigation ditch, there should be no adverse impacts on agricultural water user facilities as a result of the subdivision as long as existing water rights and the water right process is respected and adhered to.

- Effect on local services: Because of the small scale of the subdivision the impact on local services is anticipated to be minimal.

The Edgar Fire Department will serve the site. The application estimates a 10-minute response time. The applicant indicated Chief Wetstein was contacted and expressed no concerns and had no additional requirements.

The Carbon County Sheriff's office will provide law enforcement services to the subdivision.

Per Section V-A-15 of the Subdivision Regulations, the following language appears on the plat: "The undersigned hereby grants unto each and every person, firm or corporation, whether public or private, providing or offering to provide telephone, telegraph, electric, power, gas, cable television, water or sewer service to the public, the right to the joint use of an easement for the construction, maintenance, repair and removal of the lines and other facilities, in, over, under and across each area designated on this plat as "Utility Easement" to have and hold forever."

As more lots develop on County roads, impacts will increase through demands for a higher level of maintenance. The County may eventually need to seriously consider requiring RSIDs for road maintenance, the adoption of impact fees, or other mitigation measures to address these cumulative impacts.

- Effect on the natural environment: An individual well and septic/drainfield system is proposed to serve the property. The Carbon County Environmental Health Department has approved the subdivision (CC # 2025-02), and the property will need to maintain compliance with the permit or follow proper procedure to revise the permit. This approval should be filed with the plat.

The Carbon County Weed District inspected the property and in the Inspection Report dated October 21, 2024, reports that there are several noxious weeds on the property, primarily along the river. The applicant is coordinating with the District regarding a Weed Management Plan and spraying specifics.

There is floodplain on the property associated with the Clark's Fork River. The floodplain is denoted on the plat as required in the subdivision regulations. The floodplain is along the river, on the opposite side of the property from the proposed residence.

A recent order from the Montana First Judicial District Court regarding a proposed subdivision in Broadwater County suggests that counties should require subdividers provide as much detail as possible on the impacts of a proposed subdivision on the potentially affected aquifer and should not simply rely on the Montana Department of Natural Resources and Conservation's (DNRC) water right predetermination process. The Court also found errors with the DNRC process, which may result in only a single exempt well being allowed in each subdivision, regardless of water use of the whole subdivision.

The acquisition of a new water right for a subdivision is not typically required unless the combined subdivision lots will use 10 acre-feet of water per year, or if a well will pump more than 35 gallons per minute. A single new well is proposed as part of the subdivision.

The well log for the property shows a depth of 64 feet, with a static water level of 45 feet. A single well is not anticipated to use more than 10-acre feet of water per year, and therefore is likely to qualify for an exempt water right through DNRC.

Impacts to the natural environment are expected to be minimal due to the small scale of the subdivision.

- Effect on wildlife: While wildlife does frequent the area, there are several similar uses on surrounding properties, and the development of this subdivision should not have a significant adverse impact on wildlife. Bear-resistant garbage cans may be necessary in the area to avoid conflicts with large mammals.
- Effect on wildlife habitat: Some subdivisions in similar habitat report considerable and on-going problems with deer, elk, or antelope damaging landscaped shrubs, flowers, and gardens. The property is located in Sage Grouse general habitat according to the Montana Sage Grouse Habitat Conservation Program. The application included correspondence with the Program which recommended minimize ground disturbance, minimizing the



elimination of native vegetation, burying or collocating utility lines, avoiding attracting ravens or small mammals, minimizing conifer trees, and managing weeds on the property.

- Effect on public health and safety: The Carbon County Sheriff's office provides law enforcement service in the area. The subdivision will be served by Edgar Fire. Neither agency required any additional items.

c. Whether the application and plat conform to the provisions of the following:

- i. The Montana Subdivision and Platting Act: The Plat has been prepared and processed in accordance with the Montana Subdivision and Platting Act.
- ii. The Carbon County Subdivision Regulations: The application conforms to the requirements of the adopted Subdivision Regulations. The Subdivision Guarantee does not indicate any mortgages, liens, or deeds of trust.
- iii. Applicable Zoning Regulations: A Group 1 Development Permit is required for new residential development and will need to be obtained prior to development.
- iv. Other regulations in effect in the area of the proposed subdivision: There are no known regulations in the area with which the subdivision would conflict.
- v. Whether DEQ has approved the proposed subdivision for proposed subdivision that will create parcels of less than twenty (20) acres: The lot is over 20 acres no DEQ approval is required.
- vi. Whether the subdivider has demonstrated that there is an adequate water source and at least one are for a septic system and a replacement drainfield for each lot for a proposed subdivision that will create one or more parcels containing twenty (20) acres or more: The Carbon County Environmental Health Department has reviewed and approved of the subdivision (CC # 2025-02).

d. Planning Staff Recommendation:

Planning Staff recommends approval of the Bluepine Farm Subdivision final plat. The following should be filed with the subdivision:

1. Carbon County Environmental Health Approval (CC # 2025-02).
2. Revocation of Declaration of Agricultural Covenant.

Return Address:  
Bluepine Farm LLC  
PO Box 1505  
Wilson, WY 83014

**REVOCATION OF  
DECLARATION OF AGRICULTURAL COVENANT**

**THIS AGREEMENT** is made and entered into by and between **Bluepine Farm LLC and Row Row Your Boat LLC**, as owners of the herein described real property and **CARBON COUNTY**, Montana, as the governing body.

**WHEREAS**, Tract 1-AG of Certificate of Survey No. 1878 2<sup>nd</sup> AM AG, situated in the Government Lots 4, 6, 7, 8, 9, 10 and SE1/4NW1/4 of Section 12, T.4S., R.23E., P.M.M., Carbon County, Montana, was subject to a Declaration of Agricultural Covenant recorded in the office of the Clerk and Recorder of Carbon County, Montana under Document No. 295376, and

**WHEREAS**, said tract was surveyed and platted as Bluepine Farm Subdivision which complied with all requirements, rules, regulations, policies, and resolutions of Carbon County, and the laws and administrative rules of the State of Montana; and,

**WHEREAS**, the Plat of Bluepine Farm Dorval Subdivision was filed under Plat No. \_\_\_\_\_, as document no. \_\_\_\_\_ in the office of the Clerk and Recorder of Carbon County, Montana; and

**WHEREAS**, Bluepine Farm Subdivision consists of 1 lot and the owner of the parent Tract 1-AG desires to lift the agricultural covenants on said tract through subdivision review;

**THEREFORE**, the parties to this agreement do hereby agree that the provisions of the Declaration of Agricultural Covenant imposed upon Tract 1-AG of Certificate of Survey No. 1878 2<sup>nd</sup> AM AG, recorded as Bluepine Farm Subdivision, are hereby terminated and revoked.

\_\_\_\_\_  
Benjamin A. Stanley as member of  
Bluepine Farm LLC and as member of  
Row Row Your Boat LLC

STATE OF MONTANA  
County of Carbon

This instrument was acknowledged before me on this \_\_\_\_ day of \_\_\_\_\_, 2025,  
by Benjamin A. Stanley as member of Bluepine Farm LLC and as member of Row Row  
Your Boat LLC

.

\_\_\_\_\_  
Notary Public of the State of Montana

Dated this \_\_\_\_ day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Attest: Clerk and Recorder  
Carbon County, Montana

CARBON COUNTY ENVIRONMENTAL HEALTH  
CARBON COUNTY BOARD OF HEALTH  
CERTIFICATE OF SANITARY APPROVAL  
(Section 50-2-116, MCA)

TO: County Clerk and Recorder  
Carbon County  
Red Lodge, Montana

CC # 2025-02

THIS IS TO CERTIFY THAT the plans and supplemental information relating to the subdivision known as **Bluepine Farm Subdivision** for Removal of Sanitary Restrictions from COS 1878 2<sup>nd</sup> AM AG TR 1-AG.

Lying in Section 12, Township 4 South, Range 23 East, Carbon County, Montana and consisting of 143.73 acres.

Consisting of one parcel, **Lot 1**, which has been reviewed by personnel of the Carbon County Environmental Health Department, and

THAT the documents and data required by ARM Chapter 17 Section 36 have been submitted and found to be in compliance therewith, and,

THAT the approval of the Plat is made with the understanding that the following conditions shall be met:

THAT the parcel size as indicated on the Plat to be filed with the county clerk and recorder will not be further altered without approval, and,

THAT Lot 1 shall be used for **one single-family dwelling**, and,

THAT the individual water system serving Lot 1 shall consist of an existing well (GWIC 299793), and

THAT when the existing well requires extensive repairs, a new well shall be drilled to a minimum depth of 25 feet and constructed in accordance with the criteria established in Title 17, Chapter 36, Sub-chapters 1, 3, and 6 ARM and the most current standards of the Department of Environmental Quality, and,

THAT the new individual subsurface wastewater treatment systems for Lot 1 will consist of a septic tank with an effluent filter, dosing tank, and drainfield of such size and description as will comply with Title 17, Chapter 36, Subchapters 1, 3, and 6 ARM, and,

THAT the individual subsurface drainfield for Lot 1 shall have an absorption area of sufficient size to provide for an application rate of 0.30 gpd/ft<sup>2</sup> (plus a 25% reduction for use of gravelless chambers), and,

**Bluepine Farm Subdivision LT 1**  
**Carbon County**  
**CC # 2025-02**

THAT the bottom of the drainfield shall be at least four feet above the water table, and,

THAT the operation and maintenance of water supply and sewage treatment systems shall be the responsibility of the property owner, and,

THAT no sewage treatment system, shall be constructed within 100 feet of the maximum highwater level of a 100-year flood of any stream, lake, watercourse, or irrigation ditch, nor within 100 feet of any domestic water supply source, and,

THAT water supply systems, sewage treatment systems and storm drainage systems will be located as shown on the approved plans, and,

THAT all sanitary facilities must be located as shown on the attached lot layout, and,

THAT the developer and/or owner of record shall provide the purchaser of property with a copy of the Plat, approved location of water supply and sewage treatments system as shown on the attached lot layout, and a copy of this document, and,

THAT instruments of transfer for this property shall contain reference to these conditions, and,

THAT plans and specifications for any proposed sewage treatment systems will be reviewed and approved by the county health department and will comply with local regulations and ARM, Title 17, chapter 36, Subchapters 3 and 9, before construction is started.

THAT departure from any criteria set forth in the approved plans and specifications and Title 36, Sub-Chapters 1, 3, and 6 ARM when erecting a structure and appurtenant facilities in said subdivision without Department approval, is grounds for injunction by the Department of Environmental Quality.

THAT pursuant to Section 76-4-122 (2)(a), MCA, a person must obtain the approval of both the State under Title 76, Chapter 4, MCA, and local board of health officer under section 50-2-116(1)(i), before filing a subdivision plat with the county clerk and recorder. This Certificate of Subdivision Approval considered the physical presence and properties of water but does not constitute an entitlement to or representation regarding water rights or the legal availability of water, which is regulated by the Montana Department of Natural Resources and Conservation or for projects within the reservation boundaries, by the appropriate water management board.

**Bluepine Farm Subdivision LT 1**  
**Carbon County**  
**CC # 2025-02**

YOU ARE REQUESTED to record this certificate by attaching it to the Plat filed in the County Clerk and Recorder office as required by law.

DATED this 17th day of March, 2025.

REVIEWED AND APPROVED:

HEALTH OFFICER  
CYRINA ALLEN

By:



BARBARA KRIZEK, REHS/RS  
ENVIRONMENTAL HEALTH DEPARTMENT  
CARBON COUNTY

Current Owners: Bluepine Farm LLC

# BLUEPINE FARM SUBDIVISION

CARBON COUNTY, MONTANA  
T 4S, R 23E, SECTION 12

PREPARED FOR: BLUEPINE FARM  
MIKE OVERCAST  
4830 SPORTSMAN DRIVE  
ANCHORAGE, AK 99502

BENJAMIN STANLEY  
113 PAINTER ROAD  
BELGRADE, MT 59714

PREPARED BY: ENGINEERING WEST  
TALYN LUDWIG



PLAN SET PAGE LIST	
PAGE #	
1	LOT LAYOUT
2	SITE PLAN
3	SEPTIC TANK DETAILS
4	DOSING TANK DETAILS
5	DRAINFIELD PLAN DETAILS
6	DRAINFIELD CROSS-SECTION DETAILS
7	PRESSURE LATERAL DETAILS
8	DRAINFIELD OPERATION AND MAINTENANCE

CONTRACTOR NOTE:  
CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING MATERIALS AND QUANTITIES.  
PLANS ARE PRELIMINARY UNTIL APPROVED BY LOCAL AUTHORITY

## WASTEWATER TREATMENT SYSTEM PLAN SET

1/7/2025




P.O. BOX 194  
COLUMBUS, MT 59019  
PHONE 322-1116  
WWW.ENGINEERING-WEST.COM





<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">BLUEPINE FARM SUBDIVISION</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">SITE PLAN</div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">DRAWN BY: TR</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">DATE: 1/7/2025</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">TOWNSHIP: 4S</div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">CHECKED BY: JE</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">REV. DATE: 3/17/2025</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">RANGE: 23E</div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">SCALE: 1" = 300'</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">REVISION: --</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">SECTION: 12</div>
---	--	--	---

P.O. BOX 194  
COLUMBUS, MT 59019  
PHONE 322-1116  
WWW.ENGINEERING-WEST.COM

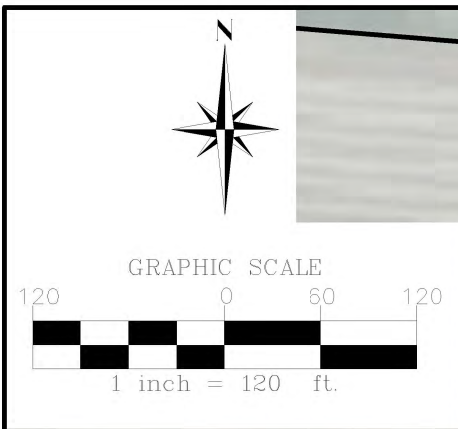


**ENGINEERING WEST**

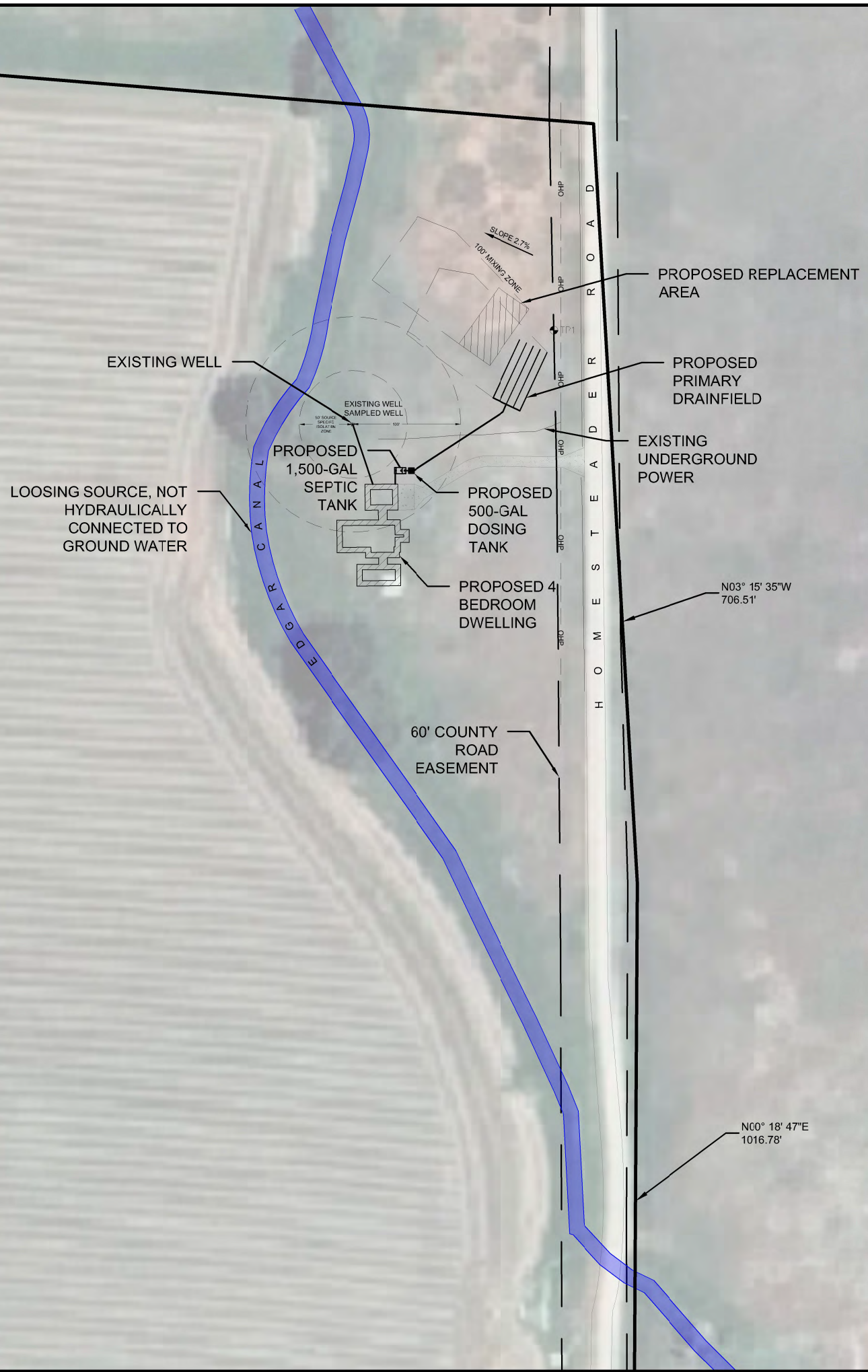
LAND • WATER • SEWER

LAND • WATER • SEWER





LOT 1  
148.33



**LEGEND:**

PRIMARY DRAINFIELD	
REPLACEMENT DRAINFIELD	
SOIL TEST PIT	
SEPTIC TANK	
DOSING TANK	
WELL	
GRAVEL DRIVE	

- NOTES:**
- 1) ELEVATIONS SHOWN ARE NOT IN RESPECT TO A PARTICULAR DATUM.
  - 2) ALL NEIGHBORING WATER AND SEWER FACILITIES WITHIN 100 LINEAR FEET OF PARCEL ARE SHOWN.
  - 3) NO DESIGNATED FLOODPLAIN IN AREA OF PARCEL.

BLUEPINE FARM SUBDIVISION

LOT LAYOUT

~SHEET~

1 / 8

P.O. BOX 194  
COLUMBUS, MT 59019  
PHONE 322-1116  
WWW.ENGINEERING-WEST.COM

**ENGINEERING WEST**  
LAND • WATER • SEWER

DRAWN BY: TR	CHECKED BY: JE	SCALE: 1" = 120'
DATE: 1/7/2025	REV. DATE: 3/17/2025	REVISION: --
TOWNSHIP: 4S		CARBON COUNTY
RANGE: 23E		SECTION: 12

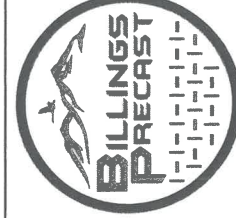




# 1 SYSTEM 2 SEPTIC TANK DETAILS

(NOT TO SCALE)

5815 Interstate Avenue  
Billings, Montana 59101  
PHONE (406) 656-6098  
FAX LINE (406) 656-4942  
billingsprecast.com



DT15S

1500 Gallon Septic Tank  
- Single Piece Tank -

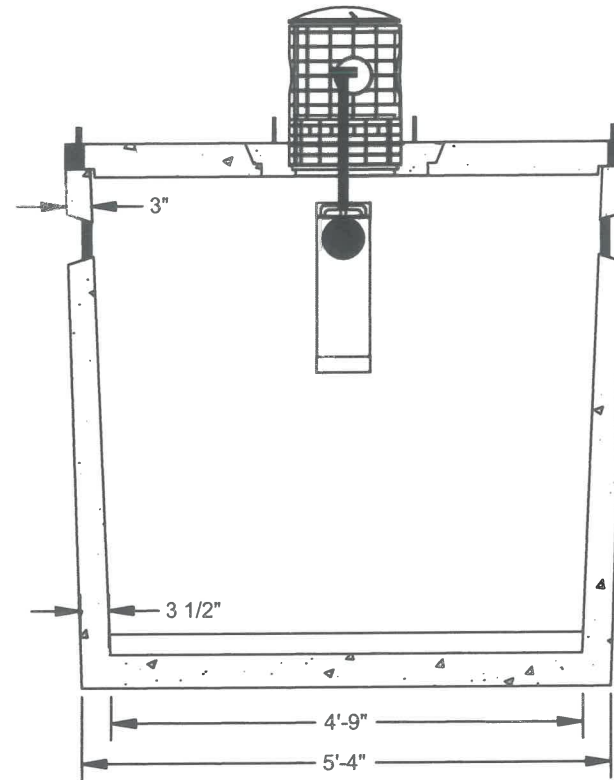
DWG. NO.

SCALE: NONE

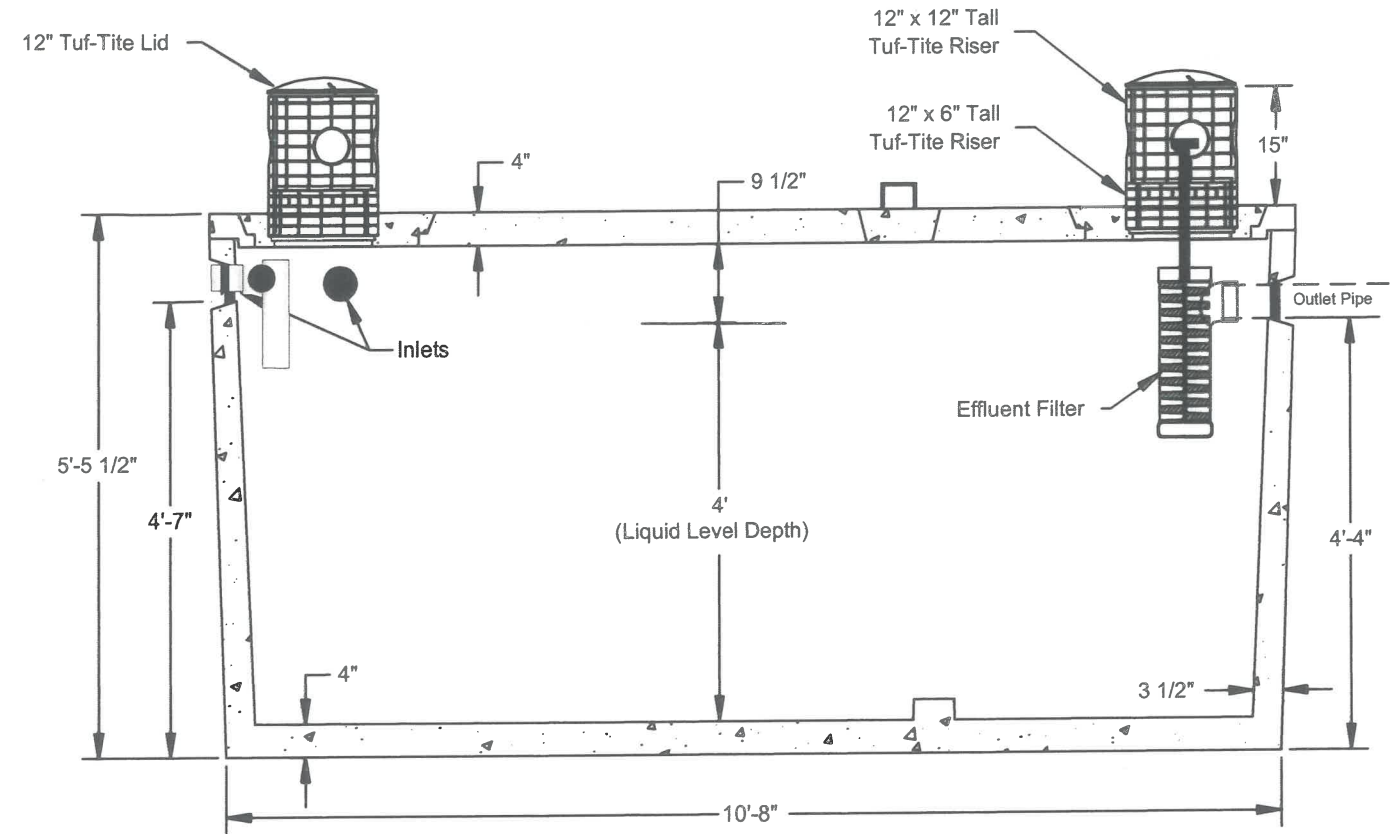
DATE: 2-6-14

REV: A  
DRN: WDB

## End View



## Cross Section



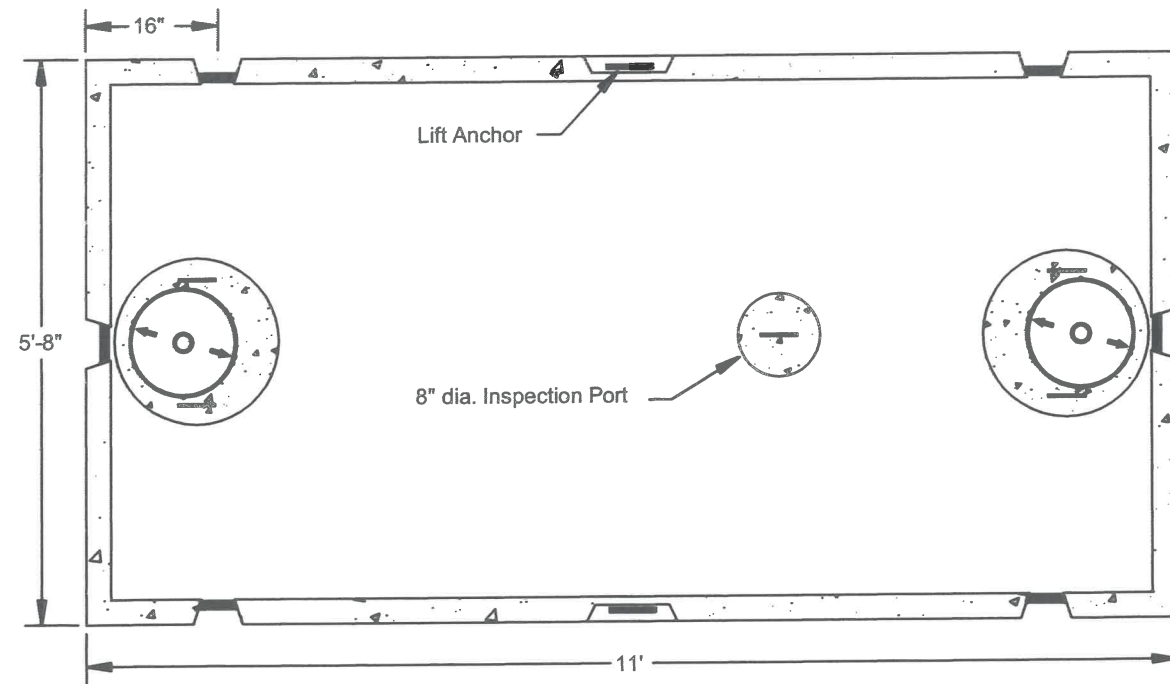
## SPECIFICATIONS

**Tank:** Manufactured per Montana Circular DEQ -4 Chapter 5 design standards for septic tanks, 4" dia. Pipe seals for inlet and outlet pipe penetrations, 2 EA 12" dia. x 6" tall Tuf-Tite access risers cast into 20" cleanout lids, 1 EA 8" dia. Inspection port.

**Standard Components:** 2 EA 12" dia. x 12" tall Tuf-Tite access riser extensions, 2 EA 12" Tuf-Tite lids, and SS screws, Tuf-Tite EF-6 Combo (1500 GPD) effluent filter with 1/2" dia. PVC handle extension, ConSeal CS-102 butyl rubber sealant to seal tank lid.

**NOTE 1):** Tank must be installed per Billings Precast's 'Tank Installation Guide' or warranty will be VOID.

**NOTE 2):** Tank shall not be placed in a traffic area (ie. parking lot, driveway, etc.) - Warranty will be VOID if driven on.



## Top View

WEIGHTS: Tank - 9300 lb.; Lid 3000 lb. [ Total Assembled = 12,300 lb. ]

P.O. BOX 194  
PHONE 322-1116 / FAX 322-8514  
COLUMBUS, MT 59019  
WWW.ENGINEERING-WEST.COM



DRAWN BY: TR	CHECKED BY: JE	SCALE: N.T.S.
DATE: 1/7/2025	REV. DATE: 1/1/25	REVISION: --
TOWNSHIP: 4S	CARBON COUNTY	SECTION: 12
RANGE: 23E		

BLUEPINE FARM SUBDIVISION

SEPTIC TANK DETAILS

SHEET

3/8



## 2 SYSTEM 2 DOSING TANK DETAILS

NOT TO SCALE

5815 Interstate Avenue  
Billings, Montana 59101  
PHONE (406) 656-6098  
FAX LINE (406) 656-4942  
billingsprecast.com



DT05S

DWG. NO.

500 Gallon Single Piece Dosing Tank

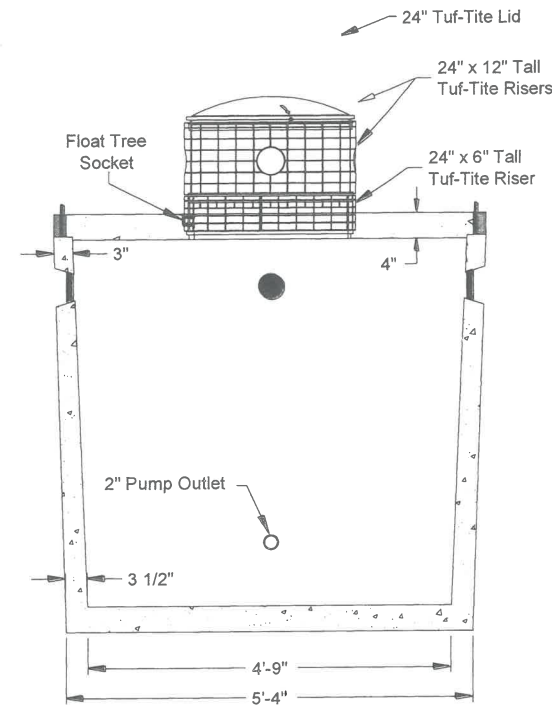
SCALE: NONE

DATE: 9-28-12

REV: A

DRN: WDB

### End View



### SPECIFICATIONS

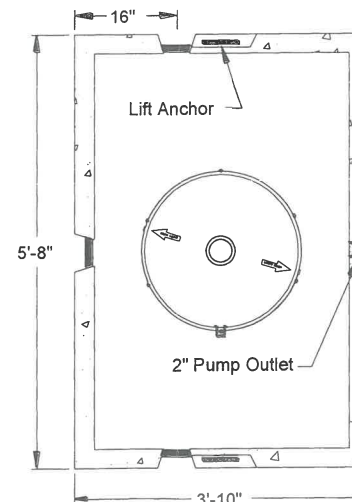
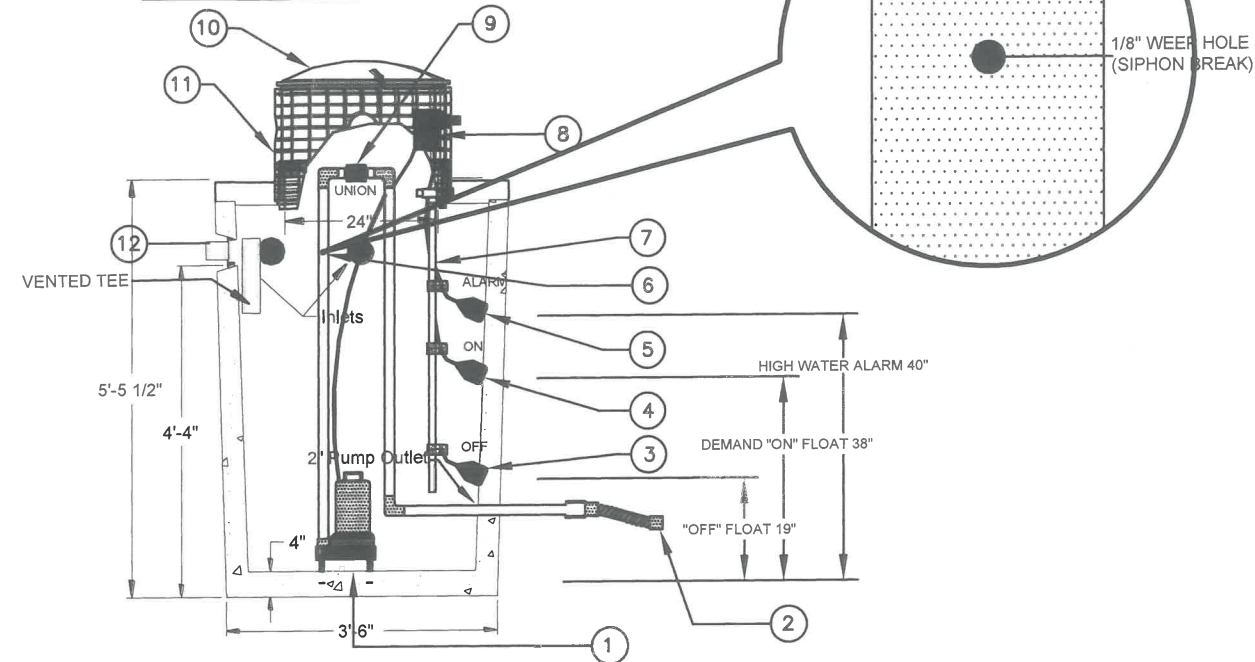
**Tank:** Manufactured per Montana Circular DEQ-4 Chapter 7 design standards for septic tanks, 4" dia. pipe seals for inlet pipe penetrations, 1 EA 14" dia. x 6" Tuf-Tite riser cast into tank lid for pump access, 2" Sch40 PVC coupler cast into tank wall for pump outlet connection.

**Standard Components:** 2 EA 24" dia. x 12" tall Tuf-Tite access riser extensions, 1 EA 24" Tuf-Tite lid, SS screws, ConSeal CS-102 butyl rubber sealant to seal tank lid.

**NOTE 1):** Tank must be installed per Billings Precast's 'Tank Installation Guide or warranty will be VOID

**NOTE 2):** Tank shall not be placed in a traffic area (ie. parking lot, driveway, etc.) - Warranty will be VOID if driven on.

### Cross Section



### Top View

WEIGHT: 5000 lb.

## 3 CONSTRUCTION DETAILS

NOT TO SCALE

DOSING VOLUME: 190 GALLONS

DOSING TANK: 1" DEPTH - APPROXIMATELY 10 GALLONS

FLOAT ASSEMBLY SETTINGS: DRAINFIELD PUMP "OFF" = 19" OFF OF BOTTOM OF TANK  
DRAINFIELD PUMP "ON" = 38" OFF OF BOTTOM OF TANK  
HIGH LEVEL ALARM = 40" OFF OF BOTTOM OF TANK

### CONSTRUCTION NOTES:

- DOSE PUMP, WIRING & WIRING CONNECTIONS SHALL HAVE CORROSION RESISTANT CONTROLS.
- CONTRACTOR SHALL BE RESPONSIBLE FOR LOCATING ALL UNDERGROUND UTILITIES PRIOR TO EXCAVATION.
- ANY DEVIATIONS FROM PLANS OR LOCATION OF SYSTEM COMPONENTS SHALL REQUIRE A RE-EVALUATION OF PUMP SYSTEM BY CONSULTANT PRIOR TO INSTALLATION.
- ALL TANK DEPTHS AND RISER HEIGHTS SHALL BE FIELD FITTED.
- SEWER LINE AND WATER LINES SHALL HAVE A MINIMUM OF 18 INCHES OF VERTICAL SEPARATION AT THE CROSSING OF THESE TWO LINES (WHEN/IF CROSSING).
- INSTALL FORCEMAIN (DELIVERY PIPE) 6 FEET BELOW SURFACE TO PREVENT FREEZING.
- INSTALL A 6-INCH DIAMETER PVC PIPE (SLEEVE) OVER VERTICAL FORCEMAIN AND FILL WITH WATER RESISTANT INSULATION.
- INSTALL TWO LAYERS (STAGGER JOINTS) OF 2" DOW STYROFOAM BOARD OR APPROVED EQUIVALENT OVER MANIFOLD PRIOR TO BACKFILLING TO PREVENT FREEZING.
- INSERT ORIFICES ON TOP OF LATERAL SO THAT SQUIRT WILL BE DEFLECTED OFF OF THE TOP OF THE CHAMBER, EXCEPT FOR EVERY FOURTH ORIFICE WHICH WILL BE PLACED ON THE BOTTOM OF THE LATERAL FOR DRAINING PIPE.
- HANG PRESSURIZED LATERAL FROM TOP OF CHAMBER USING PLASTIC TIES.
- DRILL 1/8" DIAMETER ORIFICE ABOVE HIGH WATER ALARM ON DISCHARGE PIPE AS SHOWN ABOVE TO PROVIDE A SIPHON BREAK ON FORCE MAIN.
- A COMPLETE SET OF PLANS STAMPED BY A PROFESSIONAL ENGINEER CERTIFYING COMPLIANCE WITH DEQ 4 SECTION 5.1.7.1.B IS AVAILABLE UPON REQUEST

### DOSING TANK SCHEDULE OF PARTS

NO.	DESCRIPTION
1	DRAINFIELD EFFLUENT PUMP: ASHLAND EP100
2	DISCHARGE 2" DIA. FlexPVC OR EQUIVALENT
3	DISCHARGE PUMP "OFF" FLOAT SWITCH
4	DISCHARGE PUMP "ON" FLOAT SWITCH
5	HIGH LEVEL ALARM FLOAT SWITCH

### DOSING TANK SCHEDULE OF PARTS

NO.	DESCRIPTION
6	WEEP HOLE (ANTI-SIPHON)
7	FLOAT STAND
8	ELECTRICAL JUNCTION BOX
9	QUICK DISCONNECT PVC COUPLING (UNION)
10	POLYLOCK LID W/INSULATION
11	POLYLOCK RISER 24" DIA

### DOSING TANK SCHEDULE OF PARTS

NO.	DESCRIPTION
12	INLET 4" DIA SCH 40 PVC

DRAWN BY: TR	CHECKED BY: JE	SCALE: N.T.S.	SECTION: 12
DATE: 1/7/2025	REV. DATE: --/--/--	REVISION: --	
		CARBON COUNTY	
		TOWNSHIP: 4S	RANGE: 23E

BLUEPINE FARM SUBDIVISION

DOSING TANK DETAILS

P.O. BOX 194  
PHONE 322-1116 /FAX 322-8514  
COLUMBUS, MT 59019  
WWW.ENGINEERING-WEST.COM

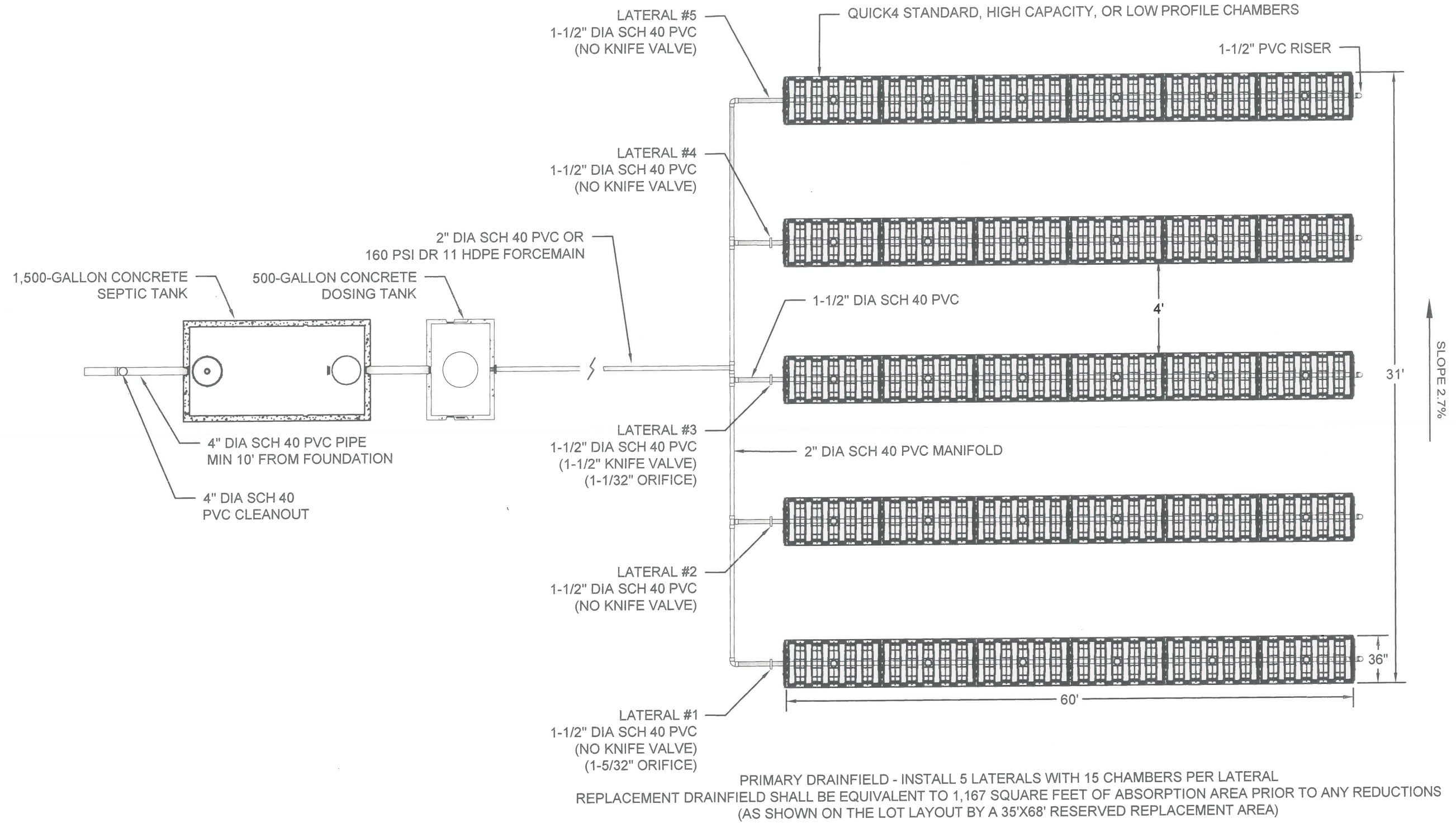


~SHEET~

4/8

# 4 SYSTEM 2 DRAINFIELD DETAILS

NOT TO SCALE



P.O. BOX 194  
PHONE 322-1116 / FAX 322-8514  
COLUMBUS, MT 59019  
WWW.ENGINEERING-WEST.COM



DRAWN BY: TR	CHECKED BY: JE	SCALE: N.T.S.
DATE: 1/7/2025	REV. DATE: --	REVISION: --
TOWNSHIP: 4S	RANGE: 23E	SECTION: 12
CARBON COUNTY		

BLUEPINE FARM SUBDIVISION

DRAINFIELD PLAN DETAILS

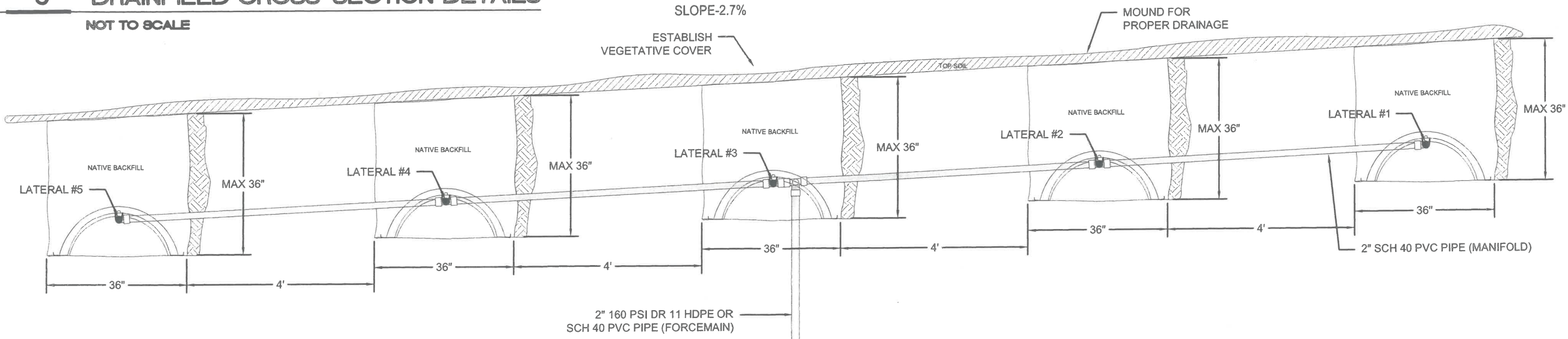
~SHEET~

5/8



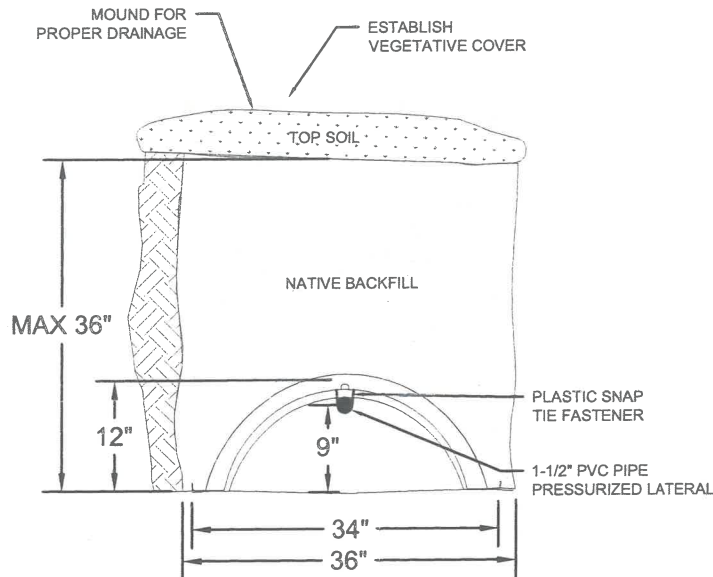
5 DRAINFIELD CROSS-SECTION DETAILS

NOT TO SCALE



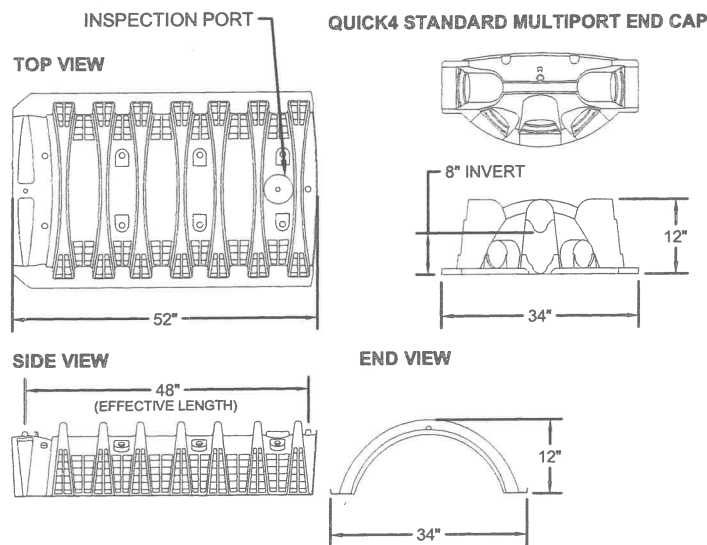
6 TYPICAL TRENCH DETAILS

CROSS SECTION



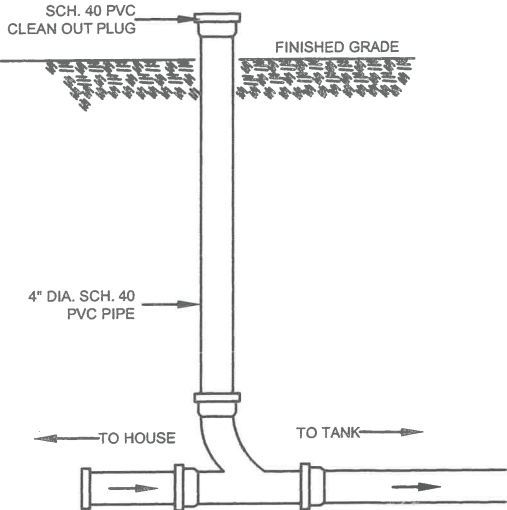
8 INFILTRATOR CHAMBER DETAILS

NOT TO SCALE



7 CLEAN OUT DETAILS

NOT TO SCALE



9 FLOAT CONTROL DETAILS

NOT TO SCALE

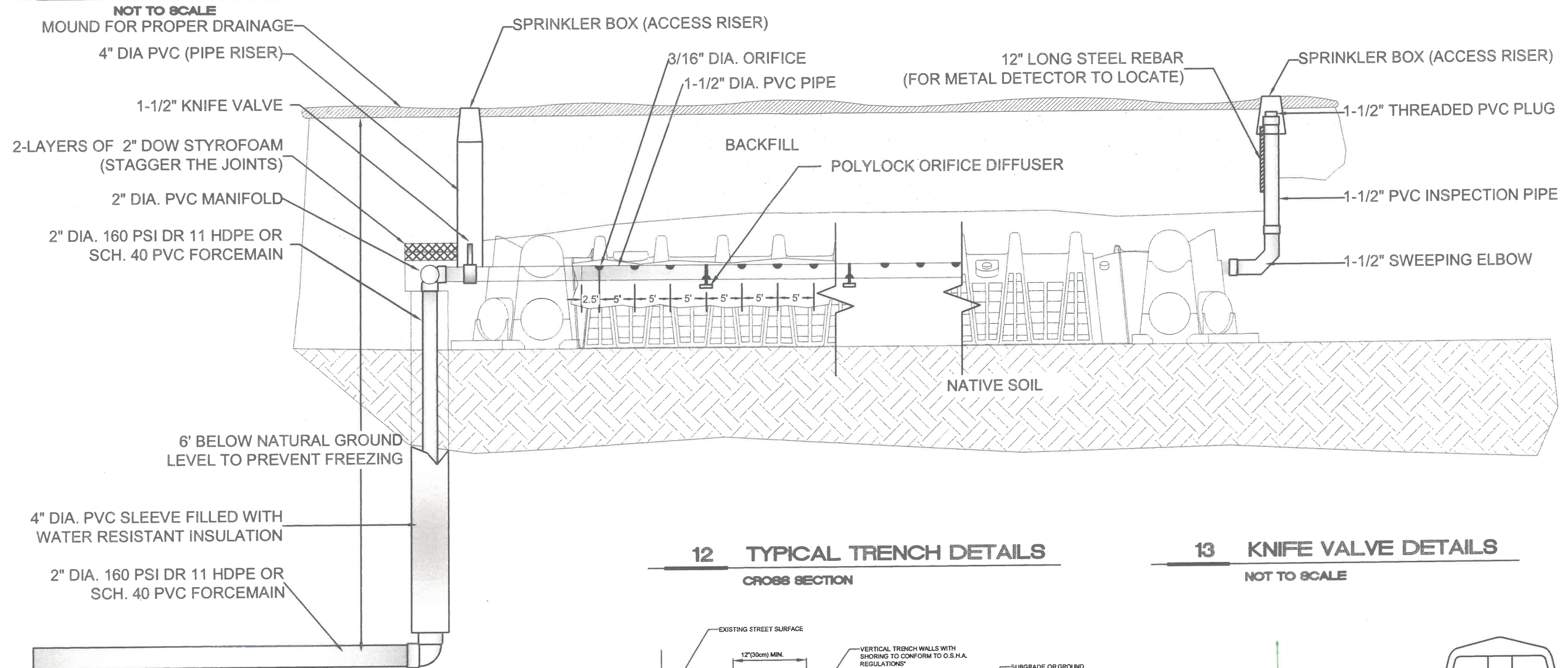


CONSTRUCTION NOTES:

1. CONTRACTOR SHALL BE RESPONSIBLE FOR LOCATING EXISTING UTILITIES PRIOR TO EXCAVATION.
2. REFER TO LOT LAYOUT FOR TANK AND DRAINFIELD LOCATIONS.
3. VARIATION IN THE BUILDING OR SEPTIC/DOSING TANK LOCATIONS AS SHOWN ON APPROVED LOT LAYOUT MAY REQUIRE DESIGN ENGINEER'S RE-EVALUATION OF SEPTIC SYSTEM DESIGN.
4. SEWER PIPE FROM FOUNDATION TO SEPTIC TANK SHALL BE A MINIMUM OF 1/4 INCH PER FOOT SLOPE.
5. SEPTIC TANK SHALL BE INSTALLED A MINIMUM OF 10 FEET FROM FOUNDATION.
6. DRAINFIELD ABSORPTION TRENCHES SHALL BE LAID LEVEL (0% SLOPE).
7. TRENCH DEPTH SHALL BE 36" MAXIMUM.
8. EACH DRAINFIELD SHALL CONSIST OF FIVE (5) - 60 LINEAR FOOT ABSORPTION TRENCHES.
9. MEASURE THE HEIGHT OF THE WATER COMING FROM EACH ORIFICE AT THE END OF INSPECTION RISERS. THE MINIMUM HEIGHT IS 2.3 FEET. IF THE RANGE OF HEIGHTS IS GREATER THAN 10%, SYSTEM ADJUSTMENTS MUST BE MADE.
10. WHEN THE CONTRACTOR IS SATISFIED THAT THE SYSTEM PRESSURIZES PROPERLY AND THE WATER DISCHARGE HEIGHTS ARE IN THE PROPER RANGE, NOTIFY THE DESIGN ENGINEER OR LOCAL SANITARIAN FOR AN INSPECTION OF THE PRESSURE DISTRIBUTION SYSTEM.
11. WHEN THE SYSTEM MEETS THE DESIGN ENGINEER OR LOCAL SANITARIAN'S APPROVAL, THE GRAVELLESS CHAMBERS CAN BE INSTALLED AND THE PRESSURIZED LATERALS SUSPENDED WITHIN THE CHAMBERS.
12. A MINIMUM OF 12" OF BACKFILL MUST BE PLACED ON TOP OF THE CHAMBERS.
13. ANY SECTION OF FORCEMAIN THAT WILL BE REGULARLY DRIVEN OVER WILL REQUIRE STEEL SLEEVING TO PREVENT BEING CRUSHED.
14. THE OWNER OF THE SEPTIC SYSTEM SHOULD FOLLOW THE SEPTIC TANK MAINTENANCE RECOMMENDATIONS PUBLISHED BY MONTANA STATE UNIVERSITY EXTENSION SERVICE, WHICH ARE AVAILABLE THROUGH MONTANA COUNTY EXTENSION SERVICE OFFICES LOCATED IN EACH COUNTY. THE OWNER OF THE SYSTEM SHOULD CAREFULLY ADHERE TO THE MANUFACTURER'S RECOMMENDATIONS FOR OPERATION AND MAINTENANCE AND SEEK GUIDANCE FROM THE LOCAL SANITARIAN OR EXTENSION SERVICE.

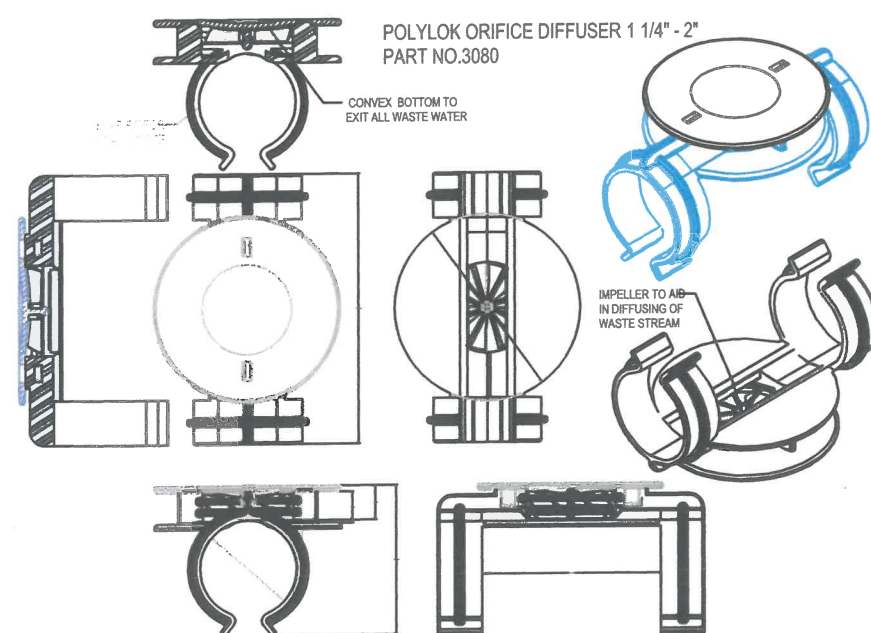


# 10 PRESSURE LATERAL DETAILS



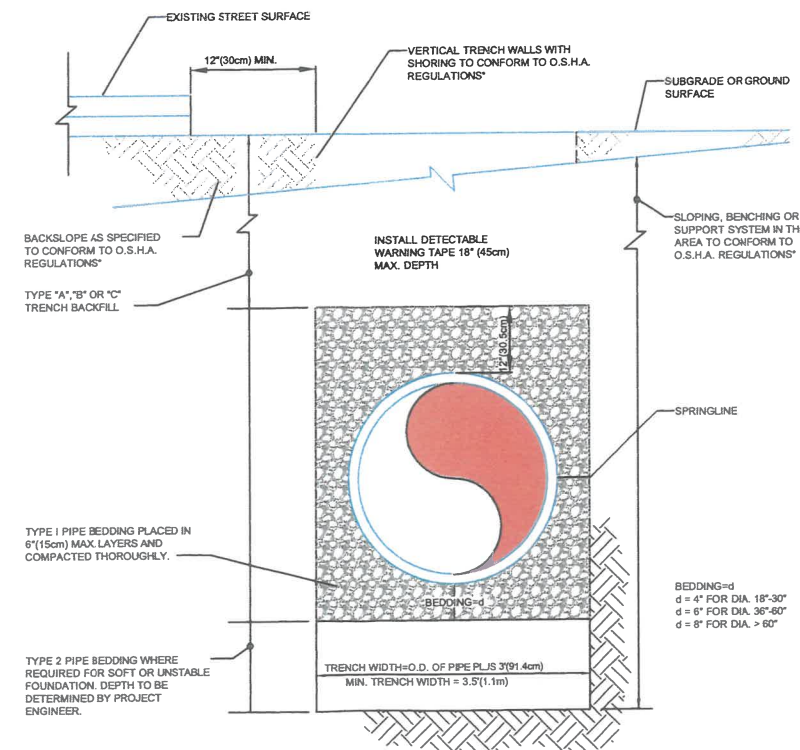
## 11 POLYLOCK ORIFICE SHIELD

NOT TO SCALE



## 12 TYPICAL TRENCH DETAILS

CROSS SECTION



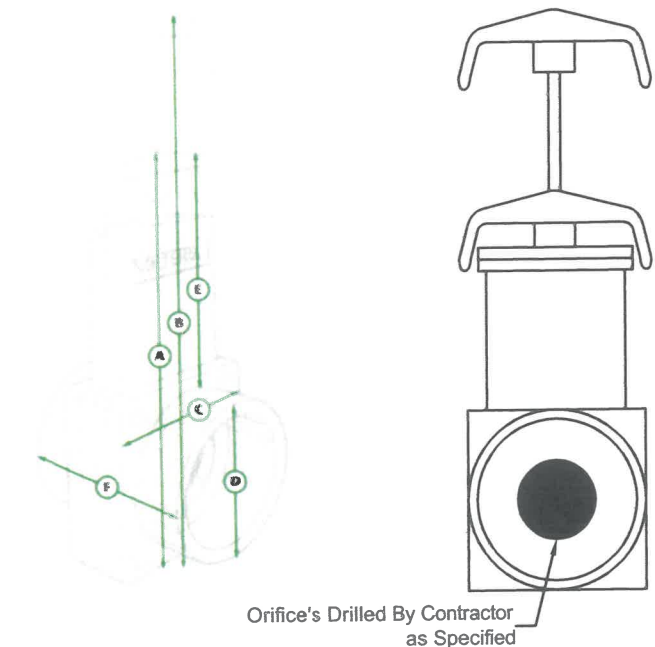
REFER TO SECTION 2230 "STREET EXCAVATION, BACKFILL, & COMPACTION" OF THE MPWSS FOR SUBEXCAVATION/ REPLACEMENT DUE TO UNSUITABLE SUBGRADE MATERIAL

NOTE: SEE CONTRACT SPECIAL PROVISIONS FOR ANY MODIFICATIONS TO STANDARD TRENCH MATERIALS; AND/OR TRENCH DESIGN FEATURES.

\* SEE O.S.H.A. CONSTRUCTION STANDARDS FOR EXCAVATION

## 13 KNIFE VALVE DETAILS

NOT TO SCALE



SIZE	A	B	C	D	E	F
1-1/2" ABS	6-1/2"	8-5/8"	2-7/8"	2-3/8"	3-15/16"	2-7/8"
2" ABS	7-1/2"	10-1/4"	3-1/4"	2-11/16"	4-1/2"	3-1/8"

DRAWN BY: TR	CHECKED BY: JE	SCALE: N.T.S.	REVISION: -	SECTION: 12
DATE: 1/7/2025	REV. DATE: -/-/-	CARBON COUNTY	RANGE: 23E	TOWNSHIP: 4S

BLUEPINE FARM SUBDIVISION  
PRESSURE LATERAL DETAILS



SEPTIC SYSTEM RECOMMENDED OPERATION AND MAINTENANCE MANUAL

SEPTIC TANK PUMPING

IT IS RECOMMENDED THAT THE SEPTIC TANK BE PUMPED EVERY 3-5 YEARS. HOWEVER, THE FREQUENCY WITH WHICH THE SEPTIC TANK NEEDS TO BE PUMPED MAY VARY DEPENDING ON THE SIZE OF THE TANK AND THE NUMBER OF PEOPLE IN THE HOUSEHOLD. SEPTIC TANKS SHOULD BE PUMPED BY A LICENSED SEPTIC TANK PUMPER LOCATED IN YOUR AREA. CONTACT YOUR LOCAL SANITARIAN FOR A LIST OF LICENSED SEPTIC TANK PUMPERS IN YOUR AREA.

USE OF ADDITIVES

THE USE OF ADDITIVES TO HELP MAINTAIN THE SYSTEM IS NOT RECOMMENDED. THEY WILL NOT EXTEND THE AMOUNT OF TIME REQUIRED BETWEEN PUMPING, AND, ALTHOUGH THEY MAY NOT HARM THE SEPTIC TANK, THEY COULD CONTAMINATE THE SOIL. THE MOST EFFECTIVE METHOD OF BREAKING DOWN THE SOLID MATTER IN THE SEWAGE IS ALLOWING THE NATURALLY PRESENT BACTERIA TO DIGEST IT.

WATCH WHAT GOES TO THE DRAIN

NEVER DISPOSE OF TOXIC OR HAZARDOUS CHEMICALS BY DUMPING THEM DOWN THE DRAIN AS THEY HAVE THE POTENTIAL TO CONTAMINATE THE GROUNDWATER AND DESTROYING THE PRESENT BACTERIA IN THE SEPTIC TANK.

REFRAIN FROM PUTTING ANY PLASTIC, CLOTH, OR UNNECESSARY PAPER PRODUCTS INTO THE SEPTIC SYSTEM.

AVOID USING GARBAGE DISPOSALS AS THEY ACCELERATE THE ACCUMULATION OF SOLIDS IN THE SEPTIC TANK.

AVOID PUTTING ANY GREASE OR OIL IN THE DISPOSAL OR DRAIN. THESE CAN CLOG PIPES AND DRAINFIELD SOIL AND DAMAGE YOUR SYSTEM.

PROTECT YOUR DRAINFIELD

NEVER PARK VEHICLES OR PLACE OTHER LARGE OBJECTS ON THE DRAINFIELD, AS THIS WILL COMPACT THE SOIL AND REDUCE ITS ABILITY TO TREAT WASTEWATER. IT ALSO MAY DAMAGE THE NETWORK OF DRAIN PIPES WITHIN THE FIELD.

AVOID PLANTING WATER-LOVING SHRUBS WITH DEEP ROOT SYSTEMS OR TREES NEAR THE DRAINFIELD, AS ROOTS DAMAGE THE PIPES, OR THEY COULD LOWER MOISTURE LEVELS WITHIN THE SOIL CAUSING IT TO BE LESS EFFECTIVE.

EFFLUENT FROM SUMP PUMPS AND ROOF DRAINS SHOULD NOT BE DISCHARGED IN THE VICINITY OF THE DRAINFIELD, AS THIS COULD KEEP THE SOIL TOO WET, REDUCING THE CAPACITY TO ABSORB THE WASTE AND CAUSING IT TO PUDDLE ON THE SURFACE, CREATING AN ENVIRONMENTAL AND HEALTH HAZARD.

CHECK FOR DEPRESSIONS IN THE DRAINFIELD AREA WHERE SURFACE WATER CAN COLLECT. THE DRAINFIELD SHOULD BE LEVEL WITH THE SURROUNDING SOIL TO DISCOURAGE PUDDLING. IF THE DRAINFIELD IS ON A SLOPING SITE, SURFACE WATER DIVERSION MAY NEED TO BE CONSIDERED.

MAINTENANCE RECORDS

KEEP A RECORD OF MAINTENANCE ON YOUR SYSTEM. IT IS RECOMMENDED THAT THE RECORDS INCLUDE WHO MAINTAINED THE SYSTEM, WHAT WAS DONE, THE DATE OF THE WORK, AND THE CURRENT STATUS OF THE SYSTEM.

PREVENT FREEZING

THERE ARE MANY THINGS YOU CAN DO TO PREVENT YOUR SYSTEM FROM FREEZING. THE FOLLOWING ARE SOME RECOMMENDATIONS:

1. PLACE A LAYER OF MULCH (8-12 INCHES) OVER THE PIPES, TANK AND SOIL TREATMENT SYSTEM TO PROVIDE EXTRA INSULATION. THIS IS PARTICULARLY IMPORTANT IF YOU HAVE HAD A NEW SYSTEM INSTALLED LATE IN THE YEAR AND NO VEGETATIVE COVER HAS BEEN ESTABLISHED.
2. LET THE GRASS IN YOUR LAWN GET A LITTLE LONGER OVER THE TANK AND SOIL TREATMENT AREA IN THE LATE SUMMER/FALL. THIS WILL PROVIDE EXTRA INSULATION AND HELP HOLD ANY SNOW THAT MAY FALL.
3. USE WATER; THE WARMER THE BETTER! THIS INCLUDES SPREADING OUR YOUR LAUNDRY SCHEDULE TO POSSIBLY ONE WARM/HOT LOAD PER DAY , USING YOUR DISHWASHER AND MAYBE EVEN TAKING A HOT BATH.**DO NOT**\_LEAVE WATER RUNNING ALL THE TIME, AS THIS WILL HYDRAULICALLY OVERLOAD THE SYSTEM
4. IF YOU KNOW YOU ARE GOING TO BE GONE FOR AN EXTENDED PERIOD, PLAN ACCORDINGLY. THIS COULD INCLUDE HAVING SOMEONE USE SUFFICIENT QUANTITIES OF WATER IN THE HOME REGULARLY , OR PUMPING OUT YOUR TANK BEFORE LEAVING.
5. FIX ANY LEAKY PLUMBING FIXTURES OR APPLIANCES IN YOUR HOME. THIS WILL HELP PREVENT FREEZING PROBLEMS AND HELP YOUR SYSTEM WORK WELL YEAR-ROUND.
6. KEEP ALL TYPES OF VEHICLES AND HIGH-TRAFFIC PEOPLE ACTIVITIES OFF OF THE SYSTEM. THIS IS A GOOD RULE TO FOLLOW YEAR-ROUND.
7. MAKE SURE ALL RISERS, INSPECTIONS PIPES, AND MANHOLES HAVE COVERS ON THEM. SEALING THEM AND ADDING INSULATION IS A GOOD IDEA.

DISCLOSURE CLAUSE

ENGINEERING WEST IS NOT RESPONSIBLE FOR THE MAINTENANCE AND OPERATION OF YOUR SEPTIC SYSTEM. ENGINEERING WEST CANNOT GUARANTEE THE QUALITY OF CONSTRUCTION AND INSTALLATION OF THE SYSTEM. ENGINEERING WEST IS NOT RESPONSIBLE FOR THE LONGEVITY OF THE SEPTIC SYSTEM.

THE ABOVE RECOMMENDATIONS ARE INTENDED TO ASSIST THE SEPTIC SYSTEM OWNER IN OPERATING AND MAINTAINING THEIR SEPTIC SYSTEM SO THAT PROBLEMS ASSOCIATED WITH SEPTIC SYSTEMS ARE MINIMIZED.

P.O. BOX 194  
PHONE 322-1116 /FAX 322-8514  
COLUMBUS, MT 59019  
WWW.ENGINEERING-WEST.COM



DRAWN BY: TR	CHECKED BY: JE	SCALE: N.T.S.
DATE: 1/7/2025	REV. DATE: 1/1/	REVISION: -
CARBON COUNTY		SECTION: 12
TOWNSHIP: 4S	RANGE: 23E	

BLUEPINE FARM SUBDIVISION
DRAINFIELD OPERATION & MAINTENANCE



~~LOCAL-DEQ~~ Subdivision Application CC # 2025-02

PREPARED IN ACCORDANCE WITH  
MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY'S

FOR  
**Bluepine Farm Subdivision**  
**Lot 1**

LOCATED IN  
SECTION 12, TOWNSHIP 4 SOUTH, RANGE 23 EAST, PMM  
CARBON COUNTY, MONTANA

JANUARY 2025

**SANITARIAN COPY**

**PREPARED FOR:**

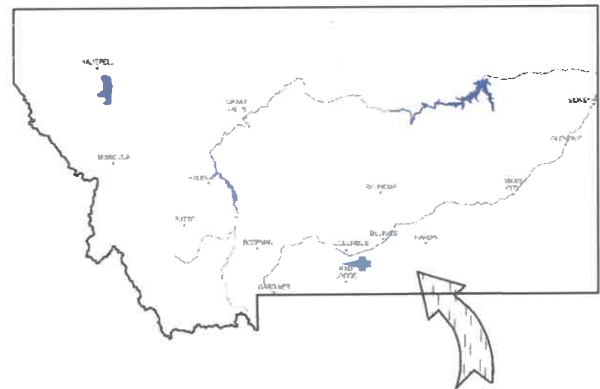
BLUEPINE FARMS  
4830 SPORTSMAN DRIVE  
ANCHORAGE, AK 99502

BEN STANLEY  
113 PAINTER ROAD  
BELGRADE, MT 59714  
(406) 581-994

**PREPARED BY:**

**ENGINEERING WEST**

TALYN LUDWIG  
P.O. BOX 194  
COLUMBUS, MONTANA 59019  
(406) 322-1116



**PROJECT LOCATION**



**ENGINEERING WEST**

LAND • WATER • SEWER

P.O. BOX 194 • COLUMBUS, MT 59019  
ENGINEERING-WEST.COM • 406 322.1116

PLAT NO. PRELIMINARY

BLUEPINE FARM SUBDIVISION

FIRST MINOR SUBDIVISION LYING IN TRACT 1-AG OF  
CERTIFICATE OF SURVEY 1878 2ND AM AG LOCATED  
IN GOVERNMENT LOTS 4, 6, 7, 8, 9, 10 AND THE  
SE1/4NW1/4 OF  
SECTION 12, T.4S., R.23E., P.M.M.,  
CARBON COUNTY, MT

SURVEYED BY: RED LODGE SURVEYING LLC.  
PO BOX 986 | 606 S. GRANT AVE.  
RED LODGE, MT 59068

SURVEYED IN: OCTOBER OF 2024

LANDOWNER: BLUEPINE FARM LLC

CERTIFICATE OF DEDICATION AND LEGAL DESCRIPTION:

We, the undersigned landowners, do hereby certify that we have caused to be surveyed, subdivided and platted into lots, as shown by the plat hereunto included, the perimeter boundary of which is described as Tract 1-AG of Certificate of Survey no. 1878 AM AG, on file in the office of the Clerk and Recorder of Carbon County under Document No. 295375, containing 148.33 acres more or less. Lot 1 set forth on the attached Plat contains 143.73 acres more or less. Subject to easements and/or rights-of-way of record, apparent on the ground, and/or reserved per this survey.

Legal and physical access is provided each lot per 76-3-608(3)(d) MCA.

The above-described tract of land is to be known and designated as "BLUEPINE FARM SUBDIVISION", and the lands included in all roadways are hereby granted and donated to the use of the public forever. Unless specifically listed herein, the lands included in all roadways shown dedicated to the public are accepted for public use, but the County accepts no responsibility for maintaining the same. The owners agree that the County has no obligation to maintain the lands included in all roadways shown hereby dedicated to public use. No parkland is being dedicated to the public.

The undersigned hereby grants unto each and every person, firm or corporation, whether public or private, providing or offering to provide telephone, electric power, gas, internet, cable television or other similar utility or service, water or sewer service to the public, the right to the joint use of an easement for the construction, maintenance, repair and removal of their lines and other facilities, in, over, under and across each area designated on this plat as "utility easement" to have and to hold forever.

CERTIFICATE OF EXEMPTION:

We, the undersigned landowners do hereby certify that Lot 1 as shown on this survey, is exempt from review by the Department of Environmental Quality pursuant to 76-4-102(24), MCA which states that a subdivision is a division of land that creates one or more parcels containing less than 20 acres.

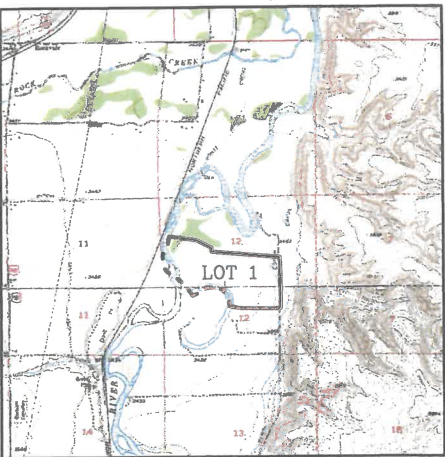
Ben Stanley & Mike Overcast

STATE OF MONTANA County of Carbon

This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024,  
by Ben Stanley and Mike Overcast

Notary Public for the State of Montana

VICINITY MAP



SCALE: 1"=3000'

LEGEND

- SET NO.5 REBAR WITH 1 1/4" YELLOW PLASTIC CAP VIA RED LODGE SURVEYING, LLC AND UNDERSIGNED PLS
- FOUND YELLOW PLASTIC CAP VIA BRATTON 9519LS
- ⊙ FOUND REBAR
- ⊙ POINT OF RECORD
- NO MONUMENT SET OR FOUND

NUM	BEARING	DISTANCE
L1	S 0°08'36"W	41.18'
L2	S19°28'14"W	59.40'
L3	S37°42'20"W	47.75'
L4	S17°43'22"W	34.88'
L5	S 7°00'19"E	67.90'
L6	S20°0'15"E	76.49'

ORCHARD CANAL  
EDGAR CANAL  
20' WIDE EASEMENT SET  
FORTH ON THIS PLAT

N89°44'54"W  
1369.22'

TRACT 1A  
C.O.S. 1878 AM

CW1/16

HOMESTEAD ROAD

S1/2NE1/4SE1/4  
UNPLATTED LANDS OF  
CURTIS F. EMTER

LOT 1

SCALE: 1"=3000'

TREASURER'S CERTIFICATION:

I hereby certify, pursuant to Section 76-3-611(1)(b), MCA, that all real property taxes assessed and levied on the land described above and encompassed by the proposed Lot 1 of Bluepine Farm Subdivision have been paid:

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

Treasurer, Carbon County, Montana

CERTIFICATE OF FINAL PLAT APPROVAL:

The County commission of Carbon County, Montana does hereby certify that it has examined this Subdivision Plat and having found the same to conform to law, approves it, and hereby accepts the dedication to public use of any and all lands shown on this plat as being dedicated to such use

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

Commissioner

Commissioner

Commissioner

Attest: Clerk and Recorder  
Carbon County, Montana

RELOCATION PARCEL  
PLAT 1889 RB

TRACT 2A  
C.O.S. 1889 RB

BASIS OF BEARING  
PER C.O.S. 1878 2ND AM AG

LINE TABLE

NUM	BEARING	DISTANCE
L1	S 0°08'36"W	41.18'
L2	S19°28'14"W	59.40'
L3	S37°42'20"W	47.75'
L4	S17°43'22"W	34.88'
L5	S 7°00'19"E	67.90'
L6	S20°0'15"E	76.49'

ORCHARD CANAL  
EDGAR CANAL  
20' WIDE EASEMENT SET  
FORTH ON THIS PLAT

N89°44'54"W  
1369.22'

TRACT 1A  
C.O.S. 1878 AM

CW1/16

HOMESTEAD ROAD

S1/2NE1/4SE1/4  
UNPLATTED LANDS OF  
CURTIS F. EMTER

LOT 1

SCALE: 1"=3000'

LOT 1  
143.73 ACRES

TRACT 1-AG C.O.S. 1878 2ND AM AG

GOVERNMENT LOT 9

GOVERNMENT LOT 8

GOVERNMENT LOT 10

GOVERNMENT LOT 6

GOVERNMENT LOT 4

CLARK'S FORK RIVER

AMBULATORY BOUNDARY  
LOW WATER LINE PER THIS  
SURVEY

CLARK'S FORK  
RIVER PER C.O.S.  
1878 2ND AM AG

QUARTER CORNER OF  
SECTIONS 11 & 12  
FALLS IN RIVER

CLERK AND RECORDER INFORMATION:

SURVEYOR'S CERTIFICATION:

I, William H. Karas, a Professional Land Surveyor, do hereby certify that I have performed the survey shown on the attached plat of Bluepine Farm Subdivision; that such survey was made in October of 2024; that said survey is true and complete as shown and that the monuments found and set are of the character and occupy the positions shown thereon.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

RED LODGE SURVEYING LLC

By: William H. Karas, PLS  
Montana Reg. Number 13602 LS

IRRIGATION FACILITY EASEMENTS:

Nothing herein nor any covenant shall diminish the unobstructed use and maintenance of the existing water delivery ditches, pipelines, and facilities in the subdivision that are necessary to convey water through the subdivision to land adjacent to or beyond the subdivision boundaries in quantities and in a manner that are consistent with historic and legal rights.

CERTIFICATE OF SURVEY 1818 2nd Ed

PURPOSE OF THIS SURVEY: TO CREATE AN AGRICULTURAL TRACT  
LOCATED IN PORTIONS OF GOVERNMENT LOTS 4, 6, 7, 8, 9, 10,  
AND A PORTION OF THE SE1/4NW1/4 SECTION 12, T.4S., R.23E., P.M.M.,  
CARBON COUNTY, MONTANA

SURVEYED BY BEARTOOTH LAND SURVEYING

SURVEY REQUESTED BY LANDOWNERS: ROBERT G. HOMSHER AND  
JUDITH L. HOMSHER

LEGAL DESCRIPTION:

A tract of land located in portions of Government Lots 4, 6, 7, 8, 9, 10 and a portion of the SE1/4NW1/4 of Section 12, T.4S., R.23E., P.M.M., Carbon County Montana, more particularly described as follows:  
Commencing at the E1/4 corner of said Section 12, thence S89°44'54"W, a distance of 1369.22 feet along the center 1/16th line of said Section 12, to the POINT OF BEGINNING, thence N03°15'35"W along a 1/16th line of said Section 12, a distance of 708.91 feet, thence N89°20'00"W, along the south line of Tract 2A-AG 1889AG, a distance of 235.36 feet, thence continuing along the said south line of Tract 2A-AG 1889AG, a distance of 136.71 feet, thence N63°43'15"W, a distance of 578.36 feet, thence N89°22'22"E, a distance of 1045.24 feet to a point on the thread of the Clarke Fork of the Yellowstone River, thence S28°54'44"E, a distance of 168.97 feet, thence leaving the main channel of the Clarke Fork of the Yellowstone River and following the thread of the abandoned river bed of the Clarke Fork of the Yellowstone River N89°46'12"E, a distance of 420.17 feet, thence N53°03'11"E, a distance of 307.65 feet, thence N89°34'38"E, a distance of 267.84 feet, thence S79°33'48"E, a distance of 303.89 feet, thence S48°47'05"E, a distance of 265.96 feet, thence S18°08'37"E, a distance of 182.06 feet, thence S00°05'37"W, a distance of 210.32 feet, thence leaving the abandoned river bed, thence S78°11'52"E, a distance of 364.15 feet to the north east corner of certificate of survey 1738AG, thence S89°11'21"E, along the north line of said certificate of survey 1738AG, a distance of 736.94 feet, thence S89°53'40"E, a distance of 652.54 feet, to the north east corner of said certificate of survey 1738AG, to a point on the west line of the S1/2NE1/4SE1/4 of said Section 12, thence N00°18'47"E, a distance of 1016.78 feet to the POINT OF BEGINNING, containing 148.33 acres more or less. Subject to any easements or rights-of-way of record, apparent on the ground or reserved per this survey. This 148.33-acre tract is also subject to any previous or future determination of navigability of the Clarke Fork of the Yellowstone River. Should the Clarke Fork of the Yellowstone be determined to be navigable the ownership of Tract 1 will be to the mean low water of the river and the abandoned river bed.

LANDOWNER CERTIFICATION:

We hereby certify that the purpose of this survey is to create a tract of land to be used exclusively for agricultural purposes and that a covenant has been entered into by the parties to the transaction running with the land and revocable only by mutual consent of the governing body and the property owner, that the land will be used exclusively for agricultural purposes, and that no structure requiring water or sewage facilities has been or will be erected on the parcel created. Therefore this division of land is exempt from review by the Department of Environmental Quality pursuant to ARM 17.36.808(1)(h). Any changes in land use subjects this division of land to review and approval pursuant to Section 76-3-207(2)(b), MCA and ARM 17.36.805(1)(h).

Robert G. Homsher  
Judith L. Homsher  
Date 9-28-2000

NOTARY:

Subscribed and sworn to before me this 22nd day of Sept 192000

Notary Public for the State of Colorado

COUNTY TREASURER CERTIFICATION:

I hereby certify, pursuant to Section 76-3-811(1)(b), MCA, that no real property taxes assessed and levied on the land described above and encompassed by this subdivision plat are delinquent:

Dated this 2nd day of Oct 192000

Carbon County Treasurer

CLERK AND RECORDER:

Filed on the 2nd day of October 192000 at 12:59 o'clock P. M.

Carbon County Clerk and Recorder

SURVEYOR'S CERTIFICATION:

I, Donald E. Badard, a registered Professional Land Surveyor, Montana Registration 11,375S, do hereby certify that the survey shown on the attached subdivision plat was performed by me during December 1998 - September 2000 in accordance with the Montana Subdivision and Platting Act, Title 76, Chapter 3 and the regulations adopted pursuant thereto.

Donald E. Badard 9/25/2000

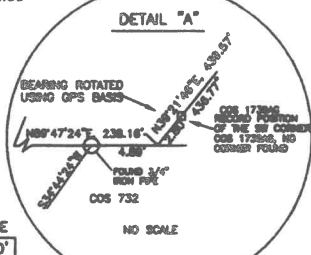
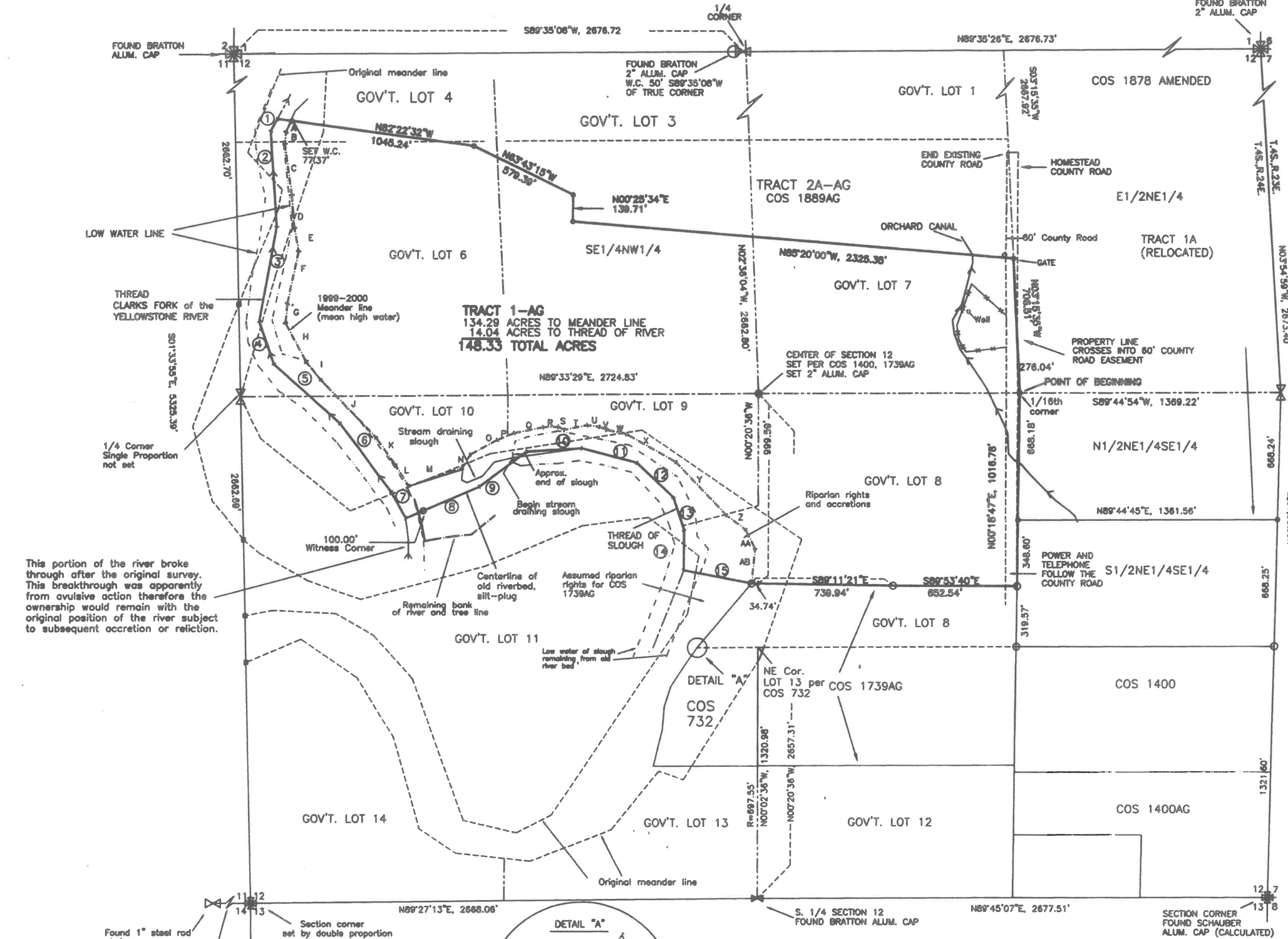
Donald E. Badard  
Montana Registration No. 11,375S

LEGEND

- SET YPC
- ⊙ SET ALUMINUM CAP
- FOUND YPC
- ⊖ FOUND ALUMINUM CAP
- W.C. WITNESS CORNER
- ⊗ FOUND OR SET SECTION CORNER AS DESCRIBED
- ⊗ FOUND OR SET QUARTER CORNER AS DESCRIBED
- PROPORTIONED MEANDER CORNERS NOT SET

SURVEYOR'S NOTES

- All bearings are based on WGS84 grid system, measured with GPS(Global Positioning System)
- As of March 31, 1999 the Clarke Fork of the Yellowstone River has not been adjudicated as a navigable stream pursuant to a letter authored by Teresa Kinley, a Hydrologist/Geologist in the Montana Department of Natural Resources Minerals Management Bureau. Since the Clarke Fork of the Yellowstone is not navigable the ownership of lands adjacent to the river run to the center of the river. Should the Clarke Fork of the Yellowstone River be adjudicated as navigable, ownership would revert to the low water line of the river and abandoned river channel.
- As of May 28, 1999 the Clarke Fork of the Yellowstone River is not being shown as a navigable river by the Army Corps of Engineers, Omaha District according to Larry Robson of the Billings office.
- Mid-point of the low-water line was used to determine the thread of the river and abandoned channel.



RIVER COURSE	BEARING	DISTANCE	MEANDER COURSE	BEARING	DISTANCE	MEANDER COURSE	BEARING	DISTANCE
1	S28°18'45"W	72.76'	A	S27°51'02"W	67.01'	P	N68°00'20"E	94.40'
2	S04°08'36"E	502.02'	B	S04°16'16"W	62.47'	Q	N78°09'31"E	153.47'
3	S10°04'18"W	505.03'	C	S06°21'22"E	271.21'	R	N68°53'18"E	78.74'
4	S19°10'14"E	236.48'	D	S04°49'52"E	173.18'	S	S64°50'13"E	35.50'
5	S48°43'07"E	469.34'	E	S10°53'31"E	124.02'	T	N78°41'28"E	123.98'
6	S37°10'13"E	450.38'	F	S11°44'56"W	280.87'	U	S82°12'25"E	64.81'
7	S28°54'44"E	158.97'	G	S05°28'58"W	101.17'	V	S68°36'42"E	42.89'
8	N68°45'12"E	420.17'	H	S28°44'18"E	232.18'	W	S77°37'57"E	108.30'
9	N53°03'11"E	307.65'	I	S38°39'07"E	120.61'	X	S80°42'47"E	297.82'
10	N86°34'35"E	267.84'	J	S44°18'15"E	423.83'	Y	S43°46'55"E	386.64'
11	S79°33'48"E	303.89'	K	S35°14'55"E	177.00'	Z	S53°17'35"E	127.28'
12	S48°47'06"E	265.96'	L	S31°53'58"E	129.10'	AA	S26°41'52"E	112.36'
13	S18°08'37"E	182.06'	M	N71°04'51"E	300.05'	AB	S05°22'17"W	183.25'
14	S00°05'37"W	210.32'	N	N30°06'47"E	79.47'			
15	S79°11'52"E	364.15'	O	N61°22'56"E	161.28'			

Tax Year: 2025

Scale: 1:9778.72 Basemap: Imagery Hybrid



## Summary

### Primary Information

Property Category: RP

Subcategory: Agricultural and Timber Properties

Geocode: 10-0624-12-2-04-02-0000

Assessment Code: 0003115800

#### Primary Owner:

BLUEPINE FARM LLC - 81.19% &  
PO BOX 1505  
WILSON, WY 83014-1505  
Note: See Owners section for all owners

#### Property Address:

Certificate of Survey: 1878 2ND AM

Legal Description: S12, T04 S, R23 E, C.O.S. 1878 2ND AM, PARCEL TR 1-AG,  
ACRES 148.33

Last Modified: 1/18/2025 10:57:56 AM





# Cadastral Property Report

Tax Year: 2025

## General Property Information

Neighborhood: 210.003	Property Type: Vacant Land
Living Units: 0	Levy District: 10-0073-33
Zoning:	Ownership: 100
LinkedProperty: No linked properties exist for this property	
Exemptions: No exemptions exist for this property	
Condo Ownership: General: 0	Limited: 0

## Property Factors

Topography: n/a	Fronting: n/a
Utilities: n/a	Parking Type: n/a
Access: n/a	Parking Quantity: n/a
Location: n/a	Parking Proximity: n/a

## Land Summary

Land Type:	Acres:	Value:
Grazing	42.335	0
Fallow	0	0
Irrigated	105.995	0
Continuous Crop		
Wild Hay	0	0
Farmsite	0	0
ROW	0	0
NonQual Land	0	0
Total Ag Land	148.33	0
Total Forest Land	0	0
Total Market Land	0	0

## Deed Information

Deed Date	Book	Page	Recorded Date	Document Number	Document Type
5/9/2024			5/9/2024	399191	Warranty Deed
6/13/2023			6/13/2023	395754	Warranty Deed
6/6/2023			6/6/2023	395699	Quit Claim Deed
11/1/2000	DOC2	95697	N/A		
7/6/1999	DOC2	90293	N/A		
11/20/1998	DOC2	87624	N/A		
11/21/1996	DOC2	79359	N/A		
7/12/1993	0128	00329	N/A		

## Owners



# Cadastral Property Report

Tax Year: 2025

## Party #1

Default Information:	BLUEPINE FARM LLC - 81.19% & PO BOX 1505 WILSON, WY 83014-1505
Ownership %:	100
Primary Owner:	Yes
Interest Type:	Fee Simple
Last Modified:	11/13/2024 15:7:1 PM

## Party #2

Default Information:	ROW ROW YOUR BOAT LLC - 16.81% PO BOX 1505 WILSON, WY 83014-1505
Ownership %:	100
Primary Owner:	Yes
Interest Type:	Fee Simple
Last Modified:	11/13/2024 15:7:1 PM

## Appraisals

### Appraisal History

Tax Year	Land Value	Building Value	Total Value	Method
2024	97994	0	97994	COST
2023	97994	0	97994	COST
2022	89098	0	89098	COST

## Market Land

No market land exists for this parcel

## Dwellings

No dwellings exist for this parcel

## Other Buildings



# Cadastral Property Report

Tax Year: 2025

No other buildings exist for this parcel

## Commercial

No commercial buildings exist for this parcel

## Ag/Forest Land

### Ag/Forest Land Item #1

Acre Type: G - Grazing  
Class Code: 1601

Irrigation Type: n/a  
Timber Zone: n/a

#### Productivity

Quantity: 0.204  
Units: AUM/Acre

Commodity: Grazing Fee

#### Valuation

Acres: 3.238  
Value: n/a

Per Acre Value: n/a

### Ag/Forest Land Item #2

Acre Type: I - Irrigated  
Class Code: 1101

Irrigation Type: n/a  
Timber Zone: n/a

#### Productivity

Quantity: 3.441  
Units: Tons/Acre

Commodity: Alfalfa

#### Valuation

Acres: 35.48  
Value: n/a

Per Acre Value: n/a

Tax Year: 2025

## Ag/Forest Land Item #3

Acre Type: I - Irrigated  
Class Code: 1101

Irrigation Type: n/a  
Timber Zone: n/a

### Productivity

Quantity: 3.468  
Units: Tons/Acre

Commodity: Alfalfa

### Valuation

Acres: 24.335  
Value: n/a

Per Acre Value: n/a

## Ag/Forest Land Item #4

Acre Type: I - Irrigated  
Class Code: 1101

Irrigation Type: n/a  
Timber Zone: n/a

### Productivity

Quantity: 3.495  
Units: Tons/Acre

Commodity: Alfalfa

### Valuation

Acres: 2.527  
Value: n/a

Per Acre Value: n/a

## Ag/Forest Land Item #5

Acre Type: I - Irrigated  
Class Code: 1101

Irrigation Type: n/a  
Timber Zone: n/a

### Productivity

Quantity: 4.08  
Units: Tons/Acre

Commodity: Alfalfa

### Valuation

Acres: 10.431  
Value: n/a

Per Acre Value: n/a

## Ag/Forest Land Item #6

Acre Type: I - Irrigated  
Class Code: 1101

Irrigation Type: n/a  
Timber Zone: n/a

### Productivity

Quantity: 4.692  
Units: Tons/Acre

Commodity: Alfalfa

### Valuation

Acres: 33.222  
Value: n/a

Per Acre Value: n/a





# Cadastral Property Report

Tax Year: 2025

## Ag/Forest Land Item #7

Acre Type: G - Grazing  
Class Code: 1601

Irrigation Type: n/a  
Timber Zone: n/a

### Productivity

Quantity: 0.043  
Units: AUM/Acre

Commodity: Grazing Fee

### Valuation

Acres: 32.114  
Value: n/a

Per Acre Value: n/a

## Ag/Forest Land Item #8

Acre Type: G - Grazing  
Class Code: 1601

Irrigation Type: n/a  
Timber Zone: n/a

### Productivity

Quantity: 0.158  
Units: AUM/Acre

Commodity: Grazing Fee

### Valuation

Acres: 3,102  
Value: n/a

Per Acre Value: n/a

## Ag/Forest Land Item #9

Acre Type: G - Grazing  
Class Code: 1601

Irrigation Type: n/a  
Timber Zone: n/a

### Productivity

Quantity: 0.2  
Units: AUM/Acre

Commodity: Grazing Fee

### Valuation

Acres: 3,881  
Value: n/a

Per Acre Value: n/a

## Easements

No easements exist for this parcel

## Disclaimer



# Cadastral Property Report

Tax Year: 2025

The Montana State Library (MSL) provides this product/service for informational purposes only. MSL did not produce it for, nor is it suitable for legal, engineering, or surveying purposes. Data from disparate sources may not be in vertical alignment. Consumers of this information should review or consult the primary data and information sources to ascertain the viability of the information for their purposes. The MSL provides these data in good faith and in no event, shall be liable for any incorrect results or analysis, any lost profits and special, indirect or consequential damages to any party, arising out of or in connection with the use or the inability to use the data or the services provided. The MSL makes these data and services available as a convenience to the public, and for no other purpose. The MSL reserves the right to change or revise published data and/or services at any time.

# Bluepine Farm Subdivision

## Lot 1

### Carbon County

#### Table of Contents

<b>General</b>	<b>Page</b>
DEQ Subdivision Application Form	1-2
Application Fee & Form	3
Carbon County Fee	4
Subdivision Checklist	5-6
Project Narrative	7
<b>Section 1 – Documentation</b>	<b>Page</b>
Sage Grouse Documentation	1- 4
Preliminary Plat	5
Certificate of Survey	6
<b>Section 2 – Maps</b>	<b>Page</b>
Vicinity Map	1
USGS Topographical Map	2
Aerial Map	3
FEMA Floodplain Map	4
<b>Section 3 – Soils</b>	<b>Page</b>
Soil Test Pit Information	1
NRCS Custom Soil Resource Report	1-11
<b>Section 4 – Lot Layout</b>	<b>Page</b>
Lot Layout	1
<b>Section 5 – Stormwater</b>	<b>Page</b>
Stormwater Drainage Exemption Report	1-4
<b>Section 6 – Wastewater Treatment</b>	<b>Page</b>
Wastewater Treatment System Specifications	1-19
Wastewater Treatment System Plan Set	1-8

<u>Section 7 – Water System</u>	<u>Page</u>
Non-Public Water System Design Report	1-14
Nitrate Analysis	15
Specific Conductance Analysis	15
Sampled Well Log	16-17

<u>Section 8 – Non Degradation</u>	<u>Page</u>
Non-Degradation Calculations Summary	1-4
Nitrate Sensitivity Analysis	5
Phosphorous Breakthrough Analysis	6
Hydraulic Gradient & Neighboring Wells Map	7
Hydraulic Transmissivity & Conductivity	8
Neighboring Wells Logs	9-16

**MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY/  
LOCAL GOVERNMENT JOINT APPLICATION FORM**

**PART I. GENERAL DESCRIPTION & INFORMATION**

Name of proposed development: Bluepine Farm Subdivision Tract 1-AG, Lifting Agriculture Covenants

Location: Edgar

City: Edgar

County: Carbon

Geocode: 10-0624-12-2-04-02-0000

Legal description:      1/4      1/4      of Section 12 Township 4S Range 23E

**Type of Review**

- ☒ Division of Land, Boundaries Relocated, or  
Removal of Restrictions  
☐ Condominiums/Townhomes/Mobile  
Homes/Recreational Vehicles  
☐ Rewrite – No Boundaries Changing,  
Aggregation, Change of Use  
☐ Modified Site Plan

**Type of water supply system**

- ☒ Individual well  
☐ Individual surface water supply or spring  
☐ Cistern  
☐ Shared well (2 connections)  
☐ Multiple-user (3-14 connections & < 25 people)  
☐ Service connection to multiple-user system  
☐ Service connection to public system  
☐ Extension of public main  
☐ New public system (15+ connections or serving  
25+ people)

**Descriptive Data**

- 1 Number of lots  
     Number of condominiums, townhomes, or  
spaces  
148.33 Total acreage of lots being reviewed

**Type of wastewater treatment system**

- ☒ Individual wastewater treatment system  
☐ Shared wastewater treatment system (2  
connections)  
☐ Multiple-user (3-14 connections & < 25 people)  
☐ Service connection to multiple-user  
main  
☐ Extension of multiple-user main  
☐ Service connection to public system  
☐ Extension of public main  
☐ New public system (15+ connections or serving  
25+ people)

**Indicate the proposed/existing use(s)**

- ☒ Residential, single family  
☐ Residential, multiple family  
☐ Type of multiple family structure (e.g.  
duplex)  
☐ Planned unit development  
☐ Condominium/ townhomes.  
☐ Mobile home park.  
☐ Recreational vehicle park.  
☐ Commercial or industrial  
☐ Other (please describe)

Name of solid waste (garbage) disposal site: Yellowstone County Landfill

**Designated representative, if any (e.g., engineer, surveyor)**

I designate Talyn Ludwig of Engineering West

Print name

Print Company Name

as my representative for purposes of this application.

Address: P.O. Box 194, Columbus, MT 59019

Street or P.O. Box, City, State, Zip Code

Email: talyn@engineering-west.com

Phone: 406.322.1116

**Owner**

Name: 

Signature of all owners of record

Bluepine Farm LLC

Print name of owner (s)

Address: 4830 Sportsman Dr, Anchorage, Ak 99502

Street or P.O. Box, City, State, Zip Code

Email: mikeovercast@icloud.com

Phone: 907.360.1899

Date: 1/8/2025

Revised 5/2017

Page 1/2

**MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY/  
LOCAL GOVERNMENT JOINT APPLICATION FORM**

**PART I. GENERAL DESCRIPTION & INFORMATION**

Name of proposed development: Bluepine Farm Subdivision Tract 1-AG, Lifting Agriculture Covenants

Location:

City: Edgar

County: Carbon

Geocode: 10-0624-12-2-04-02-0000

Legal description: \_\_\_\_\_ of Section 12 Township 4S Range 23E

**Type of Review**

- ☒ Division of Land, Boundaries Relocated, or  
Removal of Restrictions  
\_\_\_\_ Condominiums / Townhomes / Mobile  
\_\_\_\_ Homes / Recreational Vehicles  
\_\_\_\_ Rewrite - No Boundaries Changing  
\_\_\_\_ Aggregation, Change of Use  
\_\_\_\_ Modified Site Plan

**Descriptive Data**

- 1 Number of lots  
\_\_\_\_ Number of condominiums, townhomes, or  
spaces  
148.33 Total acreage of lots being reviewed

**Indicate the proposed/existing use(s)**

- ☒ Residential, single family  
\_\_\_\_ Residential, multiple family  
\_\_\_\_ Type of multiple family structure (e.g.  
duplex)  
\_\_\_\_ Planned unit development  
\_\_\_\_ Condominium/ townhomes.  
\_\_\_\_ Mobile home park.  
\_\_\_\_ Recreational vehicle park.  
\_\_\_\_ Commercial or industrial  
\_\_\_\_ Other (please describe)

**Type of water supply system**

- ☒ Individual well  
\_\_\_\_ Individual surface water supply or spring  
\_\_\_\_ Cistern  
\_\_\_\_ Shared well (2 connections)  
\_\_\_\_ Multiple-user (3-14 connections & < 25 people)  
\_\_\_\_ Service connection to multiple-user system  
\_\_\_\_ Service connection to public system  
\_\_\_\_ Extension of public main  
\_\_\_\_ New public system (15+ connections or serving  
25+ people)

**Type of wastewater treatment system**

- ☒ Individual wastewater treatment system  
\_\_\_\_ Shared wastewater treatment system (2  
connections)  
\_\_\_\_ Multiple user (3-14 connections & < 25 people)  
\_\_\_\_ Service connection to multiple-user  
\_\_\_\_ Extension of multiple-user main  
\_\_\_\_ Service connection to public system  
\_\_\_\_ Extension of public main  
\_\_\_\_ New public system (15+ connections or serving  
25+ people)

Name of solid waste (garbage) disposal site: Yellowstone County Landfill

**Designated representative, if any (e.g., engineer, surveyor)**

I designate Talyn Ludwig of Engineering West

Print name

Print Company Name

as my representative for purposes of this application.

Address: P.O. Box 194, Columbus, MT 59019

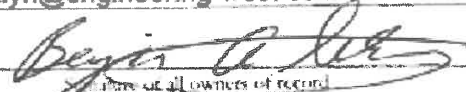
Street or P.O. Box, City, State, Zip Code

Email: talyn@engineering-west.com

Phone: 406.322.1116

**Owner**

Name:



Bluepine Farm LLC

Print name of owner(s)

Address: 4836 Sportsman Dr, Anchorage, Ak 99502

Street or P.O. Box, City, State, Zip Code

Email: mikeovercast@icloud.com

Phone: 907.360.1899

Date: 1/8/2025

Revised 3/2017

Page 1 of 2

Reviewer	Applicant		ELEMENT DESCRIPTION
Yes Missing NA	Initials	Page(s) in Report	
<b><u>General</u></b>			
	TL	Gen Pg 1-2	Application form provided & signed by owner, plus contact info for consultant.
	TL	Gen Pg 3	Filled out fee sheet & check made out to DEQ
	TL	Gen Pg 5-6	Completed & signed copy of Part 4 Checklist
	TL	Sec 2 Pg 1	Vicinity Map Provided
	TL	Sec 1 Pg	Copy of plat or COS (or deed if aliquot parts or proposing Aggregation of lots)
	TL	Sec 3	4 copies of lot layout sheet(s); Facilities labeled as Existing or Proposed.
	NA		Copy of any existing COSA for reviewed lot(s)
	TL	Sec 2 Pg 4	Floodplains shown on drawings & any applicable documentation provided (LOMAs).
<b><u>Onsite Wastewater</u></b>			
	NA		Copy of any existing WWTS permits for reviewed lot(s).
	NA		Proof of pumping for septic tanks within last 3 years, unless system less than 5 years old.
	TL	Sec 4	Soil profile descriptions
	NA		Seasonal high groundwater addressed (results or letter indicating in process)
<b><u>Non-degradation</u></b>			
	TL	Sec 8	Nondegradation info IF new development proposed, if expansion of existing development proposed, or for change in use (residential to commercial, etc.)
<b><u>Onsite Water</u></b>			
	TL	sec 8 Pg 9-16	Copy of any existing well logs for wells on reviewed lot(s), for wells sampled, & for wells used for hydraulic conductivity estimates
	TL	Sec 7	Information about water quality, quantity & dependability (water tests & aquifer well logs)
<b><u>Public Water or Sewer</u></b>			
	NA		If extensions or connections to existing public water/wastewater proposed, "will serve" letter or copy of current bill from public facility owner if connected
<b><u>Stormwater</u></b>			
	TL	Sec 5	Stormwater drainage report & plans
<b><u>Other documents</u></b>			
	NA		Special Requests - Prior to full design (waivers, deviations, water availability analysis, non-degradation predetermination, etc.)
	TL	Sec 1 Pg 1-	Sage Grouse documentation provided
	NA		Copy of submittal to DNRC requesting Water Rights review or, if available, review letter from DNRC.
	NA		Modified Site Plan
<p><b>Copy of This checklist <u>AND</u> (circle one)</b></p> <p><b>COMPLETE LETTER or INCOMPLETE LETTER sent on:</b> _____</p> <p><b>REVIEWED BY:</b> _____ <b>AGENCY:</b> _____</p>			

**Bluepine Farm Subdivision Tract 1-AG  
Lifting Agriculture Covenants**

**DEQ Application**

**A. WATER SUPPLY**

The proposed water supply system will consist of an ~~existing~~ <sup>proposed new</sup> drilled well as shown on the lot layout. Enclosed is a water analysis taken from the existing on-site well ~~which will be abandoned~~.

**B. WASTEWATER TREATMENT**

Enclosed are plans and specifications for a Pressure-Dosed Drainfield System. The drainfield plans & specifications are designed for a four (4) bedroom home. The locations of the drainfield and replacement area are shown on the enclosed lot layout.

**C. SOLID WASTE**

Solid waste will be disposed at the ~~Carbon County~~ <sup>Yellowstone</sup> Landfill.

**D. DRAINAGE**

Refer to enclosed Storm Water Drainage Calculations and Report.

**E. FLOODPLAIN**

Enclosed is a FEMA Floodplain Map Panel #30009C0114D showing where the 100-year floodplain boundary is.

**F. CARBON COUNTY COMMENTS**

Comments from Carbon County have not been received from the county at this time. Comments shall be forwarded to DEQ once received. Carbon County will provide comments per their review of the application.



# MONTANA SAGE GROUSE HABITAT CONSERVATION PROGRAM



GREG GIANFORTE, GOVERNOR

1539 ELEVENTH AVENUE

STATE OF MONTANA

PHONE: (406) 444-0554  
FAX: (406) 444-6721

PO BOX 201601  
HELENA, MONTANA 59620-1601

Project No. 6864  
Governor's Executive Orders 12-2015 and 21-2015  
Bluepine Farm Subdivision Tract 1-AG Lifting Agriculture Covenants

Talyn Richard  
Engineering West  
PO Box 194  
Columbus, MT, 59019

January 9, 2025

Dear Ms. Richard,

The Montana Sage Grouse Habitat Conservation Program received a request for consultation and review of your project or proposed activity on January 7, 2025. Based on the information provided, this Project is located within General Habitat for sage grouse. The Bureau of Land Management (BLM) classifies this area as a General Habitat Management Area (GHMA).

Executive Orders 12-2015 and 21-2015 set forth Montana's Sage Grouse Conservation Strategy. Montana's goal is to maintain viable sage grouse populations and conserve habitat so that Montana maintains flexibility to manage our own lands, our wildlife, and our economy and to ensure that a listing under the federal Endangered Species Act is not warranted in the future.

The Program has completed its review, including:

## **Project Description:**

**Project Type:** Infrastructure – Residential

**Project Disturbance:** 0.13 Acre House; 171-Foot-Long Driveway; 0.04 Acre Septic Field; 0.01 Acre Septic Tank; 0.001 Acre Water Well

**Construction Timeframe:** January 7, 2025 to January 7, 2030; Short Term (1-5 Years)

**Operations Timeframe:** January 7, 2025; Permanent (> 25 Years)

## **Project Location:**

**County:** Carbon

**Legal:** Township 4 South, Range 23 East, Sections 11, 12

**Ownership:** Private



Hosted by the Montana Department of Natural Resources and Conservation  
Director's Office: (406) 444-2074



## **Project Description and Executive Orders 12-2015 and 21-2015 Consistency:**

Bluepine Farm Subdivision Tract 1-AG Lifting Agriculture Covenants Project proposes to construct a private residence in designated General Habitat for sage grouse.

Bluepine Farm LLC proposes to build a single-family residence on an existing lot located approximately 5.8 miles east of Joliet, Montana in Carbon County. Lifting the agricultural covenant on this property will allow the proponent to build a house on this lot. The residence will be served by a new driveway, water supply well, and septic system. The remaining portion of the lot will continue to be used as an agricultural field.

There are no plans to subdivide this property, if the landowner subdivides in the future, they will need to come back to the Program for subsequent review.

Based on the information you provided; your Project is not within two miles of an active sage grouse lek in General Habitat.

### **Discussion:**

Montana's Conservation Strategy is premised on an "all hands, all lands, all threats" approach where we work collaboratively across all lands and address all threats, in recognition of both Montana's checkerboard landownership patterns and the landscape scale nature of sage grouse habitat needs and the species' sensitivity to disturbance, habitat loss, and habitat fragmentation. Another foundational premise is to respect private property rights, existing uses, and activities on private lands. Montana's Strategy also recognizes that some land uses are authorized but may not have been fully implemented by the time Executive Order 12-2015 took effect January 1, 2016.

Lastly, Montana's Strategy also requires mitigation measures be taken to avoid and minimize impacts to habitat and to compensate for residual impacts which can't be avoided. Concurrently, Executive Order 12-2015 also offers Best Management Practices that can be voluntarily implemented to aid in habitat conservation efforts and mitigate impacts.

The facts regarding your Project were not fully anticipated at the time of the Governor's Sage Grouse Advisory Council was deliberating and ultimately made its recommendations to the Governor. The Council's recommendations ultimately became the backbone of Montana's Strategy and Executive Order 12-2015. Nonetheless, both the Advisory Council and Executive Order 12-2015 recognize private property and the voluntary nature of actions taken by Montana's private landowners to contribute to habitat conservation.

I offer recommendations for your consideration and voluntary implementation. If followed, these recommendations will minimize the impacts to sage grouse and sage grouse habitat to the extent possible. For its part, the State of Montana will endeavor to more fully mitigate the impacts of urbanization and subdivision programmatically through a more comprehensive approach.



### Voluntary Recommendations:

The following recommendations are based on Executive Order 12-2015. They are voluntary on your part, but perhaps informative. Feel free to consult with the Program for additional information about any of the recommendations.

- Disturb as little ground as possible during the construction period and thereafter to discourage noxious weeds. Reclamation of disturbed areas must include control of noxious weeds and invasive plant species, including cheatgrass (*Bromus tectorum*) and Japanese brome (*Bromus japonicas*). Please consult the Carbon County noxious weed list and the local County Weed Coordinator for further information and guidance.
- To the extent possible, minimize the elimination and conversion of native rangeland vegetation, including sagebrush, to non-native vegetation such as Kentucky bluegrass. Also, cluster buildings and other infrastructure to the extent possible to preserve as much of the site's current wildlife habitat value and vegetation characteristics as possible.

Practices to minimize the effects of aerial and mammalian predators on sage grouse are recommended. These include the following:

- bury power lines and communications lines when economically feasible; if not economically feasible, then consolidate or co-locate new lines with existing lines and within above ground rights-of way;
- avoid or minimize access by ravens and small mammals to artificial food sources and attractants such as garbage, livestock feed, pet food, and bird feeders;
- minimize new infrastructure or other natural structures that can harbor mammalian predators such as wood or debris piles;
- minimize the occurrence of conifer trees which encroach into sagebrush rangeland to minimize nesting habitat for avian predators; and
- use non-nest facilitating pole designs for tall structures such as antennas and electrical distribution poles.

The following stipulation is taken from Montana Executive Order 12-2015. This stipulation is designed to maintain existing levels of suitable sage grouse habitat by managing uses and activities in sage grouse habitat to ensure the maintenance of sage grouse abundance and distribution in Montana. Development should be designed and managed to maintain sage grouse populations and habitats.

- Weed management is required within General Habitat for sage grouse. Reclamation of disturbed areas must include control of noxious weeds and invasive plant species, including cheatgrass (*Bromus tectorum*) and Japanese brome (*Bromus japonicas*).

Your activities are consistent with the Montana Sage Grouse Conservation Strategy. Your proposed project or activity may need to obtain additional permits or authorization from other Montana state



agencies or possibly federal agencies. They are very likely to request a copy of this consultation letter, so please retain it for your records.

Please be aware that if the location or boundaries of your proposed project or activity change in the future, or if new activities are proposed within one of the designated sage grouse habitat areas, please visit <https://sagegrouse.mt.gov/> information.

Thanks for your interest in sage grouse and your commitment to taking the steps necessary to ensure Montana's Sage Grouse Conservation Strategy is successful.

Sincerely,



Therese Hartman  
Montana Sage Grouse Habitat Conservation Program Manager



Blue Pine

After recording return to:

Row Row Your Boat, LLC  
113 Painter Road  
Belgrade, MT 59714  
FST&E Order No. 1138862

### WARRANTY DEED

For value received, Bluepine Farm, LLC, an Alaska limited liability company, as to Parcel A, and Bluepine Farm, LLC, as to Parcel B, each of P.O. Box 1505, Wilson, Wyoming 83014 ("Grantors"), do hereby grant, bargain, sell, convey and confirm unto Row Row Your Boat, LLC, a Montana limited liability company, of 113 Painter Road, Belgrade, Montana 59714 ("Grantee"), an undivided 16.81% ownership interest in and to the following described real property situated in Carbon County, Montana, legally described as follows:

#### **PARCEL A:**

That part of Section 12, Township 4 South, Range 23 East, of the Principal Montana Meridian, in Carbon County, Montana, described as Tract 1-AG, of Certificate of Survey No. 1878 2<sup>nd</sup> AM AG on file in the office of the Clerk and Recorder of said County, under Document #295375.

Deed Reference: #395754

#### **PARCEL B:**

That part of Government Lot 4 of Section 11, Government Lots 8, 9, 11, 12, 13 and 14 of Section 12, the NW $\frac{1}{4}$ NE $\frac{1}{4}$ , N $\frac{1}{4}$ NW $\frac{1}{4}$  of Section 13 and Government Lot 1 of Section 14, all in Township 4 South, Range 23 East, of the Principal Montana Meridian, Carbon County, Montana, described as Certificate of Survey No. 2395 RE on file in the office of the Clerk and Recorder of said County, under Document #366796.

EXCEPTING therefrom Certificate of Survey No. 1016.

Deed Reference # 389958

TOGETHER WITH an undivided 16.81% ownership interest in and to all and singular the real property above described; all fixtures and improvements of every nature and description; all water, water rights, wells, ditches, ditch easements, and ditch rights appurtenant thereto (without warranty); all minerals and mineral rights owned by Grantor and appurtenant to the real property, including all right, title and interest in coal, oil, gas, royalties and royalty rights and other natural resources on or contained in the land; together with the rights and privileges of the dominant



mineral estate; all timber and timber rights; all rights, title and interest, reversionary or otherwise, in and to all roads, easements, streets and ways, in, upon or bounding the real property, and rights of ingress and egress thereto.

**SUBJECT TO:**

- a. All reservations, exceptions, covenants, conditions and restrictions in patent from the United States or the State of Montana;
- b. All existing easements and rights of way apparent or of record;
- c. Taxes and assessments for 2024 and subsequent years;
- d. All prior conveyances, leases or transfers of any interest in minerals, including oil, gas and other hydrocarbons;
- e. Any claim arising from the difference in the mean low water line of the Clarks Fork Yellowstone River and the meander line as shown by the Original Government Survey;
- f. Right, title and interest of the State of Montana within the natural bed of the Clarks Fork Yellowstone River below the ordinary low water line, and also excepting any artificial accretions waterward of said ordinary low water line;
- g. Title to a portion of this land may have been lost due to changes in the mean low water line of the Clarks Fork Yellowstone River, including, but not limited to, any loss or damage stemming from the increase or loss of land due to accretion, avulsion, reliction, or any other natural process;
- h. Public right and easements for commerce, recreation, navigation and fishery;
- i. Any claim arising from the consequences of a past or future change in the location of the bed of the Clarks Fork Yellowstone River, including, but not limited to, any loss or damage stemming from the increase or loss of land due to accretion, avulsion, reliction, or any other natural process;
- j. All matters, covenants, conditions, restrictions, easements and any rights, interests or claims which may exist by reason thereof, disclosed by the recorded plat of Certificate of Survey No. 732, filed January 24, 1974, as Instrument #190788 (Affects Parcel B); disclosed by the recorded plat of Certificate of Survey No. 2395 RE, filed August 11, 2016, as Document #366796 (Affects Parcel B); and disclosed by recorded plat of Certificate of Survey No. 1739, filed February 12, 1996, as Instrument # 276038 (Affects Parcel B); and disclosed by the recorded plat of Certification of Survey No. 1878 2<sup>nd</sup> AM AG, recorded October 4, 2000, as instrument number 295375 (Affects Parcel A);
- k. Covenants, Conditions and Restrictions recorded February 26, 1996 under Document # 276059 (Affects Parcel B); and recorded on October 4, 2000, under Document #295376 (Affects Parcel A); and
- l. Easement for Access and matters incidental thereto, recorded August 11, 2016 under Document #366797 (Affects Parcel A); and
- m. The effect of Order dated September 28, 2009 and Final Decree of Dissolution of Marriage dated October 6, 2009, recorded October 6, 2009, under Document #339213 (Affects Parcel B).

TO HAVE AND TO HOLD the said premises, with their tenements, hereditaments, and appurtenances unto the said Grantee and its successors and assigns FOREVER.

EXCEPT with reference to items referred to in paragraphs (a) through (m) above, this Warranty Deed is given with the usual covenants expressed in §30-11-110, Montana Code Annotated.


IN WITNESS WHEREOF, Grantors have set their hands and seals as of the date set forth in the Acknowledgement hereto, effective for delivery the \_\_\_\_ day of May, 2024.

**GRANTORS:**

**Bluepine Farm, LLC,  
an Alaska limited liability company**

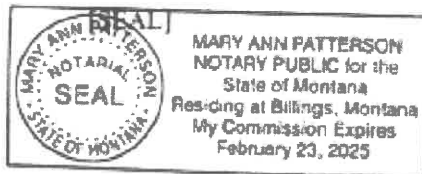
  
By: Michael W. Overcast  
Its: Member and Authorized Signatory


**Bluepine Farm, LLC**

  
By: Michael W. Overcast  
Its: Member and Authorized Signatory

STATE OF Montana )  
COUNTY OF Yellowstone ) ss

This instrument was acknowledged before me on the 9 day of May, 2024, by Michael W. Overcast, in his/her capacity as Member and Authorized Signatory of Bluepine Farm, LLC, an Alaska limited liability company, and Bluepine Farm, LLC, the Grantor.



  
Notary Public for the State of Montana  
Printed name Mary Ann Patterson  
Residing at Billings  
My commission expires 02/23/2025



15040673



**STATE OF MONTANA**  
**SECRETARY OF STATE**  
**ARTICLES OF ORGANIZATION FOR DOMESTIC LIMITED**  
**LIABILITY COMPANY**

FILING FEE: \$70.00

For Office Use Only  
 STATE OF MONTANA

**-FILED-**

SECRETARY OF STATE

File Number: 15040673  
 Date Filed: 12/20/2021 11:05:44 AM

Filing Fees & Processing Options		
Fees and Processing Options	24 Hour Processing - \$90.00 - Processed within 1 business day	
Filing Effective Date		
The entity will be effective:	when filed with the Secretary of State	
Limited Liability Company Type		
Type of Limited Liability Company	Limited Liability Company (LLC)	
Limited Liability Company Name		
Entity Name	Row Row Your Boat, LLC	
Term		
Term Expiration	Perpetual / Ongoing	
Business Purpose		
Purpose	Real estate and any legal business purpose	
Business Mailing Address of Principal Office		
Address	BENJAMIN STANLEY 113 PAINTER RD BELGRADE, MT 59714-9143	
Business Physical Address of Principal Office		
<input type="checkbox"/> Add Physical Address		
Registered Agent in Montana		
Registered Agent	JENIFER S REECE Non-Commercial Registered Agent Agent Number RA00013546 Email Address reece@reececlawmt.com Website Physical Address 109 EAST OAK STREET SUITE 2D BOZEMAN, MT 59715 Mailing Address PO BOX 1288 BOZEMAN, MT 59771-1288	
<input checked="" type="checkbox"/> The appointment of the registered agent listed above is an affirmation by the represented entity that the agent has consented to serve as a registered agent.		
LLC Management		
LLC Managed By	Members	
Are Members Liable?	No	
Members		
Name Of Individual Or Business Entity	Business Mailing Address	Email Address

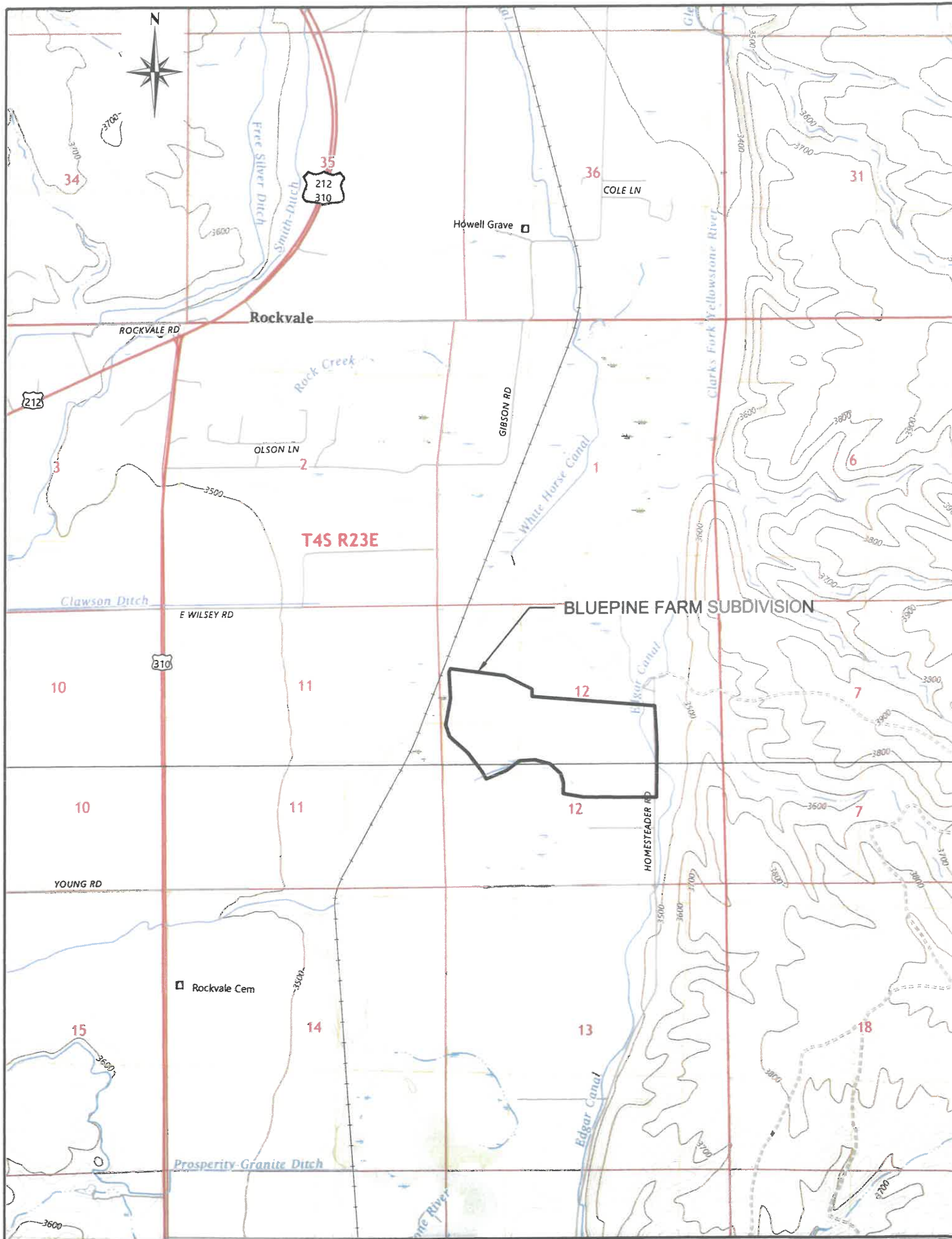
B0483-2964 12/20/2021 11:05 AM Received by MT Secretary of State Christi Jacobsen

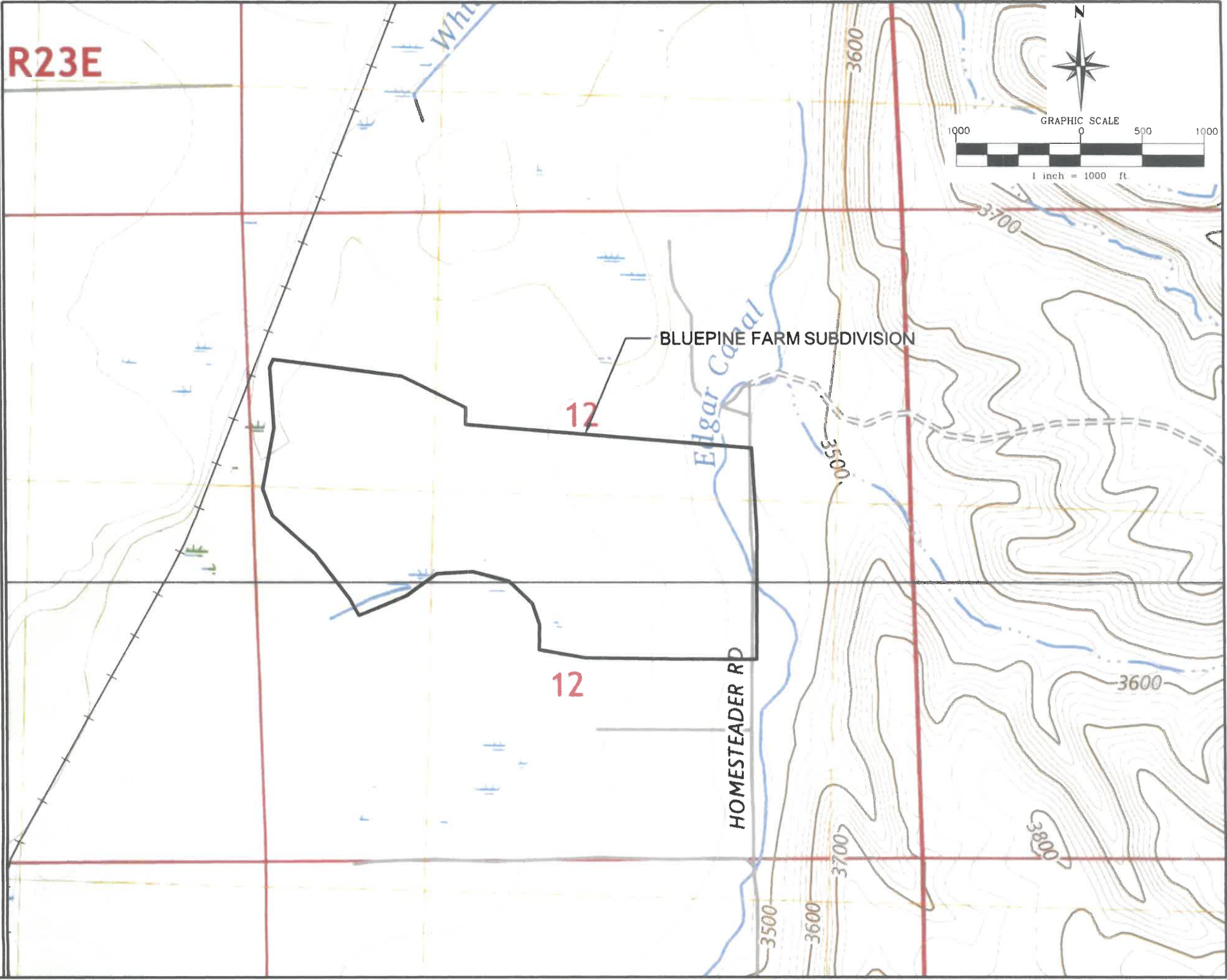




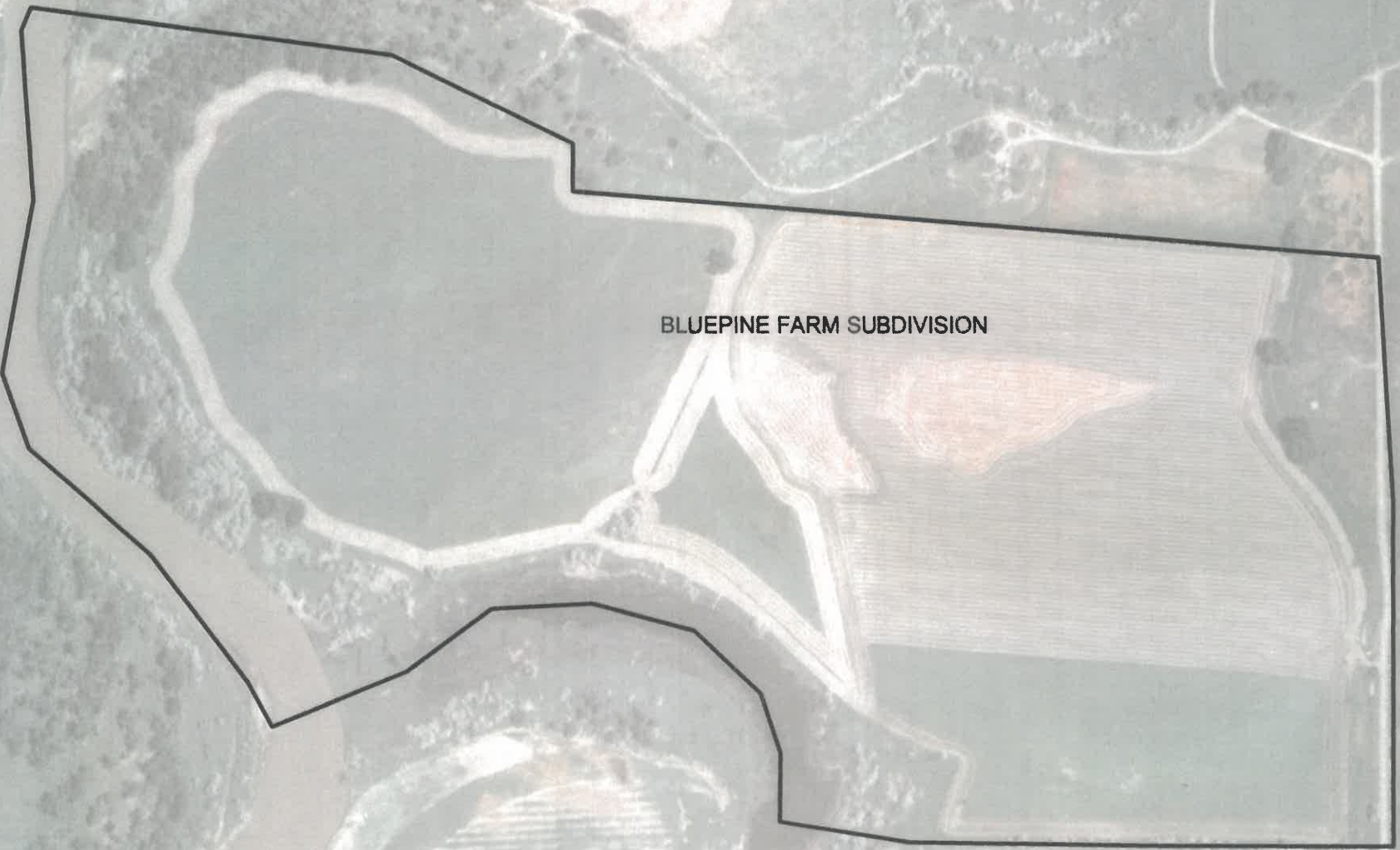
Benjamin Stanley	113 PAINTER RD BELGRADE, MT 59714-9143	stanley.ben3@gmail.com																								
<b>Declarations</b> <input checked="" type="checkbox"/> I understand that the information I enter into the online system is public information and will appear online and on copy requests exactly as I key it into the system. <input checked="" type="checkbox"/> I have been authorized by the business entity to file this document online. <input checked="" type="checkbox"/> I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.																										
<b>Signature</b> <table><tr><td><u>Attorney in Fact</u></td><td><u>Benjamin Stanley</u></td><td><u>Jenifer Reece</u></td><td><u>12/20/2021</u></td></tr><tr><td>Signer's Capacity</td><td>On behalf of</td><td>Sign Here</td><td>Date</td></tr><tr><td>Position</td><td colspan="3">Organizer</td></tr><tr><td>Daytime Contact</td><td colspan="3"></td></tr><tr><td>Phone Number</td><td colspan="3">(406) 414-0146</td></tr><tr><td>Email</td><td colspan="3">reece@reecelawmt.com</td></tr></table>			<u>Attorney in Fact</u>	<u>Benjamin Stanley</u>	<u>Jenifer Reece</u>	<u>12/20/2021</u>	Signer's Capacity	On behalf of	Sign Here	Date	Position	Organizer			Daytime Contact				Phone Number	(406) 414-0146			Email	reece@reecelawmt.com		
<u>Attorney in Fact</u>	<u>Benjamin Stanley</u>	<u>Jenifer Reece</u>	<u>12/20/2021</u>																							
Signer's Capacity	On behalf of	Sign Here	Date																							
Position	Organizer																									
Daytime Contact																										
Phone Number	(406) 414-0146																									
Email	reece@reecelawmt.com																									

30483-2965 12/20/2021 11:05 AM Received by MT Secretary of State Christl Jacobsen









BLUEPINE FARM SUBDIVISION

3  
4

SHEET

BLUEPINE FARM SUBDIVISION  
AERIAL MAP

DRAWN BY: TR	CHECKED BY: JE
DATE: 1/7/2005	SCALE: NTS
CARBON COUNTY	
TOWNSHIP: 4S RANGE: 22E SECTION: 12	



P.O. BOX 194  
COLUMBUS, MT 59019  
PHONE 322-1116  
WWW.ENGINEERING-WEST.COM



4  
4  
SHEET

BLUEPINE FARM SUBDIVISION  
FEMA FLOOD PLAIN MAP  
MAP PANEL # 22

DRAWN BY: TR	CHECKED BY: JE
DATE: 1/17/2025	SCALE: NTS
CARBON COUNTY	
TOWNSHIP: 4S	RANGE: 22E SECTION: 12



P.O. BOX 194  
COLUMBUS, MT 59019  
PHONE 322-1116  
WWW.ENGINEERING-WEST.COM







DEPTH TO WATER - INITIAL:  >84"

PAGE: 1

[illegible]



United States  
Department of  
Agriculture

**NRCS**

Natural  
Resources  
Conservation  
Service

A product of the National  
Cooperative Soil Survey,  
a joint effort of the United  
States Department of  
Agriculture and other  
Federal agencies, State  
agencies including the  
Agricultural Experiment  
Stations, and local  
participants

# Custom Soil Resource Report for **Carbon County Area, Montana**



December 12, 2024



# Contents

---

**Preface**..... 2

**Soil Map**..... 5

    Soil Map.....6

    Legend.....7

    Map Unit Legend..... 8

    Map Unit Descriptions..... 8

        Carbon County Area, Montana..... 10

            Hu—Heldt silty clay loam, 4 to 8 percent slopes..... 10

# Custom Soil Resource Report Soil Map



## Map Unit Legend

Map Unit Symbol	Map Unit Name	Acres in AOI	Percent of AOI
Hu	Heldt silty clay loam, 4 to 8 percent slopes	3.9	100.0%
<b>Totals for Area of Interest</b>		<b>3.9</b>	<b>100.0%</b>

## Map Unit Descriptions

The map units delineated on the detailed soil maps in a soil survey represent the soils or miscellaneous areas in the survey area. The map unit descriptions, along with the maps, can be used to determine the composition and properties of a unit.

A map unit delineation on a soil map represents an area dominated by one or more major kinds of soil or miscellaneous areas. A map unit is identified and named according to the taxonomic classification of the dominant soils. Within a taxonomic class there are precisely defined limits for the properties of the soils. On the landscape, however, the soils are natural phenomena, and they have the characteristic variability of all natural phenomena. Thus, the range of some observed properties may extend beyond the limits defined for a taxonomic class. Areas of soils of a single taxonomic class rarely, if ever, can be mapped without including areas of other taxonomic classes. Consequently, every map unit is made up of the soils or miscellaneous areas for which it is named and some minor components that belong to taxonomic classes other than those of the major soils.

Most minor soils have properties similar to those of the dominant soil or soils in the map unit, and thus they do not affect use and management. These are called noncontrasting, or similar, components. They may or may not be mentioned in a particular map unit description. Other minor components, however, have properties and behavioral characteristics divergent enough to affect use or to require different management. These are called contrasting, or dissimilar, components. They generally are in small areas and could not be mapped separately because of the scale used. Some small areas of strongly contrasting soils or miscellaneous areas are identified by a special symbol on the maps. If included in the database for a given area, the contrasting minor components are identified in the map unit descriptions along with some characteristics of each. A few areas of minor components may not have been observed, and consequently they are not mentioned in the descriptions, especially where the pattern was so complex that it was impractical to make enough observations to identify all the soils and miscellaneous areas on the landscape.

The presence of minor components in a map unit in no way diminishes the usefulness or accuracy of the data. The objective of mapping is not to delineate pure taxonomic classes but rather to separate the landscape into landforms or landform segments that have similar use and management requirements. The delineation of such segments on the map provides sufficient information for the development of resource plans. If intensive use of small areas is planned, however, onsite investigation is needed to define and locate the soils and miscellaneous areas.

## Carbon County Area, Montana

### Hu—Heldt silty clay loam, 4 to 8 percent slopes

#### Map Unit Setting

*National map unit symbol:* cn4w

*Elevation:* 1,900 to 6,000 feet

*Mean annual precipitation:* 10 to 14 inches

*Mean annual air temperature:* 37 to 45 degrees F

*Frost-free period:* 125 to 130 days

*Farmland classification:* Farmland of statewide importance

#### Map Unit Composition

*Heldt and similar soils:* 90 percent

*Minor components:* 10 percent

*Estimates are based on observations, descriptions, and transects of the mapunit.*

#### Description of Heldt

##### Setting

*Landform:* Alluvial fans, stream terraces

*Down-slope shape:* Linear

*Across-slope shape:* Linear

*Parent material:* Alluvium

##### Typical profile

*A - 0 to 7 inches:* silty clay loam

*Bw - 7 to 18 inches:* silty clay loam

*C - 18 to 60 inches:* silty clay loam

##### Properties and qualities

*Slope:* 4 to 8 percent

*Depth to restrictive feature:* More than 80 inches

*Drainage class:* Well drained

*Capacity of the most limiting layer to transmit water (Ksat):* Moderately low to moderately high (0.06 to 0.20 in/hr)

*Depth to water table:* More than 80 inches

*Frequency of flooding:* None

*Frequency of ponding:* None

*Calcium carbonate, maximum content:* 15 percent

*Maximum salinity:* Nonsaline to slightly saline (0.0 to 4.0 mmhos/cm)

*Sodium adsorption ratio, maximum:* 13.0

*Available water supply, 0 to 60 inches:* High (about 9.7 inches)

##### Interpretive groups

*Land capability classification (irrigated):* 3e

*Land capability classification (nonirrigated):* 3e

*Hydrologic Soil Group:* C

*Ecological site:* R058AC041MT - Clayey (Cy) RRU 58A-C 11-14" p.z.

*Hydric soil rating:* No

#### Minor Components

##### Glenberg

*Percent of map unit:* 5 percent

*Landform:* Flood plains

## Custom Soil Resource Report

*Down-slope shape:* Linear  
*Across-slope shape:* Linear  
*Hydric soil rating:* No

### **Haverson**

*Percent of map unit:* 5 percent  
*Landform:* Flood plains  
*Down-slope shape:* Linear  
*Across-slope shape:* Linear  
*Ecological site:* R058AC041MT - Clayey (Cy) RRU 58A-C 11-14" p.z.  
*Hydric soil rating:* No

# STORMWATER DRAINAGE REPORT

PREPARED IN ACCORDANCE WITH  
MONTANA DEQ  
CIRCULAR 8

FOR  
**Bluepine Farm Subdivision**  
**Lot 1**

LOCATED IN  
SECTION 12, TOWNSHIP 4 SOUTH, RANGE 23 EAST, PMM  
CARBON COUNTY, MONTANA

**JANUARY 2025**

**PREPARED FOR:**

**BLUEPINE FARMS**  
**4830 SPORTSMAN DRIVE**  
**ANCHORAGE, AK 99502**

**BEN STANLEY**  
**113 PAINTER ROAD**  
**BELGRADE, MT 59714**  
**(406) 581-994**

**PREPARED BY:**

**ENGINEERING WEST**

**TALYN LUDWIG**  
**P.O. BOX 194**  
**COLUMBUS, MONTANA 59019**  
**(406) 322-1116**



**PROJECT LOCATION**



**ENGINEERING WEST**

LAND • WATER • SEWER

P.O. BOX 194 • COLUMBUS, MT 59019  
ENGINEERING-WEST.COM • 406 322.1116

## **Introduction:**

Bluepine Farm Subdivision is a proposed sanitation application to lift an agricultural covenant on Tract 1- AG of COS 1878. Tract 1 contains 148.33 acres. Tract 1 is subject to DEQ review and approval. The proposed subdivision is located south of Rockvale, Montana. Tract 1 is currently undeveloped.

The purpose of this stormwater drainage report is to address the rules and regulations within the Administrative Rules of Montana and Department of Environmental Quality Circular DEQ-8.

## **Current Drainage Patterns:**

Tract 1 is relatively flat other than the slope leading to the Clarks Fork of the Yellowstone River.

The neighboring properties consist of residential homes and agricultural areas as shown below.





## Exemption:

Administrative Rules of Montana 17.36.310(6)(b) states: (6) "The reviewing authority shall exempt the requirements of (1), (2), (3), and (4) for either of the following:" **(b) lots 5 acres or larger in size if the applicant provides information demonstrating that the total impervious area on the lot will be less than 5% of the lot area, including easements and right-of-ways.**

## Impervious Area Calculations:

Project Name:	Bluepine Farm Subdivision	
Lot:	1	
Total Acreage	148.33	acres
	6,461,254.80	Sq. Ft

Impervious Surfaces	Area (Sq. Ft)
Existing County Gravel Road	-
Proposed House (Single-Family Dwelling)	4,000
Proposed Garage & Outbuildings	-
Proposed Gravel Driveway	2,000
Proposed Concrete Apron	1,000
<b>Total:</b>	<b>7,000</b>

Impervious Area (Percentage of Lot)	0.1	%
-------------------------------------	-----	---

## Culverts:

The State will govern the size and placement of the culvert for the proposed driveway approach for **Tract 1- AG**. Approach permits will have to be obtained for the development of the proposed lot.

## Conclusion:

The proposed development of **Tract 1- AG of Bluepine Farm Subdivision** is exempt from the requirements of DEQ Circular 8. Therefore, no stormwater features are proposed for these lots.

## **Stormwater Erosion Control & BMP:**

IF MORE THAN ONE ACRE OF LAND IS TO BE DISTURBED DURING CONSTRUCTION, A CONSTRUCTION ACTIVITY STORMWATER PERMIT WILL BE REQUIRED. CONTACT THE DEPARTMENT OF ENVIRONMENTAL QUALITY WATER PROTECTION BUREAU AT 406-444-3080 FOR MORE INFORMATION.

Owner and contractor shall be responsible for implementing best management practices for the control of erosion of any disturbed areas.

After assessing site characteristics and how storm water run-off may impact the construction site, the permittee should identify all potential pollutant sources, such as sediment from disturbed areas, stored wastes and fuels. BMPs, which will function to minimize or eliminate the potential for these pollutants to reach surface waters through storm water runoff, should then be selected and implemented. These BMPs are then detailed in the site specific SWPPP, which provides a written (through the narrative) and visual (through the detail drawings and site map) strategy for successful pollution control and storm water management.

BMPs at construction sites should consist of various erosion and sediment control measures for exposed soils, as well as materials handling and waste management measures. These practices and control measures are either installed (physical or structural in nature) or implemented (procedural or activity driven). It is the responsibility of the permittee to verify potential BMP restrictions with other regulatory agencies (e.g., US Army Corps of Engineers, municipalities).

Erosion and sediment control for areas of disturbance and controls for materials and waste are best accomplished with the proper selection, installation, evaluation, and maintenance of appropriate control features.

All control features require routine inspections and maintenance to ensure continuous, effective operation. Periodic site inspections by qualified personnel (such as the SWPPP Administrator) are required under the Construction General Permit and should focus on effective management of pollutants and preventive maintenance of BMPs. BMPs should be monitored for function, with any accumulated sediments removed frequently.

# PRESSURE-DOSED DRAINFIELD SYSTEM ENGINEERING REPORT

PREPARED IN ACCORDANCE WITH  
MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY'S  
MONTANA STANDARDS FOR SUBSURFACE WASTEWATER TREATMENT SYSTEMS  
CIRCULAR DEQ-4  
FOR

## Bluepine Farm Subdivision Lot 1

LOCATED IN  
SECTION 12, TOWNSHIP 4 SOUTH, RANGE 23 EAST, PMM  
CARBON COUNTY, MONTANA

JANUARY 2025

**PREPARED FOR:**

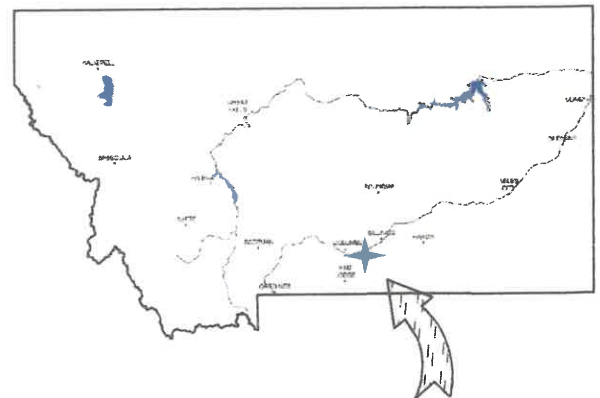
BLUEPINE FARMS  
4830 SPORTSMAN DRIVE  
ANCHORAGE, AK 99502

BEN STANLEY  
113 PAINTER ROAD  
BELGRADE, MT 59714  
(406) 581-994

**PREPARED BY:**

**ENGINEERING WEST**

TALYN LUDWIG  
P.O. Box 194  
COLUMBUS, MONTANA 59019  
(406) 322-1116



**PROJECT LOCATION**



P.O. BOX 194 • COLUMBUS, MT 59019  
ENGINEERING-WEST.COM • 406.322.1116

**Pressure-Dosed Distribution  
On-site Wastewater Treatment System  
For  
Bluepine Farm Subdivision  
Cabron County, Montana**

**Description**

The following plans are a design for a Pressure-Dosed Distribution Drainfield System for a four (4) Bedroom House on Lot 1 of Bluepine Pine Subdivision. Designed for a single family 4-bedroom house, totaling 350 gpd wastewater flow.

Soils = Clay Loam (Application Rate: 0.3 gpd/ft<sup>2</sup>) ✓  
NRCS Soils = Silty Clay Loam (Application Rate: 0.3 gpd/ft<sup>2</sup>)

Design Loading Rate = 0.3 gpd/ft<sup>2</sup>

**Wastewater Flow Calculations**

**Circular DEQ 4 (3.1.2)**

4 Bedroom Home = 350 gpd

$$\frac{350 \text{ gpd}}{0.3 \text{ gpd/ft}^2} = 1,166.6 \text{ ft}^2 \quad \checkmark$$

**Pressure-Dosed Trench**

$$\frac{1,166.6 \text{ ft}^2}{3.0 \text{ ft}} = \text{minimum } 388.8 \text{ linear feet} \quad \checkmark$$

**Gravelless Chamber Reduction Factor (25%)**

388.8 linear feet x 0.75 = minimum of 291.6 linear feet of pressure-dosed gravelless chamber trenches. ✓

**Design Criteria**

✓  
Install (5)-60 linear feet, 34" wide pressure-dosed gravelless chambers, a total of 300 linear feet.

#### Minimum Septic Tank Size (DEQ #4)

Minimum Design: 1,500-gallon septic tank.

Design/Install a 1,500-gallon concrete septic tank or approved equivalent.

#### Minimum Dosing Tank Size (DEQ #4)

Minimum Design: 500-gallon dosing tank.

Design: 500-Gallon Concrete Dosing Tank

Pump Submergence	(19")	= 190-gallons
Dosing Volume	(19")	= 190-gallons
Alarm Volume	(2")	= 20-gallons
<u>25% Reserve Storage</u>	<u>(9")</u>	<u>= 90-gallons</u>
Minimum Dosing Tank Size		= 490-gallons

Design/Install a 500-gallon concrete dosing tank or approved equivalent.

#### Materials

- A. Septic Tank: A **1,500 Gallon Septic Tank** shall be installed. The tank shall be pre-fabricated and meet design criteria as set forth in DEQ Circular No. 4 Section 5.1.7.1 B. A complete set of plans stamped by a professional engineer certifying compliance with DEQ 4 Section 5.1.7.1 B is available upon request. *The septic tank shall be located to prevent traffic from driving over the tank.*
- B. Dosing Tank: A **500 Gallon Dosing Tank** shall be installed. The tank shall be prefabricated and meet design criteria as set forth in DEQ Circular No. 4 Section 5.1.7.1 B. A complete set of plans stamped by a professional engineer certifying compliance with DEQ 4 Section 5.1.7.1 B is available upon request. *The dosing tank shall be located to prevent traffic from driving over the tank.*
- C. Septic Tank Effluent Filter: The septic tank effluent filter shall slide inside the 4-inch sanitary tee at the effluent end of the septic tank compartment. An inspection port in the septic tank shall be located directly above the tee. The effluent filter shall be a **Polylok Septic Tank Effluent Filter and Cartridge, Model # PL-122**, or approved equivalent. A high-water float shall be installed on effluent filter and connected to high water alarm system. Refer to drawings. The installer must provide the owner of the system with a copy of the maintenance instructions for the effluent filter.

- D. High Water Alarm System & Control Box: A high water alarm system and control box shall be installed in a visible and accessible location. The alarm system and control box shall consist of a **Rhombus Technologies Control Panel and Floats** or approved equivalent.
- E. Sewage Pump and Float Switches: The pump shall be a **Ashland EP 100, 1 Horsepower, (single phase) submersible effluent pump or approved equivalent**. This pump at a minimum must be capable of producing **71.52 gpm at 53.67 feet of head**. The float controls shall be set to a minimum of 2-inches of water over the top of the pump during normal operating conditions. The pump **on** and **off** float switch settings shall provide a minimum of **190-gallons** of water pumped during each pump operating cycle. There shall be a high-level alarm float switch set to operate at 2-inches above the pump on float switch. **Pump dosing duration shall be 2.7 minutes.**
- F. Force Main Line (Delivery Line): The force main line pipe shall be a nominal diameter of **2", Schedule 40 PVC**, or approved equal. An approximate total of ~~60~~<sup>150'</sup> linear feet of force main pipe will be required per lot layout.
- G. Riser Safety Screen: Install a **POLYLOK 24" Safety Screen** into the tank riser.
- H. Sewer Pipe: The sewer pipe installed between the buildings and septic & dosing tank shall be a **Schedule 40, 4-inch diameter PVC pipe or approved equivalent** installed with a **minimum slope of 1/4 inch per foot**.
- I. Knife Valve: **Two** Valterra Knife Valves or approved equivalents shall be installed between manifold and pressurized lateral. Each knife valve shall have an orifice drilled in it per plan specifications to equalize the flow of effluent in lateral.

Lateral Number	Orifice Size
1	1-5/32"
2	No Plate
3	1-11/32"
4	No Plate"
5	No Plate"

## **Pressure Distribution System**

**Perforated Lateral Pipes:** The perforated lateral pipes shall be a nominal **1-1/2" diameter Polyvinyl Chloride (PVC), Schedule 40** pipe conforming to ASTM D-1785, or approved equivalent. The pipes shall have **3/16" perforations (orifices)** located along one axis, spaced **5** feet on center. All orifices shall be drilled on the up side except for every fourth orifice, which will be drilled opposite (bottom). Install orifice shields over all orifices that are drilled on bottom of pipe. The end of the lateral shall contain an inspection riser as detailed on the lateral drawing. The last orifice shall be drilled opposite (bottom) on the lateral to allow air to vent as shown on lateral drawing. The pipes shall be joined with solvent cement welded bell and spigot joints.

**Gravelless Chamber System:** **34" Infiltrator Gravelless Chamber Systems (or approved equivalent)** shall be used. Install **five (5)** laterals each consisting of a minimum of **60** linear feet of chambers. A total of **12 chambers** (4.0' length/each) will be needed per lateral for a total of **75 chambers** to achieve a minimum total of **300** linear feet.

**Access Boxes:** Install **seven (7) access boxes** over the two (2) knife valves and five (5) access risers at the end of the laterals. These boxes will be utilized for accessing the risers for inspection.

**Orifice shields:** Install a total of **52 orifice shields** on all orifices drilled downward. The orifice shields shall be **POLYLOK Orifice Diffuser, model 3080, or approved equivalent**.

## **Pressure Distribution Network**

**Septic & Dosing Tank:** The septic & dosing tank shall be installed level on a 6" thick compacted gravel base and backfilled completely before filling. Septic and dosing tank shall be installed per plans and specifications.

**Effluent Pump:** The effluent pump shall be connected to the residential power source. A 12-gauge underground feeder cable with ground shall connect the pump to the **CE Simplex Electrical Control Panel or approved equivalent**. The underground cable shall be buried a minimum of 2-foot deep. A cable warning ribbon shall be placed 1-foot over the top of the cable. A circuit breaker (size determined by a licensed electrician) will be located in the control box and a neutral safety switch shall be positioned at a convenient location to be determined by the owner. This safety switch shall be connected so as to be able to cut off power to the pump. A licensed Montana electrician shall perform electrical installation. All work shall comply with all Montana Electrical Codes.



Wastewater Disposal System: The wastewater disposal system shall be constructed at the depths and lengths as shown on the drawings. Note, variation in home location from shown on approved lot layout may require consultant's re-evaluation of dosing and pump requirements.

Force Main: The force main (delivery) pipe shall consist of **nominal 2" Schedule 40 PVC Pipe** or approved equivalent **and all fittings pressure-rated**. Approximately **150 linear feet (depending upon location of dosing tank and the drainfield)** of force main shall be installed 6 feet (below freezing) natural ground surface when possible. When possible, slope force main back to dosing tank so that effluent can gravity flow back when pumping cycle ends. ***When excavating trenches use trench box or over excavate trench to achieve OSHA approved slope percentages for shoring.***

Pressurized Lateral: **Five (5)** pressurized distribution perforated laterals shall be installed in 36-inch-wide trenches. The laterals shall be **60 feet long with twelve (12) 3/16" orifices** spaced **5 feet on center** as detailed on the drawings. These orifices shall be drilled on a drill press or pre-ordered to certain specifications. Do not drill orifices with a hand drill because the orifices will not be accurate or consistent in diameter. The pressurized lateral shall be laid on a 0% (level) grade within the gravelless chambers.

Capped Inspection Riser: A capped inspection riser shall be placed at the end of the lateral trench as detailed in the drawings. Each riser shall be capped with proper fittings to allow for inspection of the system in the future.

### Permits

The owner shall obtain all necessary permits and inspections. The Contractor shall coordinate this work with the county sanitarian and Engineering West.

### Contractor's Licenses

The contractor shall be licensed to install on-site wastewater treatment systems in **Carbon County**.

### **Substitutions**

- A. Substitutions proposals must be accompanied by full descriptive and technical data for item proposed, together with statement of amount of cost addition or deduction from the Base Bid if substitution is accepted.
- B. The contract Drawings and these Specifications establish the "MINIMUM STANDARD OF QUALITY" each product and/or system must meet to be considered acceptable. Products of other manufacturers will be considered if the product and/or system meet or exceed the "MINIMUM STANDARD OF QUALITY" established by these Contract Documents, and also provides compatibility with existing equipment being reused.
- C. The system is designed around the first-named manufacturer shown for each piece of equipment. The cost of any changes to this and other trades as a result of use of the substitute material or equipment shall be borne by the Contractor using such material or equipment and included in the bid price.

### **Construction Testing and Inspection**

The septic/dosing tank shall be tested to insure watertightness by plugging all inlets and outlets, filling with water, allowing the water to remain 24 hours to soak the concrete, refilling to within 6 inches of the top, and measuring the drop in water level for the next 24 hours. If the drop exceeds 1 inch, the necessary corrective measures shall be taken and the dosing tank retested. After the 24 hour tank soak, prior to backfilling around the dosing tank and the drainfield laterals, ENGINEERING WEST or a qualified individual approved by the reviewing authority, shall be given a **72 hour notice** for an inspection. This inspection should be timed to coincide with the inspection of the system hydraulic test (see testing procedures listed below).

The distribution system shall be pressure tested prior to the final chamber cover over the laterals to demonstrate uniform flow distribution. The testing procedure shall include the following steps:

**The sides and bottom of the absorption trenches shall be raked to scarify any smeared soils during excavation of the trenches. Construction equipment shall be kept off the area to be utilized to prevent any smeared soils, and construction shall not be initiated when the soil moisture content is high (soil can be rolled in ribbons).**

1. Install all of the piping system and glue all pipe joints.
2. Measure the height of the water coming from each orifice at the end of inspection risers. The minimum height is 2.3ft (28-inches). This height will provide a minimum of **1.0 psi** of pressure in the lateral. If the range of heights is greater than 10% between the lowest to the highest, then system adjustments must be made.
3. When the contractor is satisfied that the system pressurizes properly and the water discharge heights are in the proper range then notify the sanitarian for an inspection of the pressure distribution system.
4. When the system meets the sanitarian's approval, the gravelless chambers can be installed and the pressurized laterals suspended within the chambers.
5. Upon construction of the system and approval of the construction by the local sanitarian, the local sanitarian shall certify that the system was constructed per plans and specifications.

# Squirt

C:\Users\wavi\Dropbox\2024\BLUEPINE FARMS - BEN STANLEY\SECTION 9 - SEPTIC

	Maximum Orifice Flow Rate (gpm)	Minimum Orifice Flow Rate (gpm)	Orifice Flow Differential (%)	Lateral Flow Rate (gpm)	Manifold Pressure (ft)	Manifold Flow Rate (gpm)	Manifold Headloss (ft)	Residual Pressure (ft)	Orifice Plate Orifice Diameter (in)
Lateral 1	1.21	1.18	2.29	14.30	7.97	14.30	.04	7.40	1-5/32
Lateral 2	1.21	1.18	2.29	14.30	8.25	28.61	.18	7.40	NO PLATE
Lateral 3	1.21	1.18	2.29	14.30	8.25	.00	.00	7.40	1-11/32
Lateral 4	1.21	1.18	2.29	14.30	8.25	28.61	.18	7.40	2-15/32
Lateral 5	1.21	1.18	2.29	14.30	7.87	14.30	.04	7.40	2-7/16

Flowrate and Total Dynamic Head  
71.52 gpm 53.67 ft

Flow Differential Across System 2.29 %  
Total Lateral Length 300 ft

Dose volume is 182 gal at 5 times lateral volume

Forcemain Volume: 22.5 gal.  
Manifold volume: 4.8 gal.

Forcemain

Headloss in Forcemain: 31.52 ft  
Velocity in Forcemain: 7.95 ft/sec

Pump Discharge

Headloss in Discharge: 10.27 ft  
Velocity in Discharge: 7.95 ft/sec

Print

Saw



Patent Pending

Forcemain Length (ft)	150
Forcemain Diameter (in)	1.917
Forcemain Minor Losses	9.63
Pumping Liquid Level (ft)	488.38
Discharge Assembly Length (ft)	14
Discharge Assembly Dia (in)	1.917
Discharge Minor Losses	8.39
Discharge Elevation (ft)	497

	Orifice Diameter (in.)	Orifice Spacing (ft.)	Lateral Seg. A Diameter (in.)	Lateral Seg. B Diameter (in.)	Lateral Seg. A Length (ft.)	Lateral Seg. B Length (ft.)	Lateral Elevation (ft.)
Lateral 1	0.1875	5	1.59	1.59	60	0	497.4
Lateral 2	0.1875	5	1.59	1.59	60	0	497.2
Lateral 3	0.1875	5	1.59	1.59	60	0	497
Lateral 4	0.1875	5	1.59	1.59	60	0	496.8
Lateral 5	0.1875	5	1.59	1.59	60	0	496.6

Number of Laterals	5	Update Grid
Residual Pressure (ft)	7.4	
Haz-Will Coefficient	130	

Manifold	Diameter (in)	Length (ft)
Segment 1	2.047	7
Segment 2	2.047	7
Segment 3	2.047	7
Segment 4	2.047	7

#### Data Check Status

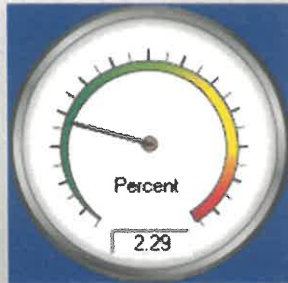
Checking forcemain diameter  
Forcemain diameter... OK

Checking forcemain length  
Forcemain length... OK

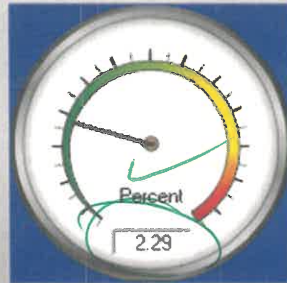
Checking pump discharge piping length  
Pump discharge piping length... OK

Checking pump discharge piping diameter  
Pump discharge piping diameter... OK

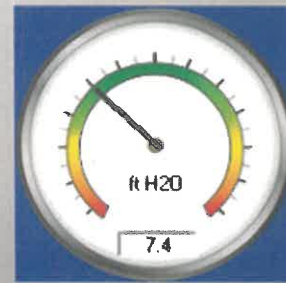
Number of Pumps in List 63		Add >>	Pumps to be Plotted	
ASHLAND	SWHD200	<< Remove	ASHLAND	EP100
ASHLAND	SWH100	Refresh		
ASHLAND	EPF30	Plot Pumps		
ASHLAND	EP100	Remove All		
CHAMPION	CPSTEP5			
CHAMPION	CPSTEP10			
CHAMPION	CPSTEP5			



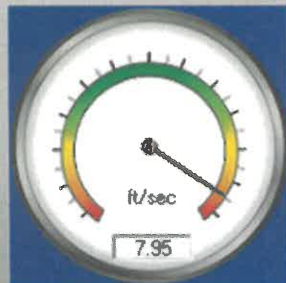
System Flow Differential



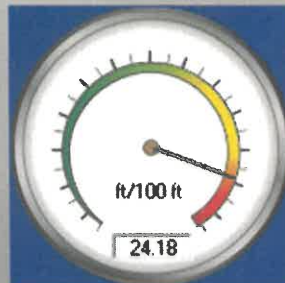
Lateral  
Differential



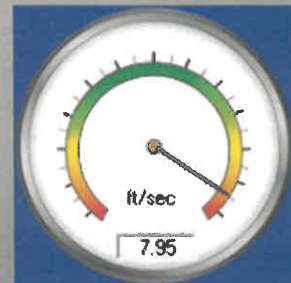
Residual Pressure



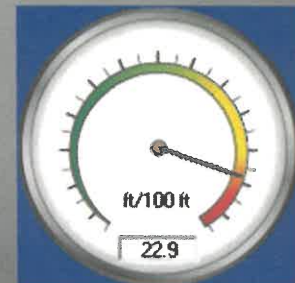
Forcemain Velocity



Forcemain Headloss



Discharge  
Velocity



Discharge Headloss

Print

Close

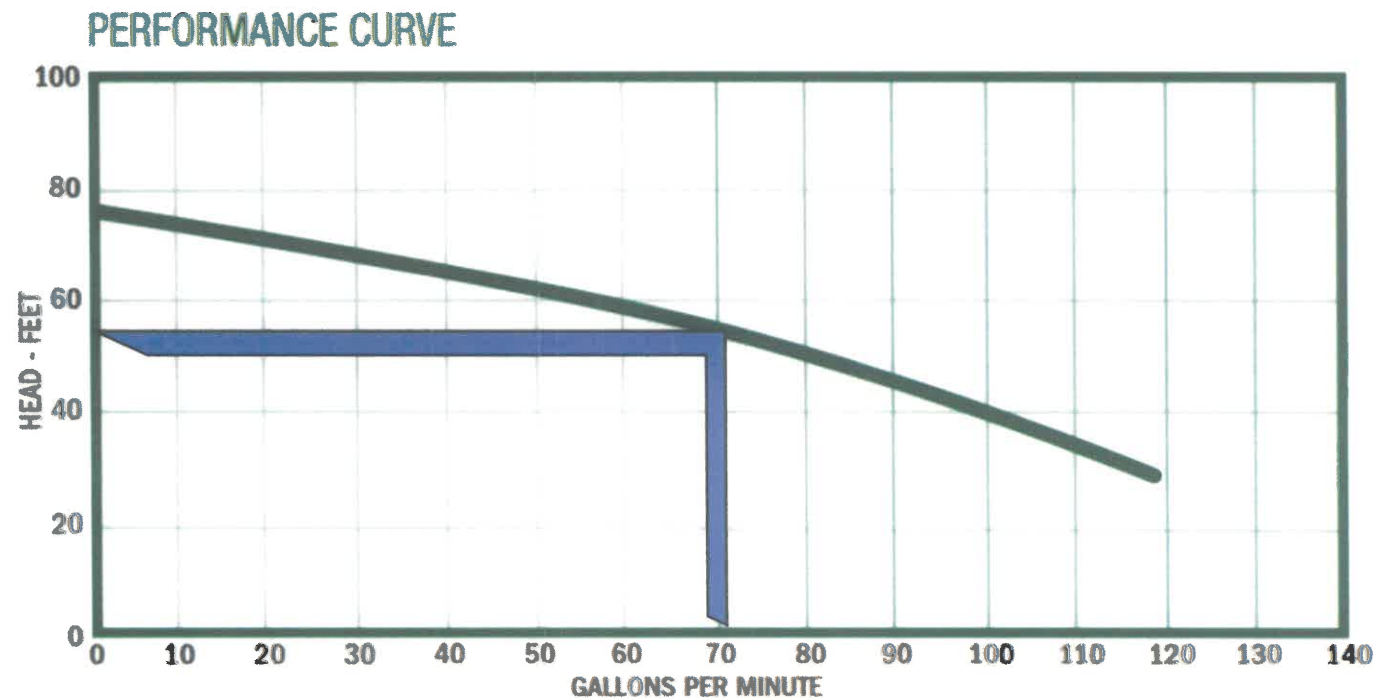
**Squir**



## EFFLUENT PUMPS

### EP100 Performance Data

RPM: **3450**    Discharge: **2"**    Solids: **3/4"**





## PL-122 Filter

The PL-122 was the original Polylok filter. It was the first filter on the market with an automatic shut-off ball installed with every filter. When the filter is removed for regular servicing, the ball will float up and prevent any solids from leaving the tank. Our patented design cannot be duplicated.

### Features:

- Offers 122 linear feet of 1/16" filter slots, which significantly extends time between cleaning.
- Has a flow control ball that shuts off the flow of effluent when the filter is removed for cleaning.
- Has its own gas deflector ball which deflects solids away.
- Installs easily in new tanks, or retrofits in existing systems.
- Comes complete with its own housing. No gluing of tees or pipe, no extra parts to buy.
- Has a modular design, allowing for increased filtration.

### PL-122 Installation:

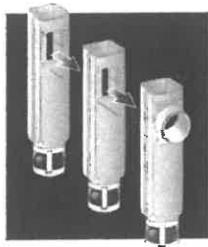
Ideal for residential waste flows up to 3,000 gallons per day (GPD). Easily installs in any new or existing 4" outlet tee.

1. Locate the outlet of the septic tank.
2. Remove the tank cover and pump tank if necessary.
3. Glue the filter housing to the outlet pipe, or use a Polylok Extend & Lok if not enough pipe exists.
4. Insert the PL-122 filter into tee.
5. Replace and secure the septic tank cover.

### PL-122 Maintenance:

The PL-122 Effluent Filter will operate efficiently for several years under normal conditions before requiring cleaning. It is recommended that the filter be cleaned every time the tank is pumped, or at least every three years.

1. Do not use plumbing when filter is removed.
2. Pull PL-122 cartridge out of the tee.
3. Hose off filter over the septic tank. Make sure all solids fall back into septic tank.
4. Insert filter back into tee/housing.



Polylok offers the only filter on the market where you can get more GPD by simply snapping our filters together!

Patent Numbers  
6,015,488 & 5,871,640



## EZ Series® - Single Phase Simplex (Demand/TD)

Single phase, simplex demand dose or timed dose float controlled system for pump control and system monitoring.

The EZ Series® simplex control panel is designed to control one 120, 208, 240 VAC single phase pump in water and sewage installations.

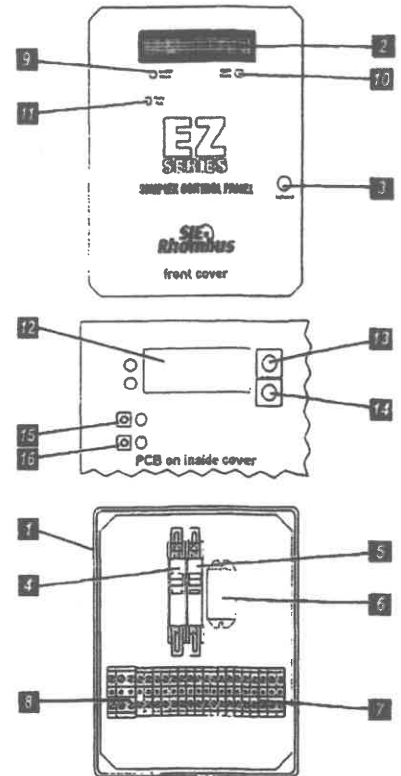
The EZ Series® simplex control panel features a display on the inside of the front cover for programming and system monitoring.

The panel configuration can be easily converted in the field to either a timed dose or demand dose.

The optional post models include an access door. The post can be mounted in the ground directly, over a 4X4, or conduit. The panel is also available with optional duo alarm to meet the needs of various applications.

### PANEL COMPONENTS

1. Enclosure base measures 10 X 8 X 6 inches (25.4 X 20.32 X 15.24 cm). NEMA 4X (ultraviolet stabilized thermoplastic with removable mounting feet for outdoor or indoor use). Includes locking latch as standard. Note: Options, voltage, and amp range selected may change enclosure size and component layout.
  2. Red Alarm Beacon provides visual check of alarm condition.
  3. Exterior Alarm Test/Silence Switch allows horn and light to be tested and horn to be silenced in an alarm condition. Alarm automatically resets once alarm condition is cleared.
  4. Circuit Breaker provides pump power disconnect and branch circuit protection.
  5. Circuit Breaker provides control/alarm power disconnect.
  6. Power Relay controls pump by switching electrical lines.
  7. Float Connection Terminal Block
  8. Incoming Control/Alarm Power & Pump Power Terminal Block
  9. Control Power Indicator indicator light illuminates if control power is present in panel.
  10. Alarm Power Indicator indicator light illuminates if alarm power is present in panel.
  11. Pump Run Indicator will illuminate when pump is called to run.
  12. LED Display shows system information including: pump elapsed time (hh:mm), events (cycles).
  13. Menu/Enter Button used for viewing panel settings.
  14. Set/Change Button used for programming panel settings.
  15. Pump 1 Push To Run Momentary Switch - Pump activates when pressed
  16. Alarm Horn provides audio warning of alarm condition (83 to 85 decibel rating). (Located inside panel on cover, not shown)
- NOTE: Schematic/Wiring Diagram and Pump Specification Label are located inside the panel.



Model Shown EZS21W914X6A8AC10E15A  
(Inside view)

Reg. Cdn Pat. & TM Off

### FEATURES

- Entire control system (panel and switches) is UL Listed to meet and/or exceed industry safety standards
- Dual safety certification for the United States and Canada
- Standard package includes:  
Demand Dose - three 20' SJE MilliAmpMaster™ control switches  
Timed Dose - two 20' SJE MilliAmpMaster™ control switches
- Complete with step-by-step installation instructions
- Five-year limited warranty



**SJE Rhombus.**

PO Box 1708, Detroit Lakes, MN 56502  
1-888-DIAL-SJE • 1-218-847-1317  
1-218-847-4817 Fax

email: customer.service@sje rhombus.com

www.sje rhombus.com B.1 11

SEE BACKSIDE FOR COMPLETE LISTING OF AVAILABLE OPTIONS.

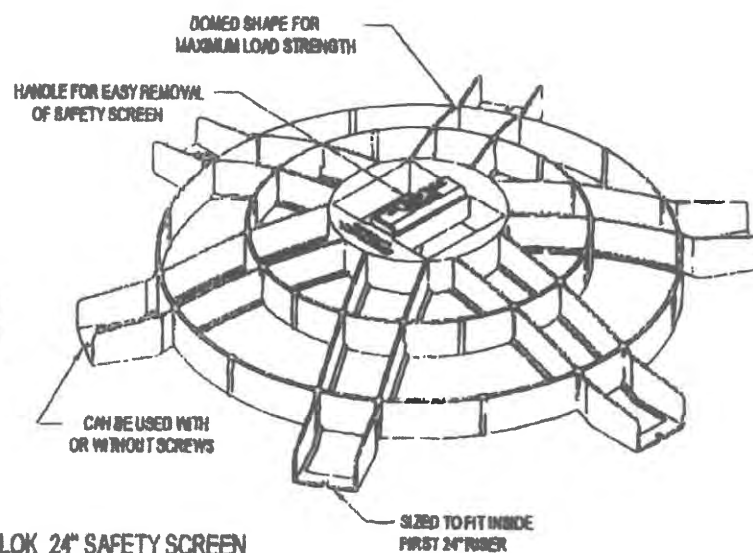
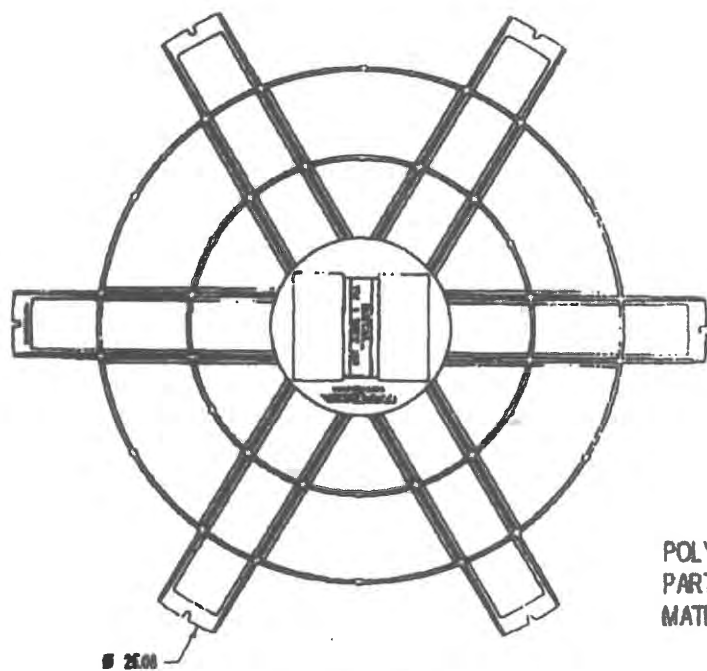
EZS		2	1	W	1	1	4	H	3A 6A 8AC 10E 15A
<b>MODEL EZS</b>									
<b>MODEL TYPE</b>									
<input type="checkbox"/>	1 = SPLX TIMED DOSE .....								\$704.00
<input type="checkbox"/>	2 = SPLX DEMAND DOSE .....								\$729.00
<b>ALARM PACKAGE</b>									
<input checked="" type="checkbox"/>	1 = alarm package (Includes test/normal/silence switch, fuse, red light & horn) .....								Base
<b>ENCLOSURE RATING</b>									
<input checked="" type="checkbox"/>	W = NEMA 4X .....								Base
<b>STARTING DEVICE</b>									
<input type="checkbox"/>	1 = 120/208/240 VAC .....								Base
<input type="checkbox"/>	9 = 120 VAC .....								Base
<b>PUMP FULL LOAD AMPS</b>									
<input type="checkbox"/>	0 = 0-7 FLA .....								Base
<input type="checkbox"/>	1 = 7-15 FLA .....								Base
<input type="checkbox"/>	2 = 15-20 FLA .....								Base
<b>PUMP DISCONNECTS</b>									
<input checked="" type="checkbox"/>	4 = circuit breaker(s) .....								
	120 VAC (must select starting device option 9) .....								\$35.00
	120/208/240 VAC (must select starting device option 1) .....								\$70.00
<b>SWITCH APPLICATIONS</b>									
<input type="checkbox"/>	H = floats (Timed dose = timer enable and alarm / Demand dose = stop, start, and alarm) (select 17 option) .....								Base
<input type="checkbox"/>	X = no float (Time dose) .....								\$50.00
	(Demand dose) .....								\$75.00
Note: Pump down applications only.									
<b>OPTIONS</b> Listed below									

CODE DESCRIPTION		LIST PRICE	Total Options		TOTAL LIST PRICE
<input type="checkbox"/>	1J Duo alarm inputs .....	\$20.00			
<input checked="" type="checkbox"/>	3A Alarm Flasher (included as standard) .....	\$0.00			
<input type="checkbox"/>	4A Redundant off (timed dose only) .....				
	(select 4D if floats are required) .....	\$0.00			
<input type="checkbox"/>	4D Redundant off float .....				
	(must select 4A option) (must select 17 option) .....	\$25.00			
<input checked="" type="checkbox"/>	6A Auxiliary alarm contact, form A (included as standard) .....	\$0.00			
<input checked="" type="checkbox"/>	8AC Display board includes: ETM counter, events (cycles) counter, alarm counter (included as standard) .....	\$0.00			
<input checked="" type="checkbox"/>	10E Lockable latch - NEMA 4X (included as standard) .....	\$0.00			
<input type="checkbox"/>	10P Mounting post (factory installed with 2.5" cord seal) .....	\$110.00			
<input checked="" type="checkbox"/>	15A Control / Alarm circuit breaker (included as standard) .....	\$0.00			
<input type="checkbox"/>	16A 10' cord in lieu of 20' (per float) .....	\$2.00			
<input type="checkbox"/>	16B 15' cord in lieu of 20' (per float) .....	\$1.00			
<input type="checkbox"/>	16C 30' cord in lieu of 20' (per float) .....	\$5.00			
<input type="checkbox"/>	16D 40' cord in lieu of 20' (per float) .....	\$15.00			
	17C Sensor Float <sup>2</sup> / internally weighted ▲ (per float) .....	\$5.00			
	17D Sensor Float <sup>2</sup> / externally weighted ▲ (per float) .....	\$7.00			
	17G MilliAmpMaster™ / pipe clamp ● (per float) .....	\$0.00			
	17H MilliAmpMaster™ / externally weighted ● (per float) .....	\$7.00			
	17J Sensor Float <sup>2</sup> / pipe clamp ▲ (per float) .....	\$0.00			
	18A Timer override float (timed dose only) .....	\$25.00			
	22G 2 1/2" hub installed with 6 hole cord seal .....	\$73.00			
			● Mechanically-activated ▲ Mercury-activated		

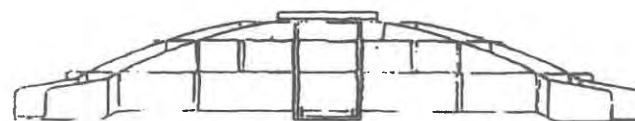
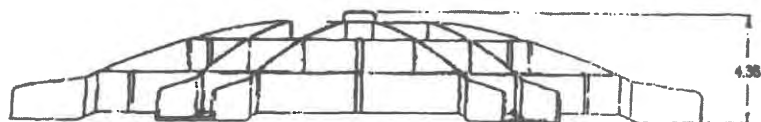
If additional features are required, call the factory for a quote on an Engineered Custom control panel.

## SAMPLE

EZS2		2	1	W	1	1	4	H	3A 6A 8AC 10E 15A 17G
<b>MODEL</b>									
<b>Model Type</b>									
<b>Alarm Package</b>									
<b>Enclosure Rating</b>									
<b>Starting Device</b>									
<b>Pump Full Load Amps</b>									
<b>Pump Disconnects</b>									
<b>Switch Application</b>									
Options: Auxiliary alarm contact, form C;									
Display, Lockable Latch, Control/Alarm breaker,									
SJE MilliAmpMaster™/pipe clamp									
									<b>TOTAL LIST PRICE</b>
									<b>\$799.00</b>



POLYLOK 24" SAFETY SCREEN  
PART NO. - 3008-SS  
MATERIAL - ABS



# DESIGN REPORT FOR NON-PUBLIC WATER SYSTEMS

## Bluepine Farm Subdivision Lot 1

LOCATED IN  
SECTION 12, TOWNSHIP 4 SOUTH, RANGE 23 EAST, PMM  
CARBON COUNTY, MONTANA

MARCH 2025

**PREPARED FOR:**

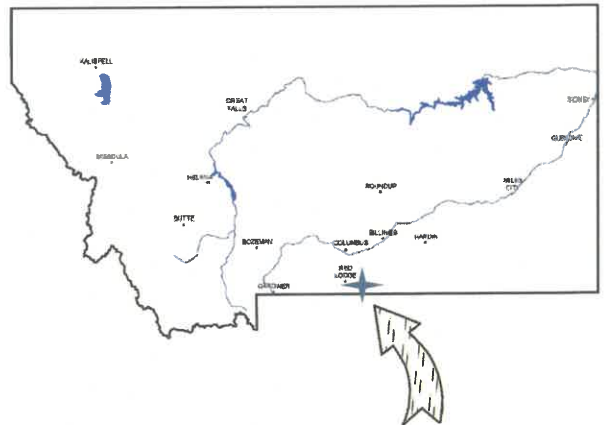
**BLUEPINE FARMS  
4830 SPORTSMAN DRIVE  
ANCHORAGE, AK 99502**

**BEN STANLEY  
113 PAINTER ROAD  
BELGRADE, MT 59714  
(406) 581-994**

**PREPARED BY:**

**ENGINEERING WEST**

**TALYN LUDWIG  
P.O. BOX 194  
COLUMBUS, MONTANA 59019  
(406) 322-111**



**PROJECT LOCATION**



**ENGINEERING WEST**

LAND • WATER • SEWER

P.O. BOX 194 • COLUMBUS, MT 59019  
ENGINEERING-WEST.COM • 406.322.1116

# **1. APPLICATION & GENERAL STANDARDS**

## **1.1. PURPOSE AND APPLICABILITY**

This 2023 version of DEQ Circular 20 is the first version of this circular. The information in this circular is based on information contained in the 2018 version of Circular DEQ-3 and sections of the Administrative Rules of Montana (ARM) 17.36 that were last revised in 2018. DEQ-20 also incorporates the requirements previously listed in department circular DEQ-11 and department circular DEQ-17.

This circular provides design standards for nonpublic water systems which are defined as individual, shared and multiple-user water systems. Nonpublic water systems are water supply systems with a population of less than 25 persons served less than 60 days per year or with less than 15 connections, that do not meet the definition of public water systems listed in Title 75, chapter 6, MCA, and ARM 17, chapter 38, subchapter 1. In estimating the population that will be served by a proposed residential system, the reviewing authority shall multiply the number of living units by 2.5.

Plans for facilities that will be public water supply systems must be reviewed in accordance with the provisions of Title 75, chapter 6, Montana code Annotated (MCA), and ARM 17, chapter 38, subchapter 1. Definitions relevant to this circular are adopted in ARM 17.36.101 and in DEQ-1 Glossary.

The images, pictures, examples, and spreadsheets found in this Circular are presented for illustration purposes only and may not include all design requirements. Please refer to the specific rule standards in this Circular pertaining to each element for details.

## **1.2. DEVIATIONS FROM STANDARDS**

The terms shall, must, may not, and require indicate mandatory items, and applicants must obtain approval from the department to deviate from these mandatory requirements. Other items, such as should, may, recommended, and preferred, indicate desirable procedures or methods. These non-mandatory items serve as guidelines for designers and do not require approval for deviations.

Deviations from the requirements of this circular may be granted pursuant to ARM 17.36.601. A request for a deviation must include adequate justification. "Engineering judgment" or "professional opinion" without supporting data is not adequate justification. The justification must address each of the items included in ARM 17.36.601.

The Department will review the request and make a final determination on whether a deviation may be granted.

## **1.3. APPLICATION MATERIALS**



As part of the review of a joint subdivision application under Title 76, Chapter 4, MCA, evidence that existing or proposed individual, shared, or multiple-user water supply systems are sufficient in terms of quantity, quality, and dependability must be provided. Each application must include a design report or cover letter as described in the specific sections.

### **1.3.1. Design Report or Cover Letter**

Applications shall contain all of the items listed below:

- a. Identify and discuss all existing and proposed water supply sources. Identify the location of each source or approved well location area on the Lot Layout as described in section 1.4.2
- b. Identify and discuss whether any existing water supply source will be abandoned as a part of the project as described in section 1.4.3.
- c. Provide information pertaining to water dependability for the proposed water supply system as described in sections 1.3.2 and 2.1.1 or 3.2.1
- d. Provide information pertaining to water quality for the proposed water supply system as described in section 1.3.3 and 2.1.2 or 3.2.2
- e. Provide description of any existing or proposed water disinfection or treatment systems for drinking water contaminants as described in section 2.3 or 3.3 identify and discuss all potential sources of contamination within 500 feet of the proposed water supply system and all lagoons within 1000 feet as described in ARM 17.36.323.

## **1.4. GENERAL STANDARDS FOR ALL WATER SUPPLY SYSTEMS**

This section presents standards that apply to all existing and proposed nonpublic water supply systems.

### **1.4.1. Source**

A surface water or ground water source under the direct influence of surface water, may not be used as a water source for a nonpublic system. No deviation is available from this requirement. Department criteria for evaluating surface water influence in individual and shared wells are listed in Chapter 2. Department criteria for evaluating surface water influence in multiple-user wells are listed in Chapter 3.

**The existing water supply shall be supplied by an individual water well using a ground source water supply.**

### **1.4.2. Location**

- a. The location of an approved well or well drilling area for the proposed water source must be shown on the lot layout, indicating distances to any potential sources of contamination within 100 feet of any known drainfields and mixing zones as defined in ARM 17.30.502. The

reviewing authority may require that all potential sources of contamination be shown in accordance with Department Circular PWS-6.

**The existing individual water well has a 100-ft well isolation zone around the proposed well. All potential sources of contamination such as drainfields and drainfield mixing zones are located out of the well's isolation zone as shown on the lot layout.**

b. Each existing and proposed drinking water well must be centered within a 100-foot radius well isolation zone.

**The existing individual water well has a 100-ft well isolation zone around the proposed well as shown on the lot layout.**

c. Each proposed well isolation zone as defined in ARM 17.36.101 must be located wholly within the boundaries of a lot, unless the criteria listed in ARM 17.36.122(6) are met.

**The existing individual well and its 100-foot isolation zone are located within the boundaries of the lot as shown on the lot layout.**

d. The minimum setback distances set out in ARM 17.36.323 must be maintained for all new and existing water sources. A drinking water supply well may not be constructed within 100 feet of a drainfield or ground water mixing zone granted pursuant to ARM Title 17, chapter 30, subchapter 5.

**Refer to section 1.8 well source specific isolation zone.**

e. In accordance with ARM 17.36.323, the reviewing authority may require greater than a 100-foot horizontal separation between a water source and surface water if there is a potential that the well may be influenced by contaminants in the surface water. The applicant must provide all documentation necessary to evaluate surface water influence risk. In determining the appropriate separation between a water source and surface water, the reviewing authority may consider factors such as well location, well construction, aquifer material, hydraulic connection between the aquifer and watercourse, and other evidence of the potential for surface water contamination. The reviewing authority may also require that the proposed water source be tested for surface water influence using Department Circular PWS-5 as a guide.

**Refer to section 1.8 well source specific isolation zone.**

f. For lots two acres in size or less, the applicant shall physically identify the proposed well location or well drilling area by staking or other acceptable means of identification. For lots greater than two acres in size, the reviewing authority may require the applicant to physically identify the well location.

**The proposed lot is 148.33 acres in size. Unless required by the department, staking of the proposed individual well is not necessary.**

#### **1.4.3. Well abandonment**

All wells that have no further use must be abandoned in accordance with ARM 36.21.670 through 36.21.678.

**No wells are proposed to be abandoned.**

## **1.5. REQUIREMENTS FOR SYSTEMS DESIGNED BY PROFESSIONAL ENGINEERS**

Multiple-user water supply systems with six or more service connections, including service connections outside of a project boundary, must be designed by a professional engineer. If an existing system is expanded to serve six or more connections total, the expansion must be designed by a professional engineer.

The reviewing authority may require smaller systems that it determines to be complex (e.g., involving water treatment or a water supply system with substantial pressure difference through the distribution system) to be designed by a professional engineer.

Water systems required to be designed by a professional engineer are subject to the requirements of ARM 17.36.121.

**The existing individual well is not required to be designed by a professional engineer.**

## **1.6. EXISTING SYSTEMS**

This section applies to existing nonpublic water supply systems. For existing nonpublic water supply systems, the applicant shall submit information to allow the reviewing authority to review the quality, quantity, and dependability of the existing system.

The applicant shall submit to the reviewing authority the following information for all nonpublic systems included in a subdivision application:

a. The applicant shall submit, for each existing water supply source, water quality analyses for nitrates, nitrites, and specific conductance. If an existing well is currently being used as a potable water supply within a proposed subdivision, The nitrates, nitrites, and specific conductance sample may not be older than one year prior to the date of the application.

**There is an existing well within the subdivision.**

b. A total coliform analysis must also be conducted. The coliform sample may not be older than six months prior to the date of application. If an existing well is not currently used as a potable water supply but will be converted to a potable water supply, the department will require in the COSA that a total coliform analysis must be conducted when the well is put into use.

**At time of connection water shall be tested for safe consumption.**

c. All analysis must be performed by a laboratory certified by the Department of Public Health and Human Services for analyses of water samples for public water systems. The reviewing authority may not approve the use of an existing system if there is evidence that, after appropriate treatment, the concentration of any ground water constituent exceeds the maximum contaminant levels established in ARM Title 17, chapter 38, subchapter 2.

**A water sample was collected from the on-site well.**

d. To characterize the water supply, the applicant must show, through a well log or other means, the depth to static water in the well and the total well depth.

**The sampled well's total depth is 64 feet, and the static water level is 45 feet.**

- e. If well logs are not available, the following well information must be provided:
- i. Static Water Level
  - ii. Total Depth
  - iii. Description of casing material and size
  - iv. Photo of the well casing and cap
  - v. Without a well log, grouting cannot be substantiated; therefore, a deviation request must be provided.

**The well log for the existing sampled well GWIC Id number is 299793.**

- f. If well logs are not available, the following information may be requested by the reviewing authority:
- i. Well logs in the vicinity
  - ii. Video inspection inside casing to determine perforated depth

**There is an existing well within this subdivision.**

Existing nonpublic water supply systems that have not been previously approved under Title 76, chapter 4, MCA, or are proposing a change in use, must meet all requirements of this circular, unless the Department grants a deviation pursuant ARM 17.36.601.

For individual and shared water systems only, no deviation is required for grouting depth or casing seal if the well met the grouting requirements in place for potable water wells in Circular DEQ-20 existence at the time of construction. Nonpublic grouting requirements listed in ARM 36.21.654(3) changed effective July 16, 2010, from 18 feet to 25 feet.

Compliance with well grouting requirements shall be evaluated based on the grouting depth in feet described in the well log. If no depth is listed, the reviewing authority will assume that the minimum depth was met if the casing depth is a minimum of 25 feet (or 18 if applicable). The reviewing authority shall use the well log to determine the depth of continuously fed bentonite and casing. The reviewing authority may consider any other documentation available in addition to the well log.

For previously approved nonpublic water supply systems, the applicant must submit evidence that the system meets the conditions of that approval or the requirements of this circular. If a requirement of this circular would prevent the previously approved use of the water supply system; the system may use the rules in effect at the time of approval.

## 1.7. ALTERNATE WATER SUPPLY SYSTEMS

Alternate water supply systems addressed in this circular include only:

- a. Springs; and
- b. Cistern with hauled water; and
- c. Cistern with water supplied by a well that does not meet the minimum flow requirements of this Circular; or
- d. Cistern with water supplied by a public water supply system.

**There are no alternate water supply systems proposed within this proposed subdivision.**

An alternate water supply system proposed for nonpublic water systems within the project boundary may only be developed if the applicant provides the following:

- a. Evidence that the alternate water source is sufficient in terms of quality, quantity, and dependability; and
- b. Evidence that the proposed alternate water supply complies with the other requirements set out in this circular.

**There are no alternate water supply systems proposed within this proposed subdivision.**

### 1.7.1. Springs

Springs, when developed as an alternate water system for individual or shared water supply systems, must be constructed in accordance with plans and specifications approved by the reviewing authority and in accordance with Chapter 4 of this Circular. Springs may not be used as sources for multiple-user water systems.

**There are no alternate water supply systems proposed within this proposed subdivision**

### 1.7.2. Cisterns

Cisterns, when developed as an alternate water system, must be constructed in accordance with plans and specifications approved by the reviewing authority and in accordance with Chapter 5 of this Circular.

**There are no alternate water supply systems proposed within this proposed subdivision.**





4. the groundwater flow direction as determined by triangulation or published gradients; Based off a topo map but the information mimics the “Shallow Groundwater Altitude in Bedrock Units of the Carbon-Stillwater Study,” map.
5. a virus attenuation analysis calculating the minimum horizontal distance needed to ensure the well is protected from sewage viruses; Not applicable, all sewage is located greater than 100 feet
6. any additional information the applicant believes would substantiate the request; and
7. if the request requires a variance from the Board of Water Well Contractors, the approved variance must be submitted with the request.

b. The applicant must demonstrate that the SSWIZ:

1. would be unlikely to cause pollution of state water in violation of 75-5-605, MCA;
2. would protect the quality and potability of water for drinking water supplies and domestic uses and would protect the quality of water for other beneficial uses, including those uses specified in 76-4-101, MCA; and
3. would not adversely affect public health, safety, and welfare.

**A source specific well isolation zone is not required for this proposed subdivision.**

## **2. INDIVIDUAL AND SHARED WATER SYSTEMS**

Individual and shared wells are separate and distinct water system types. However, these water system types have many overlapping requirements. In selecting the source of water to be developed, the applicant must demonstrate, to the satisfaction of the reviewing authority, that an adequate quantity and quality of water will be available and that the water delivered to the consumer will meet the requirements outlined in this circular.

### **2.1. GROUND WATER**

Ground water sources addressed in this section include all water from dug, drilled, bored, or driven wells.

To establish the available water quality, quantity, and dependability, the reviewing authority may require construction and testing of the well at the approved location prior to approval of other system components.

#### **2.1.1. Quantity**

The applicant shall demonstrate that ground water quantity is sufficient for the proposed uses.

##### **a. Minimum Flows**

- i. For each individual water system, the applicant must provide evidence of a sustained yield of at least:
- Ten (10) gallons per minute over a one-hour period; or
  - Six (6) gallons per minute over a two-hour period; or
  - Four (4) gallons per minute over a four-hour period.

**Enclosed are three well logs in the area of the proposed subdivision lot (located on the bench). These three well logs have an average yield of 31.7 gpm for a 1-hour test period.**

Well Log (GWIC #)	Well Depth (ft)	Yield (gpm)
198584	47	30
101708	60	15
253475	50	50

- ii. For each shared water system, the applicant must provide evidence of a sustained yield of at least:
- Fifteen (15) gallons per minute over a one-hour period; or
  - Ten (10) gallons per minute over a two-hour period

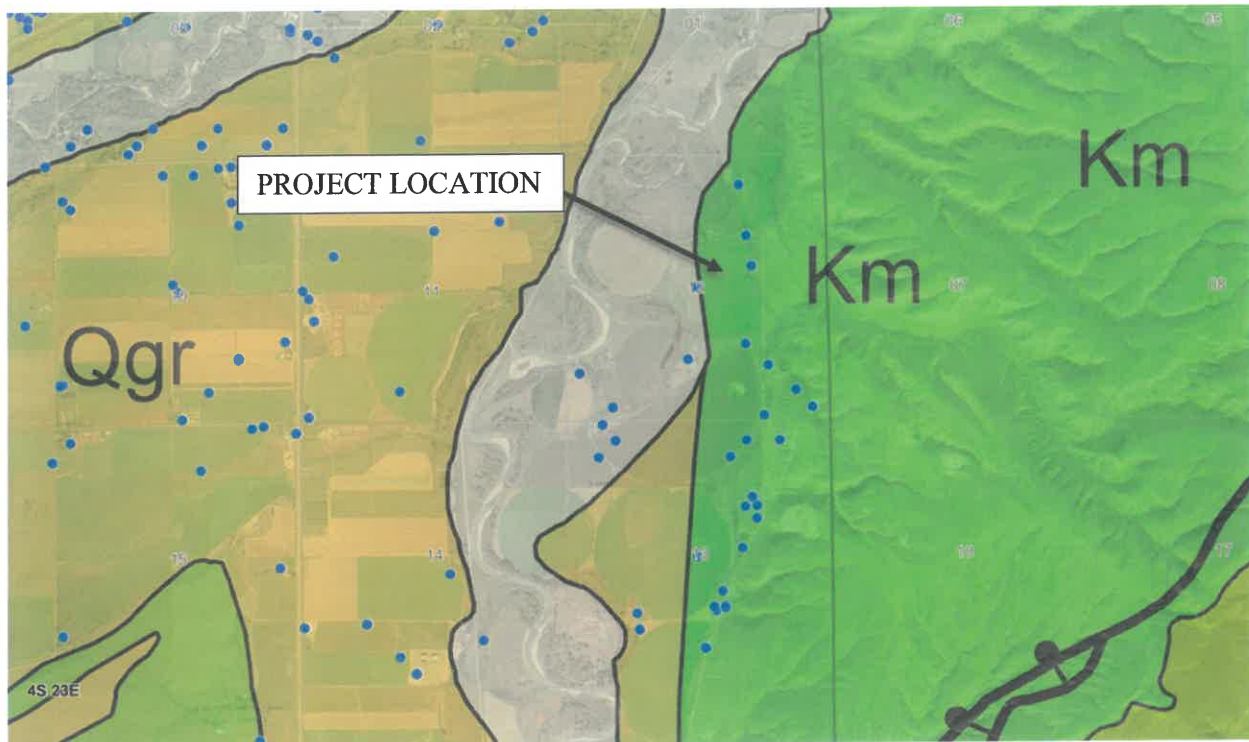
**Not applicable.**

iii. A deviation under ARM 17.36.601 is not required to request a sustained yield lower than those listed in (i) and (ii) if the applicant provides adequate justification for the requested yield, including a fixture unit analysis acceptable to the reviewing authority, such as Uniform Plumbing Code or American Water Works Association. The individual or shared water system must produce the lower requested yield of water over a one-hour period. This can be demonstrated through pump testing within the project boundary or well logs.

iv. For purposes of the minimum flows identified, sustained yield must be based on water that is supplied from the aquifer, not from well bore storage.

v. A description of the proposed ground water source, including approximate depth to water bearing zones and lithology of the aquifer must be provided.

**Below is the hydrology map for the subdivision area. This hydrology map indicates that the subdivision is located in the Mowry Formation (Km) aquifer.**



### 2.1.2. Quality

The applicant shall demonstrate that water quality is sufficient for the proposed uses. The reviewing authority may not approve a proposed water supply system if there is evidence that, after approved treatment as outlined in this circular, the concentration of any water quality constituent exceeds the maximum contaminant levels established in ARM Title 17, chapter 38, subchapter 2. The necessary quality and quantity of water must be available at all times unless depleted by emergencies. Treatment is addressed in Section 2.3.

#### 2.1.2.1 Surface Water Influence

The applicant must submit enough information for the reviewing authority to evaluate direct surface water influence risk for springs, irrigation galleries or horizontal wells. For proposed and existing individual and shared wells, the reviewing authority may consider the criteria listed in 1.4.2(e) in determining the need to evaluate surface water influence.

#### 2.1.2.2 Sampling

a. The applicant must submit to the reviewing authority water quality data that shows the concentration of the following constituents:

1. Nitrate and Nitrite
2. Specific Conductance
3. Total Coliform Bacteria (existing wells)

b. Samples must be taken from wells in the proposed project boundaries. If no wells exist in the proposed project boundaries, the reviewing authority may accept samples from nearby water wells that are completed in the same aquifer as that proposed for the subdivision water supply. The samples may not be older than one year prior to the date of application.

c. Analyses must be conducted by a laboratory certified by the Department of Public Health and Human Services for analyses of water samples for public water systems.

d. Nitrate Sampling Requirement: The department requires a nitrate+ nitrite analysis for proposed water sources. The nitrate analysis must be conducted using water from the same well used for the specific conductance analysis.

e. Total Coliform Bacteria: Total coliform bacteria sampling requirements for existing wells are listed in section 1.6(b-c).

**The existing on-site well was sampled as shown on the lot layout. The following are results from Energy Labs.**

Client: Engineering West  
 Project: Blue Pine  
 Lab ID: B24101043-001  
 Client Sample ID: Blue Pine

Report Date: 10/22/24  
 Collection Date: 10/08/24 12:50  
 Date Received: 10/10/24  
 Matrix: Aqueous

Analyses	Result	Units	Qualifiers	RL	MCL/ QCL	Method	Analysis Date / By
<b>PHYSICAL PROPERTIES</b>							
Conductivity @ 25 C	546	umhos/cm		5		A2510 B	10/10/24 18:54 / njp
<b>NUTRIENTS</b>							
Nitrogen, Nitrate+Nitrite as N	0.35	mg/L		0.01		E353.2	10/17/24 17:57 / krt

f. The applicant shall provide the following from every well that a ground water sample is collected from:

- A well log. If a well log is not available, the applicant shall provide information about the well depth and depth to static water level.
- Well locations shown on a topographic map or lot layout document.
- If requested, additional information to demonstrate that ground water quality is sufficient for the proposed uses.

**Enclosed in appendix of this report is the well log from which the water samples were taken from. The lot layout indicates the location of the sampled on-site well.**

g. The reviewing authority may require testing of wells located near the project boundary for additional constituents in ARM Title 17, chapter 38, subchapter 2, if the reviewing authority believes that those constituents may be present in harmful concentrations.

### **2.1.3. Well Construction**

Individual and shared wells must be constructed by a licensed water well contractor in accordance with the requirements of Title 37, Chapter 43, MCA, and ARM Title 36, chapter 21, in place at the time of well construction. A well log must be provided where available for all wells within the project boundary.

The reviewing authority may require additional well construction and/or testing requirements not required in ARM Title 36, chapter 21, subchapter 6 to ensure that wells within a particular subdivision will provide an adequate water supply.

**The existing individual well was constructed in accordance with Title 37, Chapter 43, MCA and ARM Title 36, Chapter 21 by a Montana licensed well driller. A well log shall be completed by the licensed well driller and submitted to the Department of Natural Resources & Conservation (DNRC).**

#### **2.1.3.1 Minimum Depth**

Wells must have unperforated casing to a minimum depth of 25 feet below ground surface. A deviation from the minimum depth may be granted, pursuant to Section 1.2 of this Circular. The deviation request must be based on geological information provided by the applicant showing that a lesser depth will ensure the requirements of this Circular are met.

The reviewing authority may require unperforated casing to a depth greater than 25 feet of water if better chemical or microbiological quality can be obtained from a deeper zone. If the deviation request requires a variance from the Board of Water Well Contractors, the approved variance must be submitted with the deviation request.

**The existing individual well was constructed to a depth of 65 feet deep as indicated by the well log. The well was constructed with a perforated casing to a minimum depth of 25 feet below the ground surface.**

#### **2.1.4. Minimum Setbacks**

- a. The minimum setback distances set out in ARM 17.36.323 must be maintained for all proposed and existing individual and shared water sources. Location must also meet the requirements of section 1.4.2.
- b. For individual and shared wells, the reviewing authority may require that all potential sources of contamination be shown in accordance with Department Circular PWS-6.

**All minimum setback distances are met with the existing location of the drinking water well as shown on the lot layout.**

## 2.3. TREATMENT

### 2.3.1. Microbiologically Unsafe Water

The use of source water that contains total coliform bacteria, *E. coli*, or a known pathogen is prohibited for individual and shared water systems. In cases where initial samples are total coliform present, repeat samples may be collected for reevaluation. If repeat samples are total coliform absent, the source water may be considered for use.

**At time of connection water shall be tested for safe consumption.**

### 2.3.2. Nitrate treatment

If alternative water sources are not available to serve the individual or shared system, the reviewing authority may allow use of the source water that exceeds the 10 mg/L level with installation of appropriate nitrate treatment.

If point-of-use treatment is used, the Certificate of Subdivision Approval (COSA) must require that treatment will be provided for all taps potentially used for human consumption. Ion exchange and adsorptive media treatment for nitrate may not be used for nonpublic water systems.

Nitrate treatment design with plans and specifications must be submitted to the reviewing authority. The design services of a professional engineer are encouraged. The approved nitrate treatment plans must be recorded with the COSA.

If the treatment will have reject water and the reject water is proposed to be sent to a subsurface wastewater treatment and disposal system, it must comply with Circular DEQ-4, section 3.3.1 and 3.3.2 to ensure the subsurface wastewater treatment and disposal system is designed to accommodate the waste flow and constituents.

**Nitrate treatment is not necessary as the existing well water analysis indicates as Nitrate + Nitrite of 0.35 mg/L (less than the MCL of 10 mg/L).**

### 2.3.3. Other Contaminant Treatment

The reviewing authority may not approve the use of an untreated source water that exceeds the maximum contaminant level for any constituent established under ARM Title 17, chapter 38. The reviewing authority may allow the use of the source water with installation of approved water treatment if the applicant shows:

- a. that the water treatment will bring the treated water beneath the MCL and
- b. that alternative water sources are not available.

Treatment for MCL exceedances in individual or shared water systems should follow the Department Circular DEQ-1 Design Standards for Point-of-Entry or Point-of-Use Treatment. The department encourages design of treatment for individual systems by a professional engineer.



**Treatment for other contaminants are not applicable.**

### **3.4. BOOSTER PUMPING FACILITIES**

#### **3.4.1. General**

Booster pumping facilities must be designed to maintain the sanitary quality of pumped water. Subsurface pits or pump rooms and inaccessible installations must be avoided. Pumping stations must not be subject to flooding.

Central booster pumping facilities designed to draw water from a central storage reservoir and pressurize the multiple-user water distribution system must be designed by a Professional Engineer.

**No booster pump is required for this individual well. A submersible well pump was installed within the well casing.**

#### **3.4.2. Location**

The pumping station must be located to ensure that the proposed site will meet the requirements for sanitary protection of water quality, hydraulics of the system, and protection against interruption of service by fire, flood, or any other hazard.

**No pumping station is required for this individual well. A submersible well pump was installed within the well casing.**

#### **3.4.3. Pumps**

The pump or pumping units must be sufficient to equal or exceed the peak instantaneous demand.

**A submersible pump shall be installed within the individual well casing to supply water to the proposed single-family dwelling. This submersible well pump shall be capable of meeting the typical daily average and peak instantaneous water demands for a single-family dwelling.**

#### **3.4.4. Appurtenances**

##### **a. Valves**

Each pump must have an isolation valve on the intake and discharge side of the pump to permit satisfactory operation, maintenance, and repair of the equipment. If foot valves are necessary, they must have a net valve area of at least 2.5 times the area of the suction pipe and they must be screened. Each pump must have a positive-acting check valve on the discharge side between the pump and the shut-off valve. Surge relief valves, slow acting check valves, or other means to minimize hydraulic transients must be incorporated in the system design.

**A check valve was installed on the discharge end of the submersible pump (located within the well casing).**

b. Piping

Piping must:

- i. be designed so that friction losses will be minimized;
- ii. not be subject to contamination;
- iii. have watertight joints;
- iv. be protected against surge or water hammer and provided with suitable restraints where necessary; and
- v. be such that each pump has an individual suction line or that the lines are manifolded so that they will insure similar hydraulic and operating conditions.

c. Gauges and meters

Each pump:

- i. must have a standard pressure gauge on its discharge line;
- ii. should have a compound gauge on its suction line; and
- iii. must have a means of measuring the discharge.

**A 1-inch diameter HDPE, high density polyethylene pipe (160 psi rated) and labeled NSF approved water line shall be installed from the water well to the proposed single-family dwelling. Water line shall be installed 5-6 feet deep (below the frost line).**

### 3.4.5. General Finished Water Storage

The materials and designs used for finished water storage structures must provide stability and durability as well as protect the quality of the stored water. Steel, concrete, fiberglass-reinforced plastic, and flexible membrane water storage facilities must follow current AWWA Standards. Porous material, including wood and concrete block, are not suitable for potable water contact applications.

**No finished water storage is required.**

### 3.4.6. Pressure Tanks

Hydropneumatic pressure tanks must meet applicable ASME code requirements or must satisfactorily pass a hydrostatic test of 1.5 times the maximum allowable working pressure of the tank. The maximum allowable working pressure must be marked on each tank.

a. Location

The tank must be located above normal ground surface and be completely housed.

**The hydropneumatics pressure tank shall be located within the mechanical room of the proposed single-family dwelling.**

b. System design and sizing

The capacity of the wells and pumps in a hydropneumatic system must be equal to the peak instantaneous demand. The active storage volume of the hydropneumatic tanks must be sufficient to limit pump cycling to the manufacturer's and industry's recommendations. Maximum cycling frequency for pumps not using a variable speed drive must be determined for each pump and for any combination of pumps operated by the same pressure switch when consumer demand is equal to one-half of the pump(s) capacity. Maximum cycling frequency for pumps using a variable speed drive programmed to either maintain constant pressure, constant flow, or match the system design curve, must be determined when the customer demand is one-half of the minimum pumping rate. Reduction of required tank volume for systems with alternating pump controls will not be allowed.

**A MYERS MPD31 Pressurized Diaphragm Tank (31-Gallon Capacity), or approved equivalent shall be installed within the mechanical room of the single-family dwelling. The pressure tank shall operated with a pressure range of 40-60 psi.**

c. Piping

Each tank in a multiple tank system must have bypass piping or valves to permit operation of the system while the tank is being repaired or painted.

**No manifold piping is required.**

d. Appurtenances

- i. Each tank must have a means of draining, automatic or manual air blow-off, and a means for adding air.

**The proposed single-family dwelling shall have a floor drain constructed within the mechanical room where the hydropneumatics pressure tank shall be located. This drain will allow for draining of tank. The tank shall constructed to allow for draining and automatic air blow-off and a means for adding air.**

- ii. Control equipment consisting of a pressure gauge, pressure relieving device, and pressure operated start-stop controls for the pumps must be provided for the hydropneumatic tank system. Installing a shut-off valve between the pump and the pressure operated start-stop controls must be avoided when possible.

**The water piping located within the mechanical room shall have a pressure gauge, pressure relief valve and a pressure switch to operate the pump when pressure drops below 40 psi within the water piping.**

iii. The pressure relieving device must prevent the pressure from rising more than 10 percent above the maximum allowable working pressure. The discharge capacity of the pressure relieving device must be adequately sized. Pressure gauges must have a range of no less than 1.2 times the pressure at which the pressure relieving device is set to function.

**A pressure relief valve shall be installed on the water piping located within the mechanical room . The pressure relief valve shall be preset to prevent the pressure from rising more than 66 psi. The pressure gauge shall have a pressure range of 0-100 psi.**

# Non-Degradation Calculations

PREPARED IN ACCORDANCE WITH  
MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY'S

HOW TO PERFORM A NON-DEGRADATION ANALYSIS FOR SUBSURFACE WASTEWATER TREATMENT SYSTEMS

FOR  
**Bluepine Farm Subdivision**  
**Lot 1**

LOCATED IN  
SECTION 12, TOWNSHIP 4 SOUTH, RANGE 23 EAST, PMM  
CARBON COUNTY, MONTANA

JANUARY 2025

**PREPARED FOR:**

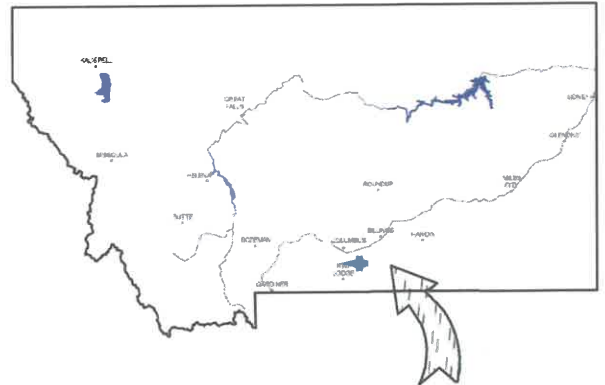
**BLUEPINE FARMS**  
**4830 SPORTSMAN DRIVE**  
**ANCHORAGE, AK 99502**

**BEN STANLEY**  
**113 PAINTER ROAD**  
**BELGRADE, MT 59714**  
**(406) 581-994**

**PREPARED BY:**

**ENGINEERING WEST**

**TALYN LUDWIG**  
**P.O. Box 194**  
**COLUMBUS, MONTANA 59019**  
**(406) 322-1116**



**PROJECT LOCATION**



P.O. BOX 194 • COLUMBUS, MT 59019  
ENGINEERING-WEST.COM • 406.322.1116

## NON-DEGRADATION CALCULATIONS

The purpose of Non-Degradation is to prohibit degradation of high quality of state waters (ARM 17.30.701-718). The Non-Degradation Policy applies to any activity of man resulting in a new or increased source, which may cause degradation (ARM 17.30.705).

### Nitrate Sensitivity Analysis

#### Hydraulic Conductivity

Hydraulic Conductivity is the rate at which water can move through a saturated permeable medium.

**Hydraulic Conductivity = 142.86 ft/day (as determined using the Fetter Method from four (4) neighboring well logs.)**

#### Hydraulic Gradient

Hydraulic Gradient is the change in total head with a change in direction in a given direction.

**Hydraulic Gradient = 0.00127 ft/ft (as determined by 1/3 the slope of a topographical map)**

**Background Nitrate: 0.35 mg/L**

Background nitrate level was derived from an on-site well as shown on the enclosed lot layout.

**Acceptable Nitrate Concentration at End of Mixing Zone = < 5.0 mg/L**

#### Mixing Zone

The drainfield will have a standard 100 linear foot mixing zone. The mixing zone direction is to the northeast. Please refer to the enclosed map.

#### Nitrate Sensitivity Analysis Conclusion

Nitrate concentration at the end of the mixing zones for the proposed drainfields are as follows:

Primary Drainfield	= 0.91 mg/l
--------------------	-------------

The above nitrate levels at the end of the mixing zone are acceptable because they are less than 5.0 mg/L.



## Phosphorous Breakthrough Analysis

The phosphorous breakthrough analysis requires sufficient soil adsorption capacity of 50 years prior to the discharge to surface water pursuant to ARM 17.30.715 (1)(e).

### Phosphorous Breakthrough Analysis Conclusion

The phosphorous breakthrough concentration at the nearest state surface waters from the proposed drainfield is as following:

Primary Drainfield = 6761.8 years

The above phosphorous breakthrough levels for the drainfield at the nearest state surface waters are acceptable because they are greater than 50 years.

### Adjacent to State Waters

The project is next to Clarks Fork. Therefore, trigger values must be analyzed.

The nitrate triggers values must be below the 0.01 mg/L limit to be considered non-significant degradation of State waters. The USGS StreamStats program was utilized to find the 14Q-5 of 56.8 cfs stream flow rate as shown below.

Nitrate Concentration = 0.0005220 mg/L

The above nitrate concentration levels for the drainfield at the nearest state surface waters are acceptable because they are less than 0.01 mg/L.

The phosphorous trigger values should be below the 0.001 mg/L to be considered non-significant degradation of state waters. Only one of the calculations, either the trigger value or the phosphorous breakthrough calculation needs to be within the limits to be considered non-significant.

Phosphorous Concentration = 0.0001107 mg/L

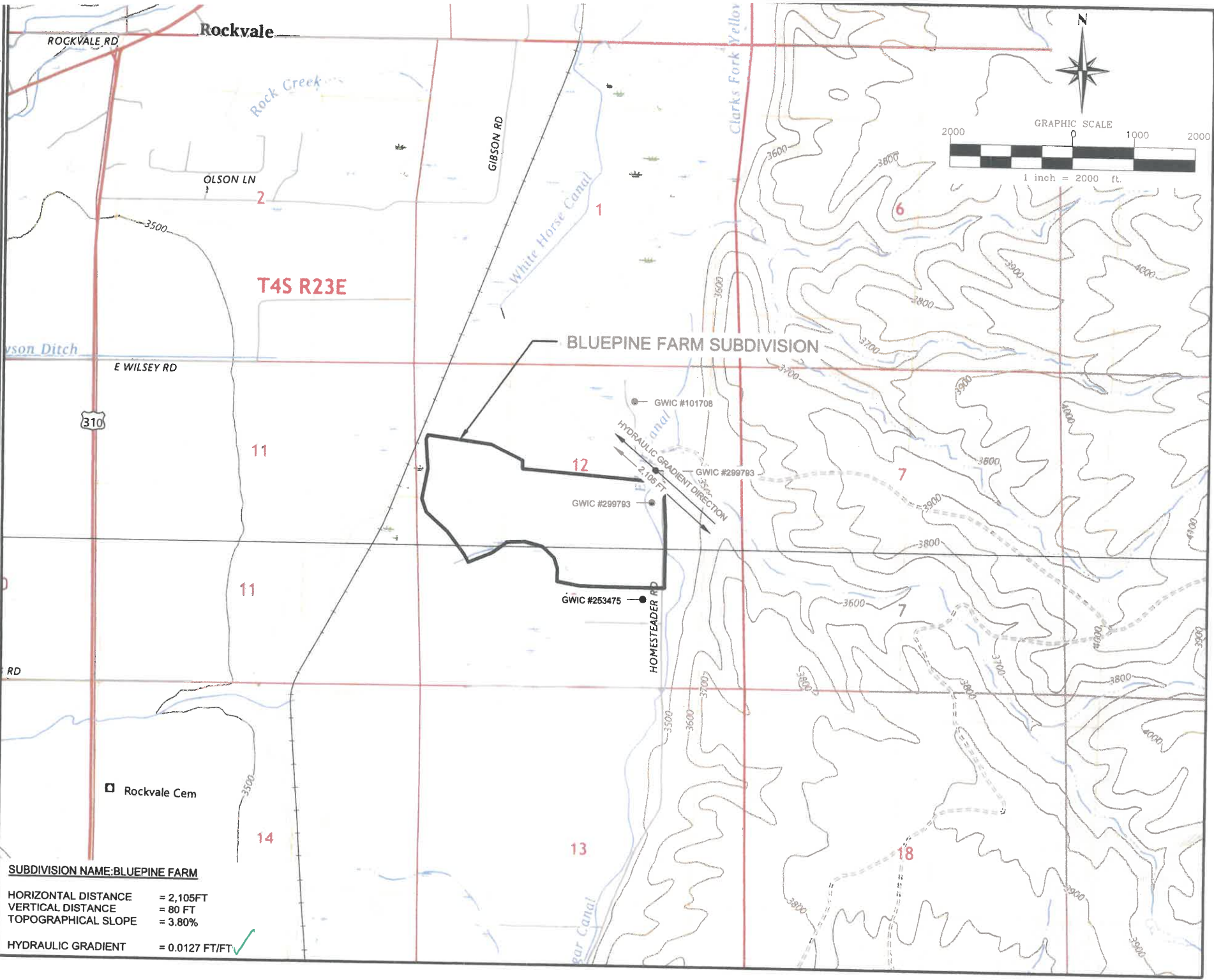
The above phosphorous concentration levels for the drainfield at the nearest state surface waters are acceptable because they are less than 0.001 mg/L.

#### Seasonal Flow Statistics Flow Report [UpYellow CentMt Region LowFlow GLS 2015 5019G]

PIL: Lower 90% Prediction Interval, PIU: Upper 90% Prediction Interval, ASEp: Average Standard Error of Prediction, SE: Standard Error, PC: Percent Correct, RMSE: Root Mean Squared Error, PseudoR^2: Pseudo R Squared (other -- see report)

Statistic	Value	Unit	PIL	PIU	ASEp
Jul_to_Oct_14_Day_5_Yr_Low_Flow	56.8	ft^3/s	9.66	334	135

Seasonal Flow Statistics Citations



**SUBDIVISION NAME: BLUEPINE FARM**  
 HORIZONTAL DISTANCE = 2,105 FT  
 VERTICAL DISTANCE = 80 FT  
 TOPOGRAPHICAL SLOPE = 3.80%  
 HYDRAULIC GRADIENT = 0.0127 FT/FT ✓

## HYDRAULIC TRANSMISSIVITY AND CONDUCTIVITY

**Site Name:** Bluepine Farm Subdivision

**County:** Carbon County

Using 4 wells = 142.86 ft/d

**EQ #:**

**Notes:**

Please read 2.6.4 of the "How to Perform a Nondegradation Analysis for Subsurface Wastewater Treatment Systems"

(re: Applied Hydrogeology, 3rd Edition by C.W. Fetter  $T = (33.6((Q)(192.5)/S)^{0.67})$  &  $K = T/b$  &  $S = PWL - SWL$ )

Owner's Name	Duke	Hart	Duke	Puett
GWIC#	299793	198584	101708	253475
Total Depth of Well	64	47	60	50
(Q) Gallons Per Minute	30.00	30.00	15.00	50.00
Static Water Level	45.00	23.00	40.00	11.00
Pumping Water Level	64.00	47.00	50.00	50.00
(b) Aquifer Thickness	10	10	10	10
Type of well test	Air	Air	Bailer	Air
(T) Transmissivity (ft <sup>2</sup> /d)	1548.1541	1323.846	1495.853	1346.4942
(K) Conductivity (ft/d)	154.81541	132.3846	149.5853	134.64942
Average Conductivity (ft/d)	142.86			

(re: Groundwater and Wells, by F.G. Driscoll) [conf.  $T = (Q(2000)/S)0.134$ ] [unconf.  $T = (Q(1500)/S)0.134$ ]  
[ $K = T/b$ ] &  $S = PWL - SWL$

Unconfined Transmissivity (gpd/ft)	2368.4211	1875	2250	1923.0769
Confined Transmissivity (gpd/ft)	3157.8947	2500	3000	2564.1026
Unconfined Transmissivity (ft <sup>2</sup> /d)	317.36842	251.25	301.5	257.69231
Confined Transmissivity (ft <sup>2</sup> /d)	423.15789	335	402	343.58974
Unconfined Conductivity (ft/d)	31.736842	25.125	30.15	25.769231
Confined Conductivity (ft/d)	42.315789	33.5	40.2	34.358974

Average Conductivity (unconfined) (ft/d) 28.20

Average Conductivity (confined) (ft/d) 37.59

## Other Options

[Go to GWIC website](#)  
[Plot this site in State Library Digital Atlas](#)  
[Plot this site in Google Maps](#)

All work performed and reported in this well log is in compliance with the Montana well construction standards. This report is true to the best of my knowledge.

64	64	6.6			OPEN BOTTOM
----	----	-----	--	--	-------------

Annular Space (Seal/Grout/Packer)

From	To	Description	Cont. Fed?
0	0	BENTONITE	Y

**Name:** PAUL STEINMETZ  
**Company:** AAQUA DRILLING INC  
**License No:** WWC-542  
**Date**  
**Completed:** 12/10/2018



**MONTANA WELL LOG REPORT****Other Options**

This well log reports the activities of a licensed Montana well driller, serves as the official record of work done within the borehole and casing, and describes the amount of water encountered. This report is compiled electronically from the contents of the Ground Water Information Center (GWIC) database for this site. Acquiring water rights is the well owner's responsibility and is NOT accomplished by the filing of this report.

[Go to GWIC website](#)
[Plot this site in State Library Digital Atlas](#)
[Plot this site in Google Maps](#)
[View scanned well log \(7/1/2010 1:17:17 PM\)](#)

**Site Name: HART ROBERT**  
**GWIC Id: 198584**

**Section 7: Well Test Data****Section 1: Well Owner(s)**

1) HART, ROBERT (MAIL)  
PO BOX 896  
RED LODGE MT 59068 [08/09/2002]

Total Depth: 47  
Static Water Level: 23  
Water Temperature:

**Air Test \***

30 gpm with drill stem set at 46 feet for 1 hours.  
Time of recovery 0.16 hours.  
Recovery water level 23 feet.  
Pumping water level    feet.

**Section 2: Location**

Township	Range	Section	Quarter Sections
04S	23E	12	NE¼ SW¼ NE¼
County			Geocode

CARBON

Latitude	Longitude	Geomethod	Datum
45.503895	-108.828004	TRS-SEC	NAD83
Ground Surface Altitude		Ground Surface Method	Datum Date

\* During the well test the discharge rate shall be as uniform as possible. This rate may or may not be the sustainable yield of the well. Sustainable yield does not include the reservoir of the well casing.

Addition

Block

Lot

**Section 8: Remarks**

**Section 3: Proposed Use of Water**  
DOMESTIC (1)

**Section 9: Well Log  
Geologic Source**

110ALVM - ALLUVIUM (QUATERNARY)

**Section 4: Type of Work**  
Drilling Method: ROTARY  
Status: NEW WELL

**Section 5: Well Completion Date**  
Date well completed: Friday, August 9, 2002

**Section 6: Well Construction Details****Borehole dimensions**

From	To	Diameter
0	18	8
18	47	7
47	48	6

**Casing**

From	To	Diameter	Wall Thickness	Pressure Rating	Joint	Type
-1.5	47	6	0.250			STEEL

**Completion (Perf/Screen)**

From	To	Diameter	# of Openings	Size of Openings	Description
47	48	6			OPEN HOLE

**Driller Certification**

All work performed and reported in this well log is in compliance with the Montana well construction standards. This report is true to the best of my knowledge.



**Annular Space (Seal/Grout/Packer)**

From	To	Description	Cont. Fed?
0	18	BENTONITE	

**Name:**

**Company:** AAQUA DRILLING INC

**License No:** WWC-542

**Date**

**Completed:** 8/9/2002

## Other Options

[Go to GWIC website](#)  
[Plot this site in State Library Digital Atlas](#)  
[Plot this site in Google Maps](#)  
[View hydrograph for this site](#)  
[View field visits for this site](#)  
[View scanned well log \(7/1/2010 1:16:45 PM\)](#)

## Section 7: Well Test Data

Total Depth: 60  
Static Water Level: 40  
Water Temperature:

1) DUK, GEORGE (MAIL)  
HOMESTEAD ROAD  
EDGAR MT N/A [10/10/2004]  
2) RIES, RONALD W. (MAIL)  
BOX 65  
EDGAR MT 59026 [08/27/1983]

### Bailer Test \*

15 gpm with \_ feet of drawdown after 1 hours.  
Time of recovery \_ hours.  
Recovery water level \_ feet.  
Pumping water level 50 feet.

## Section 2: Location

Township	Range	Section	Quarter Sections
04S	23E	12	SW¼ NE¼ NW¼ NE¼
	County		Geocode

*\* During the well test the discharge rate shall be as uniform as possible. This rate may or may not be the sustainable yield of the well. Sustainable yield does not include the reservoir of the well casing.*

CARBON				
Latitude	Longitude	Geomethod	Datum	
45.5067	-108.8286	NAV-GPS	NAD83	
Ground Surface Altitude	Ground Surface Method	Datum	Date	
3450			10/10/2004	
Measuring Point Altitude	MP Method	Datum	Date Applies	
3451			10/10/2004 3:45:00 PM	
Addition		Block	Lot	

## Section 8: Remarks

## Section 9: Well Log

### Geologic Source

112SNGR - SAND AND GRAVEL (PLEISTOCENE)

[illegible]

### Section 3: Proposed Use of Water

#### DOMESTIC (1)

## Section 4: Type of Work

Drilling Method: FORWARD ROTARY  
Status: NEW WELL

### Section 5: Well Completion Date

Date well completed: Saturday, August 27, 1983

## Section 6: Well Construction Details

### Borehole dimensions

From	To	Diameter
0	60	8

## Casing

From	To	Diameter	Wall Thickness	Pressure Rating	Joint	Type
-1	60	6				STEEL

## Driller Certification

All work performed and reported in this well log is in compliance with the Montana well construction standards. This report is true to the best of my knowledge.

**Completion (Perf/Screen)**

From	To	Diameter	# of Openings	Size of Openings	Description
54	60	6		1/4	SLOTS

**Annular Space (Seal/Grout/Packer)**

From	To	Description	Cont. Fed?
0	16	BENTONITE	

**Name:**

**Company:** DIGGER DRILLING

**License No:** WWC-197

**Date** 8/27/1983

**Completed:**

## Other Options

[Go to GWIC website](#)  
[Plot this site in State Library Digital Atlas](#)  
[Plot this site in Google Maps](#)  
[View scanned well log \(1/8/2010 2:35:04 PM\)](#)

All work performed and reported in this well log is in compliance with the Montana well construction standards. This report is true to the best of my knowledge.

**Annular Space (Seal/Grout/Packer)**

From	To	Description	Cont. Fed?
0	0	BENTONITE	Y

**Name:** PAUL STEINMETZ  
**Company:** AAQUA DRILLING INC  
**License No:** WWC-542  
**Date Completed:** 11/11/2009

## Appendix E

# MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY

## NITRATE SENSITIVITY ANALYSIS

**SITE NAME:** Bluepine Farm Subdivision  
**COUNTY:** Carbon County  
**LOT #:** Lot 1  
**NOTES:**

<u>VARIABLES</u>	<u>DESCRIPTION</u>	<u>VALUE</u>	<u>UNITS</u>
K	Hydraulic Conductivity	142.86	ft/day ✓
I	Hydraulic Gradient	0.0127	ft/ft ✓
D	Mixing Zone Thickness (usually constant)	15.0	ft
L	Mixing Zone Length (see ARM 17.30.517(1)(d)(viii))	100	ft
Y	Width of Drainfield Perpendicular to Ground Water Flow	69	ft
Ng	Background Nitrate (as Nitrogen) Concentration	0.35	mg/L
Nr	Nitrate (as Nitrogen) Concentration in Precipitation (usually constant)	1.0	mg/L
Ne	Nitrate (as Nitrogen) Concentration in Effluent	50.00	mg/L
#I	Number of Single Family Homes on the Drainfield	1.0	
QI	Quantity of Effluent per Single Family Home	26.70	ft <sup>3</sup> /day
P	Precipitation	15.0	in/year
V	Percent of Precipitation Recharging Ground Water (usually constant)	0.20	

### EQUATIONS

W	Width of Mixing Zone Perpendicular to Ground Water Flow = (0.175)(L)+(Y)	86.50	ft
Am	Cross Sectional Area of Aquifer Mixing Zone = (D)(W)	1297.50	ft <sup>2</sup>
As	Surface Area of Mixing Zone = (L)(W)	8650.00	ft <sup>2</sup>
Qg	Ground Water Flow Rate = (K)(I)(Am)	2354.08	ft <sup>3</sup> /day
Qr	Recharge Flow Rate = (As)(P/12/365)(V)	5.92	ft <sup>3</sup> /day
Qe	Effluent Flow Rate = (#I)(QI)	26.70	ft <sup>3</sup> /day

### SOLUTION

**Nt** Nitrate (as Nitrogen) Concentration at End of Mixing Zone  

$$= ((Ng)(Qg) + (Nr)(Qr) + (Ne)(Qe)) / ((Qg) + (Qr) + (Qe))$$

**0.91** mg/L ✓

BY: Talyn Ludwig  
 DATE: January 9, 2025

REV. 03/2005



## ENGINEERING WEST

### PHOSPHOROUS BREAKTHROUGH ANALYSIS

**SITE NAME:** Bluepine Farm Subdivision  
**COUNTY:** Carbon County  
**LOT #:** Tract 1  
**NOTES:** Single Family Residence  
Nearest surface water (Clarks Fork) is 4,600 linear feet from proposed drainfield located to the south.

<u>VARIABLES</u>	<u>DESCRIPTION</u>	<u>VALUE</u>	<u>UNITS</u>
Lg	Length of Primary Drainfield as Measured Perpendicular to Ground Water Flow	69.0	ft
L	Length of Primary Drainfield's Long Axis	60.0	ft
W	Width of Primary Drainfield's Short Axis	28.0	ft
B	Depth to Limiting Layer from Bottom of Drainfield Laterals*	5.0	ft
D	Distance from Drainfield to Surface Water	4600.0	ft
T	Phosphorous Mixing Depth in Ground Water (0.5 ft for coarse soils, 1.0 ft for fine soils)**	1.0	ft
Ne			
Sw	Soil Weight (usually constant)	100.0	lb/ft <sup>3</sup>
Pa	Phosphorous Adsorption Capacity of Soil (usually constant)	200.0	ppm
#l	Number of Single Family Homes on the Drainfield	1.0	

<u>CONSTANTS</u>		
Pl	Phosphorous Load per Single Family Home (constant)	6.44 lbs/yr
X	Conversion Factor for ppm to percentage (constant)	1.0E+06

<u>EQUATIONS</u>		
Pt	Total Phosphorous Load = (Pl)(#l)	6.44 lbs/yr
W1	Soil Weight under Drainfield = (L)(W)(B)(Sw)	840000.0 lbs
W2	Soil Weight from Drainfield to Surface Water = [(Lg)(D) + (0.0875)(D)(D)] (T)(Sw)	216890000.0 lbs
P	Total Phosphorous Adsorption by Soils = (W1 + W2)[(Pa)/(X)]	43546.0 lbs

#### SOLUTION

BT	Breakthrough Time to Surface Water = $P / Pt$	6761.8 years	750 ✓
----	---	--------------	-------

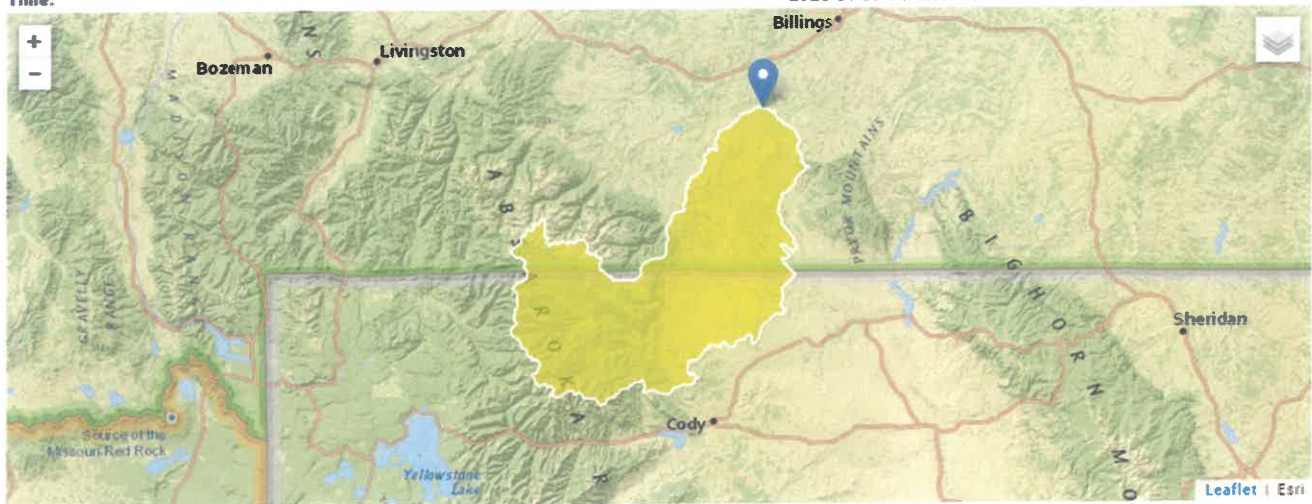
BY: Talyn Ludwig  
DATE: January 9, 2025

**NOTES:** \* Depth to limiting layer is typically based on depth to water in a test pit or bottom of a dry test pit minus two feet to account for burial depth of standard drainfield laterals.  
\*\* Material type is usually based on test pit. A soil that can be described as loam (e.g. gravelly loam, sandy loam, etc.) or finer according to the USDA soil texture classification system is considered a "fine" soil.

REV. 12/2004

Region ID:  
 Workspace ID:  
 Clicked Point (Latitude, Longitude):  
 Time:

MT  
 MT20250107215734719000  
 45.50526, -108.84117  
 2025-01-07 14:58:00 -0700



#### NITRATE CALCULATION:

	1.00
QD =	26.70 ft <sup>3</sup> /d
CD =	50.00 mg/L
QL =	56.80 ft <sup>3</sup> /s
CL =	0.00 mg/L

Number of drainfields in subdivision  
 Effluent flow rate from drainfield in cubic feet per day (commonly 200 gpd or 26.7 ft<sup>3</sup>/d for a 2 - 5 bedroom home)  
 Nitrate concentration in mg/L (50 mg/L nitrate-N for standard drainfield, 24 mg/L for Level 2 wastewater treatment system)  
 Flow rate in ft<sup>3</sup>/s into (or out of) surface water determined by stream gauge (usually the 7-day, 10-year low flow or 7Q10)  
 Nitrate concentration (in mg/L) in surface water; can typically assume zero since increase, not total, is important

0.0002720  
 PASS

mg/L = final result, must be < 0.01 mg/L to be considered nonsignificant nitrate increase

#### PHOSPHOROUS CALCULATION:

	1.00
QD =	26.70 ft <sup>3</sup> /d
CD =	10.60 mg/L
QL =	56.80 ft <sup>3</sup> /s
CL =	0.00 mg/L

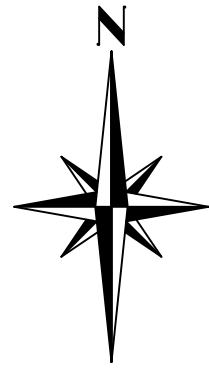
Number of drainfields in subdivision  
 Effluent flow rate from drainfield in cubic feet per day (commonly 200 gpd or 26.7 ft<sup>3</sup>/d for a 2 - 5 bedroom home)  
 Phosphorous concentration in mg/L (commonly 10.6 mg/L) in effluent  
 Flow rate in ft<sup>3</sup>/s into (or out of) surface water determined by stream gauge (usually the 7-day, 10-year low flow or 7Q10)  
 Phosphorous concentration (in mg/L) in surface water; can typically assume zero since increase, not total, is important

0.0000577  
 PASS

mg/L = final result, must be < 0.001 mg/L to be considered nonsignificant for phosphorous increase



CORNER OF  
SECTIONS 1, 2, 11 & 12  
ALUMINUM CAP  
PER RECORD



SCALE 1" = 200'  
0 200 400

**TREASURER'S CERTIFICATION:**

I hereby certify, pursuant to Section 76-3-611(1)(b), MCA, that all real property taxes assessed and levied on the land described above and encompassed by the proposed Lot 1 of Bluepine Farm Subdivision have been paid:

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

Treasurer, Carbon County, Montana

**CERTIFICATE OF FINAL PLAT APPROVAL:**

The County commission of Carbon County, Montana does hereby certify that it has examined this Subdivision Plat and having found the same to conform to law, approves it, and hereby accepts the dedication to public use of any and all lands shown on this plat as being dedicated to such use

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

Commissioner

Commissioner

Commissioner

Attest: Clerk and Recorder  
Carbon County, Montana

**LEGEND**

- SET NO.5 REBAR WITH 1 1/4" YELLOW PLASTIC CAP VIA RED LODGE SURVEYING, LLC AND UNDERSIGNED PLS
- FOUND YELLOW PLASTIC CAP VIA BRATTON 9519LS
- FOUND REBAR
- ⊗ POINT OF RECORD PER 1889 RB
- NO MONUMENT SET OR FOUND
- (F) FOUND MEASUREMENT
- (R) RECORD MEASUREMENTS PER C.O.S. 1878 2ND AM AG
- (R1) RECORD MEASUREMENTS PER C.O.S. 1889 RB

PLAT NO. **PRELIMINARY**

**BLUEPINE FARM SUBDIVISION**

FIRST MINOR SUBDIVISION LYING IN TRACT 1-AG OF  
CERTIFICATE OF SURVEY 1878 2ND AM AG LOCATED  
IN GOVERNMENT LOTS 4, 6, 7, 8, 9, 10 AND THE  
SE1/4NW1/4 OF  
SECTION 12, T.4S., R.23E., P.M.M.,  
CARBON COUNTY, MT

SURVEYED BY: RED LODGE SURVEYING LLC.  
PO BOX 986 | 606 S. GRANT AVE.  
RED LODGE, MT 59068

SURVEYED IN: OCTOBER OF 2024

LANDOWNER: BLUEPINE FARM LLC AND ROW ROW YOUR BOAT LLC

**CERTIFICATE OF DEDICATION AND LEGAL DESCRIPTION:**

We, the undersigned landowners, do hereby certify that we have caused to be surveyed, subdivided and platted into lots, as shown by the plat hereunto included, the perimeter boundary of which is described as Tract 1-AG of Certificate of Survey no. 1878 AM AG, on file in the office of the Clerk and Recorder of Carbon County under Document No. 295375, containing 148.33 acres more or less. Lot 1 set forth on the attached Plat contains 143.73 acres more or less. Subject to easements and/or rights-of-way of record, apparent on the ground, and/or reserved per this survey.

Legal and physical access is provided each lot per 76-3-608(3)(d) MCA.

The above-described tract of land is to be known and designated as "BLUEPINE FARM SUBDIVISION", and the lands included in all roadways are hereby granted and donated to the use of the public forever. Unless specifically listed herein, the lands included in all roadways shown dedicated to the public are accepted for public use, but the County accepts no responsibility for maintaining the same. The owners agree that the County has no obligation to maintain the lands included in all roadways shown hereby dedicated to public use. No parkland is being dedicated to the public.

The undersigned hereby grants unto each and every person, firm or corporation, whether public or private, providing or offering to provide telephone, electric power, gas, internet, cable television or other similar utility or service, water or sewer service to the public, the right to the joint use of an easement for the construction, maintenance, repair and removal of their lines and other facilities, in, over, under and across each area designated on this plat as "utility easement" to have and to hold forever.

**CERTIFICATE OF EXEMPTION:**

We, the undersigned landowners do hereby certify that Lot 1 as shown on this survey, is exempt from review by the Department of Environmental Quality pursuant to 76-4-102(24), MCA which states that a subdivision is a division of land that creates one or more parcels containing less than 20 acres.

Ben Stanley  
as agent for Bluepine Farm LLC and  
Row Row Your Boat LLC

STATE OF MONTANA  
County of Carbon

This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2025.  
by Ben Stanley as agent for Bluepine Farm LLC and Row Row Your Boat LLC.

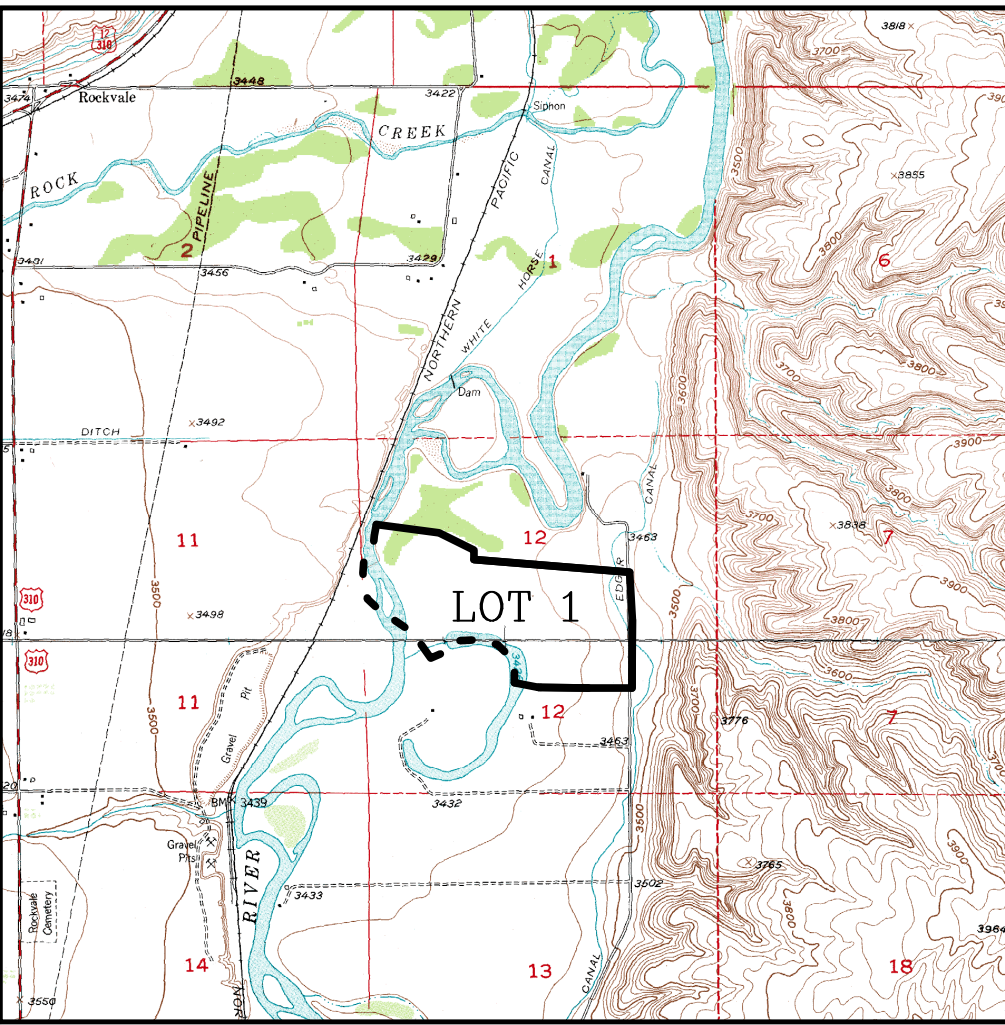
Notary Public for the State of Montana

CE1/16

TRACT 1A  
C.O.S. 1878 AM

S1/2NE1/4SE1/4  
UNPLATTED LANDS OF  
CURTIS F. EMTER

**VICINITY MAP**



SCALE: 1"=3000'

QUARTER CORNER OF  
SECTIONS 11 & 12  
FALLS IN RIVER

CLARK'S FORK  
RIVER PER C.O.S.  
1878 2ND AM AG

**CLERK AND RECORDER INFORMATION:**

**SURVEYOR'S CERTIFICATION:**

I, William H. Karas, a Professional Land Surveyor, do hereby certify that I have performed the survey shown on the attached plat of Bluepine Farm Subdivision; that such survey was made in October of 2024; that said survey is true and complete as shown and that the monuments found and set are of the character and occupy the positions shown thereon.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

RED LODGE SURVEYING LLC

By: William H. Karas., PLS  
Montana Reg. Number 13602 LS

**IRRIGATION FACILITY EASEMENTS:**

Nothing herein nor any covenant shall diminish the unobstructed use and maintenance of the existing water delivery ditches, pipelines, and facilities in the subdivision that are necessary to convey water through the subdivision to land adjacent to or beyond the subdivision boundaries in quantities and in a manner that are consistent with historic and legal rights.

**TASK ORDER NUMBER 26-07-1-01-142-0**

**TO THE MASTER CONTRACT HHS-PHSD-00000507  
EFFECTIVE JULY 1, 2019 TO JUNE 30, 2026  
BETWEEN THE STATE OF MONTANA,  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
AND CARBON COUNTY**

**Strengthening Public Health Workforce**

**SECTION 1. PARTIES**

This Task Order is entered into between the Montana Department of Public Health and Human Services, ("Department"), P.O. Box 4210, Helena, Montana, 59620, Phone Number (406) 444-5623, Fax Number (406) 444-1970, and Carbon County ("Contractor"), Federal ID Number 81-6001339, 10 S Oakes Avenue, Red Lodge, MT 59068, Phone Number (406) 446-9941, Fax Number (406) 446-1274, UEI SB27NJFF6XT9.

**THE DEPARTMENT AND CONTRACTOR AGREE AS FOLLOWS:**

**SECTION 2. PURPOSE**

The purpose of this Task Order is to enhance local public health capacity to deliver Foundational Public Health Services, meet requirements of Montana Code Annotated (MCA) Title 50 Health and Safety, and/or to continue other emergency response and preparedness projects. This funding is intended to help local and tribal public health departments in the state of Montana respond to ongoing and future public health needs by increasing critical workforce infrastructure through recruiting and hiring new public health staff, retaining current public health staff, and increasing additional staff time.

**SECTION 3. TERM OF TASK ORDER**

- A. The term of this Task Order for the purpose of delivery of services is from 07/01/2025 through 06/30/2026.
- B. Each Party, after expiration or termination of this Task Order, remain subject to and obligated to comply with all legal and continuing contractual obligations arising in relation to its duties and responsibilities that may arise under the Task Order including, but not limited to, record retention, audits, indemnification, insurance, the protection of confidential information, and property ownership and use.

**SECTION 4. SERVICES TO BE PROVIDED AND SCOPE OF WORK**

- A. The Contractor agrees to provide the following services:
  - 1. Contractor shall hire and/or retain a Professional or Clinical Staff up to .75 Full Time Equivalent (FTE) or up to 30 additional staff hours per week.

2. Expenses must be for a newly hired position, additional time for part-time staff, or continued funding for positions receiving emergency supplemental funding that is expiring. Funds cannot be used for overtime hours.

3. Contractor shall submit to the Department's liaison listed in Section 10: Liaisons and Services of Notices, invoices and other information requirements as requested. Contractor shall submit a quarterly invoice containing the information below along with an itemized accounting of all expenses to the Department liaison found in Section 10: Liaisons and Services of Notices on or before October 31, January 31, April 30, and July 31 each State fiscal year within the term of this Task Order. The supporting financial documentation must show actual payments made specifically from this funding source and is not to include additional information that is not applicable to this Task Order. The invoiced amount requested for reimbursement must match the amount in the supporting financial documentation. If the amounts do not match, the invoice and supporting documents will be returned unpaid. Invoices and supporting documents will be submitted via email. Contractor shall include the following information for each individual employee funded over the invoice period:

- a) First and last name
- b) Position Title
- c) Average/designated FTE level – based on a 40-hour work week
- d) Hourly pay rate (if salary divide by 2080 hours)
- e) Hire date
- f) Resignation date if applicable
- g) Contractual or non-contractual (government employee)
- h) If Contractual- Vendor or contractor's business name
- i) Total salary and fringe benefits requested
- j) Position summary purpose/justification and accomplishments

4. Funding is provided by the Centers for Disease Control and Prevention and cannot replace existing funding from any other resource unless that funding is from the State or Federal Government and funding is ending or has ended. Staff time funded, or previously funded, with county revenue cannot be funded under this Task Order. The intent of this funding is to increase staffing at health departments which involves recruiting and hiring or contracting new personnel for new positions, converting part-time positions to full-time, or continued funding for positions funded with other emergency supplemental funding that is ending. Funds cannot be used for overtime hours.

5. The Department is responsible for evaluating the Contractor's risk of noncompliance with Federal statutes, regulations and all terms and conditions of the award in accordance found in 45 CFR 75 and Subpart F of 2 CFR 200. This includes monitoring the activities of the subrecipient by reviewing the financial reports/supporting fiscal documentation, 1:1 technical assistance, and pre-arranged virtual or on-site reviews. Further information may be requested by the Department regarding the verification of required federal audit requirements. In addition, Department reserves withholding authority due to inadequate quarterly reimbursement/supporting financial documentation.

- B. The Department agrees to do the following: To reimburse the Contractor for authorized and documented expenses every three months to include salary and fringe benefits. The



Department and sub-recipients must follow all Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards at 45 CFR §75, and other Government-wide and HHS wide regulations.

The Department will notify Contractor in a reasonably timely manner if it has reason to believe the Contractor is not following all Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards at 45 CFR §75, and other Government-wide and HHS wide regulations, whereupon the Contractor will be permitted ample time to assess any alleged non-compliance and correct any errors with respect to aforementioned requirements and regulations.

## **SECTION 5. CONSIDERATION, PAYMENTS, AND PROGRESS PAYMENTS**

- A. In consideration of the services provided through this Task Order, the Department will pay the Contractor on a reimbursement basis up to a total of \$56,000 for 12 months.

Quarter 1 (7/1/25 – 9/30/25): Invoice and all necessary supporting documentation due by October 31, 2025.

Quarter 2 (10/1/25 – 12/31/25): Invoice and all necessary supporting documentation due by January 31, 2026.

Quarter 3 (1/1/26 – 3/31/26): Invoice and all necessary supporting documentation due by April 30, 2026.

Quarter 4 (4/1/26 – 6/30/26): Invoice and all necessary supporting documentation due by July 31, 2026.

If invoices are complete, accurate, submitted by the deadline, and include all necessary supporting documentation, payments will be processed within 30 days of receipt.

Each quarter, if approved and funded positions are vacant for periods of time or expenses are significantly less than anticipated, the Department will assess county expenses and will notify county of a reduction of authorized funding level, if appropriate. This affords the Department time to reallocate funding to other priorities prior to the end of the Federal grant.

- B. All invoices and supporting documents must be received by the Department no later than 30 days following the Task Order end date of June 30, 2026. Invoices received after 60 days will not be paid by the Department.
- C. The completion date of performance for purposes of issuance of final payment for services is the date upon which the Contractor submits to the Department such final reports as are required under this Task Order and are satisfactory in form and content as determined by the Department.

## **SECTION 6. ADVANCED PAYMENTS RESERVED**

## **SECTION 7. SOURCE OF FUNDS AND FUNDING CONDITIONS**

The source of the funding for this Task Order is \$56,000 from Centers for Disease Control and Prevention (CDC) Assistance Listing Number (formerly CFDA #) 93.967.



## **SECTION 8. CFR 200 REQUIREMENTS**

The following information may be required pursuant to 2 CFR 200:

1. Subrecipient Name: Carbon County
2. Subrecipient Unique Entity Identifier: SB27NJFF6XT9
3. Federal Award Identification Number (FAIN): NE11OE000073
4. Federal Award Date: 11/29/2022
5. Subaward Period of Performance Start and End Date: 07/1/2025-06/30/2026
6. Subaward Budget Period Start and End Date: 07/1/2025-06/30/2026
7. Amount of Federal Funds Obligated in the Subaward: \$56,000
8. Total Amount of Federal Funds obligated to the pass-through entity, including the current financial obligation: \$56,000
9. Total Amount of the Federal Award committed to the subrecipient by the pass-through entity: \$56,000
10. Federal Award Project Description as required by the FFATA: Strengthening Public Health Infrastructure, Workforce, and Data Systems in Montana
11. Name of the Federal Agency, pass through entity, and contact information for awarding official of the pass-through entity: MT DPHHS PHSD Public Health System Improvement Office, Terry Ray Terenceray@mt.gov, 406-439-3693
12. Assistance Listing Number and Title-the pass-through entity must identify the dollar amount made available under each Federal award and ALN at the time of disbursement: 93.967/CDC's Collaboration with Academia to Strengthen Public Health
13. Identification of whether the Award is Research & Development: No
14. Indirect cost rate for the Federal Award: N/A

## **SECTION 9. TERMINATION**

Either party may terminate this Task Order in accordance with the Master Contract.

## **SECTION 10. LIAISON AND SERVICE OF NOTICES**

- A. Allison Scheeler and Holly Gederos, or their successors, will be the liaison for the Department. Contact information is as follows:

Allison Scheeler  
DPHHS PH System Improvement Office  
PO Box 202951  
Helena, Montana 59620-2951  
Phone Number (406) 951-0365  
[HHSPHSDBuildingHealthySystems@mt.gov](mailto:HHSPHSDBuildingHealthySystems@mt.gov)

Holly Gederos  
DPHHS PH System Improvement Office  
PO Box 202951  
Helena, Montana 59620-2951  
Phone Number (406) 439-6643  
[HHSPHSDBuildingHealthySystems@mt.gov](mailto:HHSPHSDBuildingHealthySystems@mt.gov)

Erin Cross, or their successor, will be the liaison for the Contractor. Contact information is as follows:

Erin Cross,  
Carbon County  
10 S Oakes Avenue  
Red Lodge, MT 59068  
Phone Number (406) 446-9941  
Fax Number (406) 446-1274  
[ecross@carbonmt.gov](mailto:ecross@carbonmt.gov)

These above referenced liaisons serve as the primary contacts between the parties regarding the performance of this Task Order. The State's liaison and Contractor's liaison may be changed by written notice to the other party.

- B. Written notices, reports and other information required to be exchanged between the parties must be directed to the liaison at the parties' addresses set out in this Task Order.

## **SECTION 11. FEDERAL REQUIREMENTS**

The Contractor agrees that they will comply with all federal statutes and regulations in providing services and receiving compensation under this Task Order. The Contractor acknowledges that there are certain federal statutes and reporting requirements that must be followed whenever certain federal funds are used. It is the Contractor's responsibility to comply with all federal laws and reporting requirements.

Strengthening the Public Health Workforce grant funding is subject to all Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards at 45 CFR §75, and other 2 CFR 200 UGG Government-wide and HHS wide regulations. Brief descriptions of relevant provisions are available at: <https://www.cdc.gov/grants/additional-requirements/index.html>.

HHS Grants Policy Statement is available at: <https://www.hhs.gov/grants-contracts/grants/grants-policies-regulations/index.html>

## **SECTION 12. DEPARTMENT GUIDANCE**

The Contractor may request from the Department guidance in administrative and programmatic matters that are necessary to the Contractor's performance. The Department may provide such guidance as it determines is appropriate. Guidance may include providing copies of regulations, statutes, standards, and policies that are to be complied with under this Task Order. The Department may supply essential interpretations of such materials and this Task Order to assist with compliance by the Contractor. The Contractor is not relieved by a request for guidance of any obligation to meet the requirements of this Task Order. Legal services will not be provided by the Department to the Contractor in any matters relating to the Task Order's performance under this Task Order.

## **SECTION 13. INFORMAL DISPUTE RESOLUTION PROCEDURES**

In addition to the Choice of Law and Remedies in the Master Contract, the Contractor may provide written request for resolution about any disagreement about the Task Order to the Public Health & Community Affairs Executive Director, David Gerard, Phone Number (406) 444-5622, Fax Number

## **SECTION 14. PUBLIC INFORMATION AND DISCLAIMERS**

- A. The Contractor may not access or use personal, confidential, or privileged information obtained through the Department, its agents and contractors, unless the Contractor does so:
1. in conformity with governing legal authorities and policies;
  2. with the permission of the persons or entities from whom the information is to be obtained; and
  3. with the review and approval by the Department prior to use, publication or release.

Privileged information includes information and data the Department, its agents and contractors produce, compile or receive for state and local contractual efforts, including those local and state programs with which the Department contracts to engage in activities related to the purposes of this Task Order.

- B. The Contractor may not use monies under this Task Order to pay for media, publicity or advertising that in any way associates the services or performance of the Contractor or the Department under this Task Order with any specific political agenda, political party, a candidate for public office, or any matter to be voted upon by the public. Media includes but is not limited to commercial and noncommercial print, verbal and electronic media.
- C. The Contractor must inform any people to whom it provides consultation or training services under this Task Order that any opinions expressed do not necessarily represent the position of the Department. When using non-federal funds from this Task Order, all public notices, information pamphlets, press releases, research reports, posters, public service announcements, web sites and similar modes of presenting public information pertaining to the services and activities funded with this Task Order prepared and released by the Contractor must include the statement:

*“This project is funded in whole or in part under a Contract with the Montana Department of Public Health and Human Services. The statements herein do not necessarily reflect the opinion of the Department.”*

- D. The Contractor must state the percentage and the monetary amount of the total program or project costs of this Task Order funded with (a) federal monies and (b) non-federal monies in all statements, press releases, and other documents or media pieces made available to the public describing the services provided through this Task Order.

*“For contracts funded in whole or part with federally appropriated monies received through programs administered by the U.S. Department of Health & Human Services, Education or Labor. Section 503 of H.R. 3288, “Consolidated Appropriations Act, Division D, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2010”, Pub. L. No. 111-117, and in H.R. 1473, “Department” Of Defense And Full-Year Continuing Appropriations Act, 2011”, Title I – General Provisions, Sec. 1101, Pub. L. 112-10, and as may be provided by congressional continuing resolutions or further budgetary enactments.”*

- E. When using federal funds from this Task Order, all public notices, information pamphlets, press releases, research reports, posters, public service announcements, web sites and similar modes of presenting public information pertaining to the services and activities funded with this Task Order prepared and released by the Contractor must include the following statement or its equivalent and must be approved by the Department liaison, prior to use, publication and release.

*“This project is funded in whole by grant number(s) NE11OE000073 from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services and from the Montana Department of Public Health and Human Services. The contents herein do not necessarily reflect the official views and policies of the U.S. Department of Health and Human Services or the Montana Department of Public Health and Human Services.”*

- F. Before the Contractor uses, publishes, releases or distributes them to the public or to local and state programs, the Department must review and approve all products, materials, documents, publications, press releases and media pieces (in any form, including electronic) the Contractor or its agents produce with task order monies to describe and promote services provided through this Task Order.

## **SECTION 15. SCOPE OF TASK ORDER**

This Task Order consists of 8 numbered pages.

All of the provisions of the Master Contract are incorporated into and are controlling as to this Task Order. In the case of a material conflict, a dispute, or confusing language between this Task Order and Master Contract the Master Contract shall control. This Task Order does not stand alone. If Master Contract lapses, so does this Task Order. The original Task Order will be retained by the Department. A copy of the original has the same force and effect for all purposes as the original. This is the entire Task Order between the parties.

## **SECTION 16. AUTHORITY TO EXECUTE**

Each of the parties represents and warrants that this Task Order is entered into and executed by the person so authorized to bind the party to the provisions of this Task Order and the Master Contract.

IN WITNESS THEREOF, the parties through their authorized agents have executed this Task Order on the dates set out below:

**MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES**

BY: \_\_\_\_\_ Date: \_\_\_\_\_  
Stacy Campbell, PHSD Administrator

BY: \_\_\_\_\_ Date: \_\_\_\_\_  
David Gerard,  
Public Health & Community Affairs Executive Director

BY: \_\_\_\_\_ Date: \_\_\_\_\_  
Charles T. Brereton, Director

**MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES PUBLIC HEALTH & SAFETY DIVISION**

Approved as to form:

BY: \_\_\_\_\_ Date: \_\_\_\_\_  
PHSD Contracts Officer

**CONTRACTOR**

**CARBON COUNTY**

BY: \_\_\_\_\_ Date: \_\_\_\_\_  
Carbon County, Commissioner

# County of Carbon

## Group Major Medical Plan Renewal Analysis

July 1, 2025



MarshMcLennan Agency					Current Blue Cross Blue Shield							
					Traditional \$500 (001)		Traditional \$2,000 (004)		HDHP \$3,200 (007)		HDHP \$6,900 (008)	
Benefits					In-Network		In-Network		In-Network		In-Network	
Lifetime Maximum					Unlimited		Unlimited		Unlimited		Unlimited	
Calendar Year Deductible												
Individual					\$500		\$2,000		\$3,200		\$6,900	
Family					\$1,000		\$4,000		\$6,400		\$13,800	
In & Out of Network Deductibles Coordinate?					No		No		No		No	
Coinsurance					80/20%		80/20%		100/0%		100/0%	
Out-of-Pocket Maximum												
Individual					\$2,000		\$4,500		\$3,200		\$6,900	
Family					\$4,000		\$9,000		\$6,400		\$13,800	
Routine Services												
Adult Preventive Care					Paid 100%; Deductible waived		Paid 100%; Deductible waived		Paid 100%; Deductible waived		Paid 100%; Deductible waived	
Office Visit Copay					\$25 Co-pay PCP; \$50 Co-pay Specialist		\$25 Co-pay PCP; \$50 Co-pay Specialist		Deductible Applies		Deductible Applies	
Well Baby Care					Paid 100%;		Paid 100%;		Deductible Applies		Paid 100%;	
Urgent Care					\$25 Co-pay		\$25 Co-pay					
Emergency Room Care					Facility- \$250 Co-pay/ Visit		Facility- \$250 Co-pay/ Visit				Deductible Applies	
Prescription Drugs					Value		Participating		Value		Participating	
Deductible					\$0		\$0		Deductible Applies		Deductible Applies	
Out of Pocket Maximum					Medical OOP applies		Medical OOP applies					
Preferred Generic					\$0 Co-pay		\$10 Co-pay					
Non-Preferred Generic					\$10 Co-pay		\$20 Co-pay					
Preferred Brand					\$50 Co-pay		\$70 Co-pay					
Non-Preferred Brand					\$100 Co-pay		\$120 Co-pay					
Specialty Drug					\$200 /\$300 (30-day only)		\$200 /\$300 (30-day only)					
Mail-Order					3 x Retail		3X Retail					
Rates		PPO		HDHP								
Employee Only		19	10	12	13	\$923.92		\$832.19		\$812.41		
Employee + Spouse		0	3	0	2	\$1,940.21		\$1,747.60		\$1,706.05		
Employee + Child(ren)		2	0	1	1	\$1,663.03		\$1,497.94		\$1,462.33		
Employee + Family		0	2	0	1	\$2,679.34		\$2,413.36		\$2,355.97		
Estimated Monthly Premium Per Plan					\$20,880.54		\$18,391.42		\$11,211.25		\$14,330.26	
Estimated Total Monthly Premium					\$64,813.47							
Estimated Annual Premium					\$777,761.64							

Rates include the 2.25% ancillary discount



# County of Carbon

## Group Major Medical Plan Renewal Analysis

July 1, 2025



MarshMcLennan Agency					Renewal Blue Cross Blue Shield										
					Traditional \$600 (001)		Traditional \$2,100 (004)		HDHP \$3,200 (007)		HDHP \$6,900 (008)				
Benefits					In-Network		In-Network		In-Network		In-Network				
Lifetime Maximum					Unlimited		Unlimited		Unlimited		Unlimited				
Calendar Year Deductible															
Individual					\$600		\$2,100		\$3,300		\$6,900				
Family					\$1,200		\$4,200		\$6,600		\$13,800				
In & Out of Network Deductibles Coordinate?					No		No		No		No				
Coinsurance					80/20%		80/20%		100/0%		100/0%				
Out-of-Pocket Maximum															
Individual					\$2,100		\$4,600		\$3,300		\$6,900				
Family					\$4,200		\$9,200		\$6,600		\$13,800				
Routine Services															
Adult Preventive Care					Paid 100%; Deductible waived		Paid 100%; Deductible waived		Paid 100%; Deductible waived		Paid 100%; Deductible waived				
Office Visit Copay					\$25 Co-pay PCP; \$65 Co-pay Specialist		\$25 Co-pay PCP; \$65 Co-pay Specialist		Deductible Applies		Deductible Applies				
Well Baby Care					Paid 100%;		Paid 100%;		Paid 100%;		Paid 100%;				
Urgent Care					\$25 Co-pay		\$25 Co-pay		Deductible Applies		Deductible Applies				
Emergency Room Care					Facility- \$400 Co-pay/ Visit		Facility- \$400 Co-pay/ Visit								
Prescription Drugs					Value		Participating		Value		Participating				
Deductible					\$0		\$0		Deductible Applies		Deductible Applies				
Out of Pocket Maximum					Medical OOP applies		Medical OOP applies								
Preferred Generic					\$5 Co-pay		\$15 Co-pay								
Non-Preferred Generic					\$15 Co-pay		\$25 Co-pay								
Preferred Brand					\$55 Co-pay		\$75 Co-pay								
Non-Preferred Brand					\$105 Co-pay		\$125 Co-pay								
Specialty Drug					\$200 /\$300 (30-day only)		\$200 /\$300 (30-day only)								
Mail-Order					3 x Retail		3X Retail								
Rates				PPO				HDHP							
Employee Only				19	10	12	13	\$1,049.29		\$958.50		\$910.98		\$738.19	
Employee + Spouse				0	3	0	2	\$2,203.39		\$2,012.76		\$1,912.96		\$1,550.12	
Employee + Child(ren)				2	0	1	1	\$1,888.60		\$1,725.20		\$1,639.66		\$1,328.67	
Employee + Family				0	2	0	1	\$3,042.81		\$2,779.56		\$2,641.74		\$2,140.68	
Estimated Monthly Premium Per Plan					\$23,713.71		\$21,182.40		\$12,571.42		\$16,166.06				
Percentage Change From Current					13.6%		15.2%		12.1%		12.8%				
Estimated Total Monthly Premium					\$73,633.59										
Estimated Annual Premium					\$883,603.08										
Percentage Change From Current					13.6%										
Annual Dollar Change From Current					\$105,841.44										

Renewal rates include the 2.25% ancillary discount

# County of Carbon

July 1, 2025



		<u>Current</u>	<u>Renewal</u>
		<b>BCBS</b>	<b>BCBS</b>
Benefit Period		Calendar Year	Calendar Year
<b>Annual Deductible</b>			
Individual		\$25	\$25
Family		\$75	\$75
Waived for Preventive		Yes	Yes
Maximum Annual Benefit		\$3,000 per covered person	\$3,000 per covered person
Type I - Preventive		100%	100%
Type II - Basic Service		80%	80%
Type III - Major Services		50%	50%
(Implants in Type III)		50%	50%
Type IV - Orthodontic Services		50% with \$2,000 Lifetime; No Deductible Applies	50% with \$2,000 Lifetime; No Deductible Applies
Waiting Periods		None	None
<b>Other Features</b>			
Rate Guarantee		1 Year	1 Year
Rates Effective		1/1/2024	1/1/25
<b>Rates</b>	<b>Counts</b>	<b>Current</b>	<b>Renewal</b>
Employee Only	33	\$39.31	\$47.17
Employee + Spouse	12	\$78.64	\$94.37
Employee + Child(ren)	5	\$91.17	\$109.40
Family	11	\$142.39	\$170.87
<b>Estimated Monthly Premium</b>		<b>\$4,263.05</b>	<b>\$5,115.62</b>
<b>Estimated Annual Premium</b>		<b>\$51,156.60</b>	<b>\$61,387.44</b>
Percent Change From Current			20.00%
Annual Dollar Change From Current			\$3,982.44
All data are representations and not guarantees. Rates may vary upon final enrollment.			



**Globe Life**  
Family Heritage Division

**InjurCare Plus Series 6**  
Accidental Injury Insurance

# Accidental Injuries and Death

can occur in the home, on the job, and to your children

Accident Risk Factors Include:



Work



Travel



Drowning



Home



Slips/Falls



Fire/Burn



School



Poison



Sports



The bad news is accidents can be expensive, totaling more than **\$1 trillion** in the United States. Most people are surprised that their largest expenses during accidents are often not their medical expenses — it's the **indirect costs** their health insurance **doesn't cover**.



## Two Types of Costs:

### Direct Costs

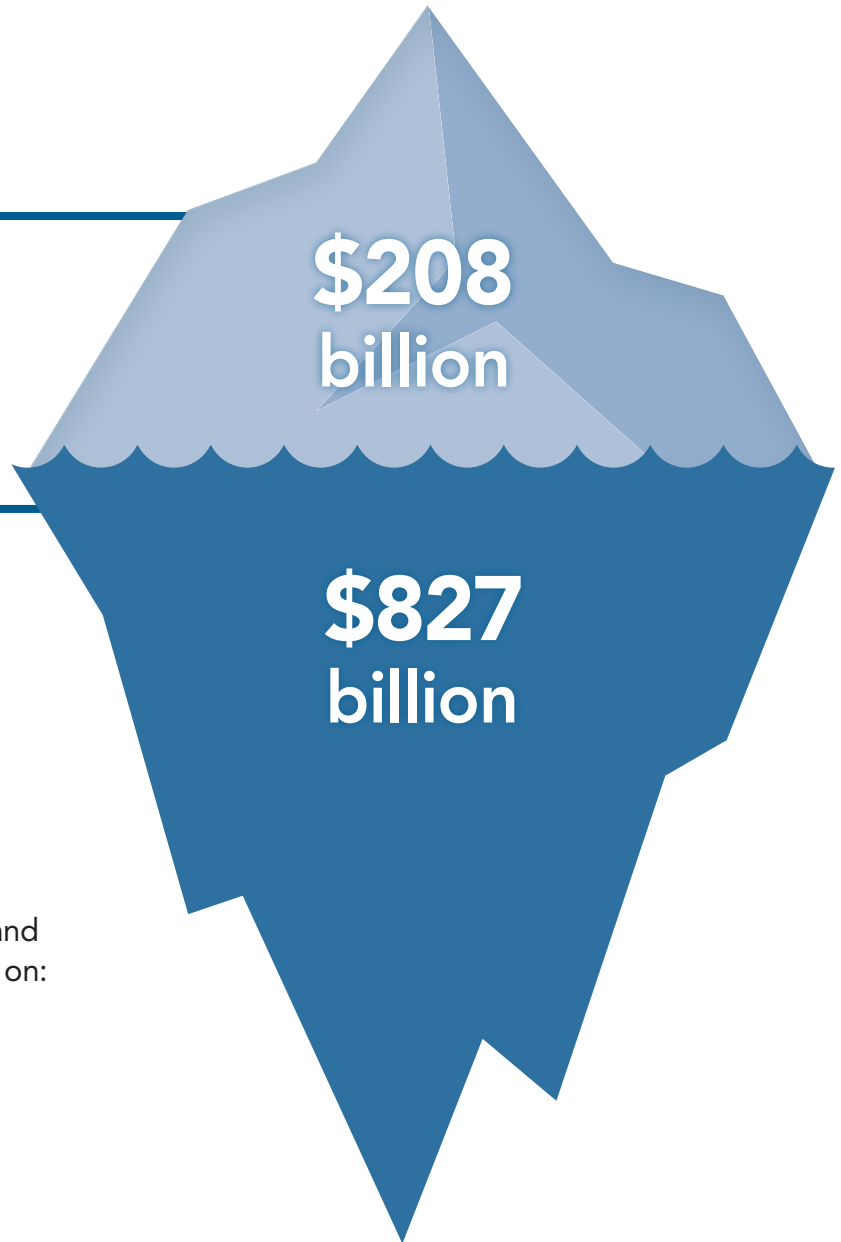
- Doctor Bills
- Hospital Charges
- Medical Expenses

### Indirect Costs

- Lost Income and Savings
- Living Expenses
- Insurance Limitations
- Travel for Best Treatment
- In-Home Care
- Child Care

While your expenses go up, your income and savings often go down, forcing you to rely on:

- Savings and Investments
- Selling Assets
- Retirement Funds
- College Funds



## InjurCare Plus Series 6

- Pays benefits directly to you; you decide how to spend them
- Pays in addition to any other insurance you own
- This policy's benefits are never reduced
- Premiums don't increase with age or due to claims
- Guaranteed renewable for life — only you can cancel
- Policy has no cap on total amount of benefits you receive or the number of claims you can have

BASE 1	STANDARD 2	InjurCare Plus Series 6 – Benefits	PREFERRED 4	ELITE 8
\$50	\$100	<b>Emergency Treatment Benefit</b> <i>(payable only 3 times per calendar year per person)</i> <ul style="list-style-type: none"> <li>For emergency treatment within 14 days after a covered accident, charges up to</li> <li>Payable if treatment is received in an Emergency Room, or one of the following: <i>X-ray, digital motion x-ray, needle aspiration, laceration or puncture wound repair, administration of prescription medicine, tetanus shot, antivenom therapy, treatment for poisoning, repair of damaged tooth, removal of a foreign object from eye, casts, splints, braces, crutches or 2nd or 3rd degree burn treatment</i></li> </ul>	\$200	\$400
\$50	\$100	<b>Significant Diagnostic Scan Benefit</b> <i>(Maximum per covered accident)</i> <ul style="list-style-type: none"> <li>For the following, received in a doctor's office or hospital within 30 days after an accident: <i>MRI, Ultrasound, CT/CAT Scan (Computerized Tomography), EEG (Electroencephalogram)</i></li> </ul>	\$200	\$400
\$100	\$200	<b>Hospitalization Benefit</b> <i>(Up to 180 days per covered accident)</i> <ul style="list-style-type: none"> <li>For each day of inpatient hospitalization</li> </ul>	\$400	\$800
\$400	\$800	<b>Hospitalization Plus Benefit</b> <i>(Payable once per calendar year, per covered person, per accident)</i> <ul style="list-style-type: none"> <li>Upon inpatient hospitalization</li> </ul>	\$1,600	\$3,200
\$50	\$100	<b>Observation Room Benefit</b> <i>(Not payable any day the Hospitalization Benefit is paid)</i> <ul style="list-style-type: none"> <li>For each day you are charged for one or more hours in an observation room</li> </ul>	\$200	\$400
\$150 \$300	\$300 \$600	<b>Ambulance Benefits</b> <i>(For transportation to a hospital after a covered accident)</i> <ul style="list-style-type: none"> <li>Ground Ambulance</li> <li>Air Ambulance</li> </ul>	\$600 \$1200	\$1,200 \$2,400
\$1,250 \$500 \$350	\$2,500 \$1,000 \$700	<b>Fracture Benefit</b> <i>(Complete list of fractures and benefit amounts are shown in the policy)</i> For fractures treated by a physician within 30 days after a covered accident <ul style="list-style-type: none"> <li>Thigh fracture</li> <li>Upper Arm fracture</li> <li>Wrist / Ankle fracture</li> </ul> <i>(If more than one bone is fractured, amount paid is for the fracture with the highest benefit amount. Chip fractures pay 10%. Stress fractures pay 20%.)</i>	\$5,000 \$2,000 \$1,400	\$10,000 \$4,000 \$2,800
\$800 \$320	\$1,600 \$640	<b>Dislocation Benefit</b> <i>(Complete list of dislocations and benefit amounts are shown in the policy)</i> <ul style="list-style-type: none"> <li>For diagnosis and treatment by a physician within 90 days after a covered accident</li> <li>Hip dislocation (with anesthesia)</li> <li>Shoulder dislocation (with anesthesia)</li> </ul> <i>(Subsequent dislocations of the same joint will not be covered. If 2 or more joints are dislocated in the same accident, we will only pay for the joint involved with the highest benefit amount.)</i>	\$3,200 \$1,280	\$6,400 \$2,560
\$200	\$400	<b>Surgery Benefit</b> <ul style="list-style-type: none"> <li>For surgery by a physician within one year of the covered accident <i>(Treatment must be received within 90 days of the accident and benefit is limited to the following surgeries: torn, severed, or ruptured tendons or ligaments; ruptured disc; and torn cartilage)</i></li> </ul>	\$800	\$1,600
\$25	\$50	<b>Physical Therapy Benefit</b> <i>(Maximum 12 days per covered accident)</i> <ul style="list-style-type: none"> <li>For each day, within 90 days after a covered accident or discharge date, whichever is later</li> </ul>	\$100	\$200
\$50	\$100	<b>Concussion Benefit</b> <i>(Not payable when the Coma Benefit is paid for the same covered accident)</i> <ul style="list-style-type: none"> <li>For a concussion diagnosed by a physician within 7 days after a covered accident</li> </ul>	\$200	\$400
\$500	\$1,000	<b>Coma Benefit</b> <i>(Payable for loss of consciousness for 24 hours or more)</i> <ul style="list-style-type: none"> <li>For a coma diagnosed by a physician within 7 days after a covered accident</li> </ul>	\$2,000	\$4,000
\$2,500 \$5,000	\$5,000 \$10,000	<b>Dismemberment Benefit</b> <i>(This benefit is reduced by any Fracture Benefit paid for the same accident)</i> <ul style="list-style-type: none"> <li>Pays if an accident causes the dismemberment of a hand, foot or eye within one year</li> <li>Single</li> <li>Multiple</li> </ul> <i>(If you later die from the same accident, Accidental Death Benefit is reduced by amount paid for this benefit)</i>	\$10,000 \$20,000	\$20,000 \$40,000
\$5,000	\$10,000	<b>Accidental Death Benefit</b> <ul style="list-style-type: none"> <li>Pays if you are injured in an accident and the injury causes you to die within 90 days after the accident <i>(This benefit is reduced by any Fracture or Dismemberment benefits paid for the same accident)</i></li> </ul>	\$20,000	\$40,000
\$25	\$50	<b>Family Lodging Benefit</b> <i>(For Single Parent, Couple and Family policies only)</i> <ul style="list-style-type: none"> <li>For each day, up to 60 days, while a covered person is hospitalized due to an accident, up to</li> </ul>	\$100	\$200
up to \$2,500	up to \$5,000	<b>Family Education Benefit</b> <i>(For Single Parent and Family policies only)</i> <ul style="list-style-type: none"> <li>Pays when the Accidental Death Benefit is paid for the policyowner or covered spouse for surviving children's tuition at an accredited institution of post-secondary education. Not payable for any child after that child attains age 25. <i>(Up to \$4,000, \$2,000, \$1,000 or \$500 per calendar year, for up to 5 children)</i></li> </ul>	up to \$10,000	up to \$20,000

Underwritten by Family Heritage Life Insurance Company of America, a Globe Life company

## Accidental Deaths

- An accidental-injury-related death occurs once every 3 minutes.
- Accidents are the leading cause of death for all Americans between the ages of 1 and 44.

## Accidental Injuries

- On average, this year there will be 5,390 disabling injuries every hour.
- Nearly 3 out of 4 accidental injuries occur outside of work.

## Children

- Accidents are the number 1 killer of children in the United States.
- Causes include:
  - Motor vehicle
  - Suffocation
  - Drowning
  - Poisoning
  - Fire/Burns
  - Falls

Source: The National Safety Council, *Injury Facts*, 2017

## Issue Age 65 & Under

### Return of Premium Benefit

- We **RETURN YOUR PREMIUMS**, less any claims paid, after 25 years!
- If all covered adults pass away for any reason before 25 years, we will **RETURN YOUR PREMIUM**, less any claims paid!

### Safe Living Benefit\*

This benefit begins on the Return of Premium Maturity date and will be paid at the end of each new completed policy year, less any claims paid from that year.

\*up to \$320 for Elite – \$160 for Preferred – \$80 for Standard – \$40 for Base

### Three examples of what can happen...

	No Claim	Small Claim	Large Claim
Premiums Paid	\$25,000	\$25,000	\$25,000
Less Claims Paid	-0-	-\$5,000	-\$65,000
Return	\$25,000	\$20,000	-0-

## Issue Age 66 to 80

### Survivor Benefit

- If all covered adults pass away for any reason while the policy is in force, we immediately **RETURN YOUR PREMIUM\***, less any claims paid!

\*up to \$32,000 for Elite – \$16,000 for Preferred – \$8,000 for Standard – \$4,000 for Base

### Safe Living Benefit\*

This benefit begins on the effective date and will be paid at the end of each new completed policy year, less any claims paid from that year.

\*up to \$320 for Elite – \$160 for Preferred – \$80 for Standard – \$40 for Base

## Limitations and Exclusions

We will not pay benefits for an accidental injury or death contributed to, caused by, or resulting from:

- Your participating in war or any act of war, declared or not.
- Your having any disease or bodily/mental illness or degenerative condition. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.
- Your riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test for pay or profit, or while testing any vehicle on any race course or speedway for pay or profit.
- Your being legally intoxicated or under the influence of any narcotic or illegal substance, unless such narcotic or substance is taken on the advice of a physician and according to the physician's instructions. Having a blood alcohol level that exceeds the level permitted by the laws of the state where the accident occurs which pertain to driving a motor vehicle will be presumptive proof of intoxication.
- Your operating, learning to operate, serving as a crew member on, or jumping from any aircraft, including those which are not motor-driven.
- Your participating in professional or semi-professional sports.
- Your participating for money in a rodeo event.
- Your participating or attempting to participate in a felony or working at an illegal job.

This is a solicitation for insurance. The benefits described in this brochure are contained in policy series A10POL-MT. This brochure is not an insurance contract. The policy explains the rights and obligations of both Family Heritage and the insured. It is important to read your policy carefully. Please see your Globe Life Family Heritage Division agent for cost and complete details. Underwritten by Family Heritage Life Insurance Company of America, a Globe Life company.



Globe Life  
P.O. Box 470608  
Cleveland, OH 44147  
o: 440-922-5222 | f: 440-922-5223  
GlobeLifeFamilyHeritage.com



**A (Excellent)**  
Financial Strength Rating (as of 7/21)\*

\*Ratings for Family Heritage Life Insurance Company of America, a Globe Life company



**CancerCare Plus Series 6**  
Cancer Insurance

**Cancer** will occur in 3 out of 4 families.

Cancer Risk Factors Include:



Air



Work



Tobacco



Food



Home



Diet



Water



Heredity



Weight

More than **6 out of 10 people** with cancer will survive! The bad news is cancer can be expensive totaling more than **\$226 billion** in the United States. Most people are surprised that their largest expenses during illnesses are often not their medical expenses — it's the **indirect costs** their health insurance **doesn't cover**.



## Two Types of Costs:

### Direct Costs

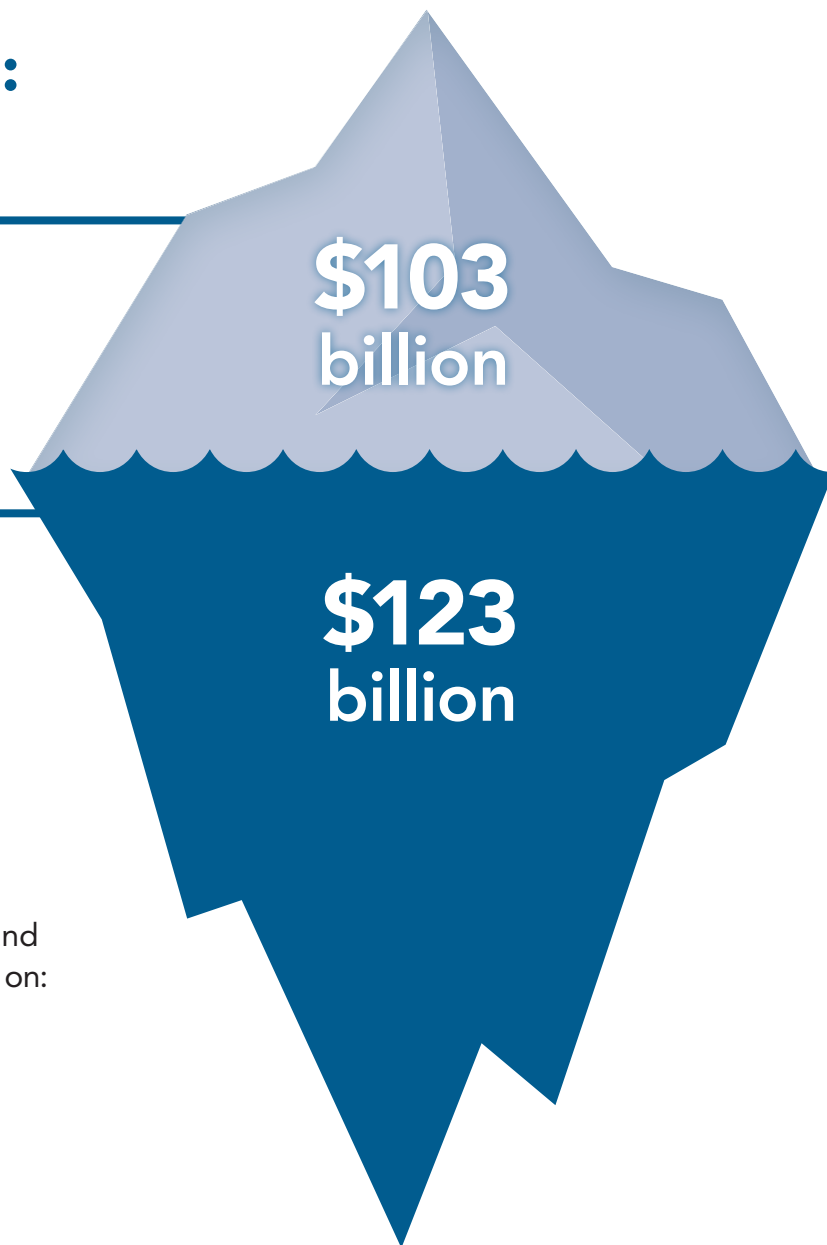
- Doctor Bills
- Hospital Charges
- Medical Expenses

### Indirect Costs

- Lost Income and Savings
- Living Expenses
- Insurance Limitations
- Travel for Best Treatment
- In-Home Care
- Child Care

While your expenses go up, your income and savings often go down, forcing you to rely on:

- Savings and Investments
- Selling Assets
- Retirement Funds
- College Funds



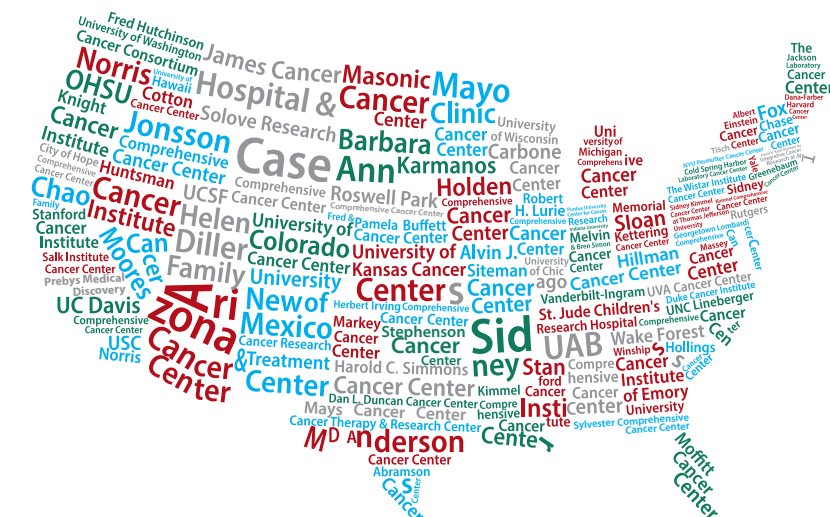
## CancerCare Plus Series 6

- Pays benefits directly to you, you decide how to spend them
- This policy's benefits are never reduced
- Guaranteed renewable for life — only you can cancel
- Pays in addition to any other insurance you own
- Premiums don't increase with age or due to claims
- Policy has no cap on total amount of benefits you receive or the number of claims you can have

BASE 1	STANDARD 2	CancerCare Plus Series 6 – Benefits	PREFERRED 4	ELITE 8
\$750 \$150	\$1,500 \$300	<b>First Occurrence</b> <i>(Paid once per insured). Paid upon confirmed diagnosis of:</i> <ul style="list-style-type: none"> <li>Internal Cancer</li> <li>Skin Cancer</li> </ul>	\$3,000 \$600	\$6,000 \$1,200
\$100	\$200	<b>Hospitalization</b> <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> <li>For each day for covered cancer treatments, includes U.S. government hospitals</li> </ul>	\$400	\$800
\$150	\$300	<b>Ambulance</b> <i>(No Lifetime Limits) (Includes air ambulance)</i> <ul style="list-style-type: none"> <li>Each trip <i>(two one-way trips per hospitalization)</i></li> </ul>	\$600	\$1,200
\$25	\$50	<b>Hospice Service</b> <ul style="list-style-type: none"> <li>For each day of Hospice Service up to 180 days</li> </ul>	\$100	\$200
\$60– \$3,000	\$120– \$6,000	<b>Surgery &amp; Anesthesia</b> <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> <li>For each surgery based on the schedule in your policy, from</li> </ul>	\$240– \$12,000	\$480– \$24,000
\$250	\$500	<b>Second Surgical Opinion</b> <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> <li>For a second opinion concerning cancer surgery</li> </ul>	\$1,000	\$2,000
\$150	\$300	<b>Reconstructive Breast Surgery</b> <i>(Lifetime Maximum of 2 surgeries per Insured)</i> <ul style="list-style-type: none"> <li>Following a mastectomy, including subsequent treatment</li> </ul>	\$600	\$1,200
\$3,750	\$7,500	<b>Leukemia Bone Marrow Transplant</b> <i>(Lifetime Maximum per Insured)</i> <ul style="list-style-type: none"> <li>For a Bone Marrow Transplant from one person to another for the treatment of leukemia <i>(Not paid for autologous bone marrow transplants for the implantation of artificial or synthetic bone marrow or for stem cell transplants)</i></li> </ul>	\$15,000	\$30,000
\$750	\$1,500	<b>Donor Benefit</b> <i>(Lifetime Maximum per Insured)</i> <ul style="list-style-type: none"> <li>For insured who donates stem cells to a person receiving a transplant for cancer treatment</li> </ul>	\$3,000	\$6,000
\$60	\$120	<b>Radiation &amp; Chemotherapy</b> <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> <li>For the delivery of radiation or chemotherapy treatment, each day</li> </ul>	\$240	\$480
\$60	\$120	<b>Radiation Planning</b> <i>(Lifetime Maximum of up to 5 sessions per Insured)</i> <ul style="list-style-type: none"> <li>For radiation planning, each day</li> </ul>	\$240	\$480
\$50	\$100	<b>Self-Administered Chemotherapy</b> <i>(Lifetime Maximum of 120 months per Insured)</i> <ul style="list-style-type: none"> <li>For your prescriptions filled for self-administered chemotherapy, each month <i>(Not paid in any month that Radiation &amp; Chemotherapy Benefit is paid)</i></li> </ul>	\$200	\$400
\$500	\$1,000	<b>Special Treatment</b> <i>(Lifetime Maximum per Insured)</i> <ul style="list-style-type: none"> <li>Charges for any of the following FDA approved treatments up to <i>(Immunotherapy, Stem Cell Transplant, Hormone Therapy, Autologous Bone Marrow Transplant, Radioimmunotherapy and Photodynamic Therapy)</i></li> </ul>	\$2,000	\$4,000
\$30	\$60	<b>Wellness Benefit</b> <i>(No Lifetime Limits, except HPV)</i> <ul style="list-style-type: none"> <li>For the following tests per calendar year, based on the schedule in your policy, up to a max of <i>(Mammography, Breast Ultrasound, Colonoscopy, Flexible Sigmoidoscopy, Barium Enema, HPV, Pap Smear, Sputum Cytology, Urine Cytology, Transvaginal Ultrasound, Fecal Occult Stool Specimen, CEA, CA 125 or PSA)</i></li> </ul>	\$120	\$240
\$2,500 \$.20	\$2,500 \$.20	<b>Patient Transportation</b> <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> <li>When you travel over 80 miles from home for covered services or up to 3 consultations prior to treatment, Round trip charges for your plane, train, or bus up to</li> <li>For each mile by personal auto</li> </ul>	\$2,500 \$.40	\$2,500 \$.60
\$2,500 \$.20	\$2,500 \$.20	<b>Family Member Transportation</b> <i>(If a child is hospitalized, we will pay this benefit for both parents)</i> <ul style="list-style-type: none"> <li>For one member of your immediate family also traveling more than 80 miles from home to be with you when you are hospitalized, round trip charges for plane, train, or bus up to</li> <li>For each mile by personal auto</li> </ul>	\$2,500 \$.40	\$2,500 \$.60
\$25	\$50	<b>Family Member Lodging</b> <ul style="list-style-type: none"> <li>For each day, up to 60 days, for a member of your immediate family who also travels more than 80 miles from home and requires lodging while you are hospitalized, we will pay charges up to</li> </ul>	\$100	\$200



Where you get treated makes a **BIG** difference, but it can also be **VERY** expensive.



Travel



Food



Lodging



Time Off Work

Our policy makes sense even if you never file a claim!

## Issue Age 65 & Under

### Return of Premium Benefit

- You are paid if you have claims or if you stay well!
- We **RETURN YOUR PREMIUMS**, less any claims paid, after 25 years!
- If all covered adults pass away for any reason before 25 years, we immediately **RETURN YOUR PREMIUM**, less any claims paid!

### Three examples of what can happen...

	No Claim	Small Claim	Large Claim
Premiums Paid	\$25,000	\$25,000	\$25,000
Less Claims Paid	-0-	-\$5,000	-\$65,000
Return	\$25,000	\$20,000	-0-

## Issue Age 66 to 80

### Survivor Benefit

If all covered adults pass away for any reason while the policy is in force, we immediately **RETURN YOUR PREMIUM\***, less any claims paid!

\*up to \$32,000 for Elite 8 – \$16,000 for Preferred 4 – \$8,000 for Standard 2 – \$4,000 for Base 1

### Limitations and Exclusions

- Benefits will not be paid for a pre-existing condition during the 12 month period following the coverage effective date. A pre-existing condition is a condition that existed during the 24 months immediately before the effective date of coverage for which medical advice, diagnosis, care or treatment was recommended or received from a Physician.
- Persons previously diagnosed with an elevated PSA (Prostate-Specific Antigen) test result will not be covered for prostate cancer or its metastasis.
- Persons with a history of non-melanoma skin cancer are covered for all types of cancer except skin cancer. Persons with a history of any melanoma cancer will not be covered.
- This policy covers losses resulting from cancer only. Cancer does not include premalignant conditions, conditions with malignant potential or pre-leukemic conditions.

This is a solicitation for insurance. The benefits described in this brochure are contained in policy series C19POL-MT. This brochure is not an insurance contract. The policy explains the rights and obligations of both Family Heritage and the insured. It is important to read your policy carefully. Please see your Globe Life Family Heritage Division agent for cost and complete details. Underwritten by Family Heritage Life Insurance Company of America, a Globe Life company.



Globe Life  
P.O. Box 470608  
Cleveland, OH 44147  
o: 440-922-5222 | f: 440-922-5223  
GlobeLifeFamilyHeritage.com



**A (Excellent)**  
Financial Strength Rating (as of 7/21)\*

\*Ratings for Family Heritage Life Insurance Company of America, a Globe Life company



**Globe Life**  
Family Heritage Division

## CardiaCare Plus Series 6

Heart and Stroke Insurance

# Heart Attacks, Heart Disease, and Strokes

are the cause of 1 of every 3 deaths in the U.S.

### Heart Risk Factors Include:



Heredity



Tobacco Use



Stress



Increasing Age



High Blood Pressure



Diet



High Cholesterol



Physical Inactivity



Diabetes



Heart Attacks, Heart Disease, and Strokes can be expensive! In the United States, total costs exceed **\$351 billion**. Most people are surprised that their largest expenses during illnesses are often not their medical expenses — it's the **indirect costs** that their **health insurance doesn't cover**.



## Two Types of Costs:

### Direct Costs

- Doctor Bills
- Hospital Charges
- Medical Expenses

### Indirect Costs

- Lost Income and Savings
- Living Expenses
- Insurance Limitations
- Travel for Best Treatment
- In-Home Care
- Child Care

**\$214  
billion**

**\$137  
billion**

While your expenses go up, your income and savings often go down, forcing you to rely on:

- Savings and Investments
- Selling Assets
- Retirement Funds
- College Funds

## CardiaCare Plus Series 6

- |   |   |  |
|---|---|--|
| • Pays benefits directly to you; you decide how to spend them | • This policy's benefits are never reduced          | • Guaranteed renewable for life — only you can cancel  |
| • Pays in addition to any other insurance you own             | • Premiums don't increase with age or due to claims | • Policy has no cap on total amount of benefits you receive or the number of claims you can have |



BASE 1	STANDARD 2	<b>CardiaCare Plus Series 6 – Benefits</b> Benefits paid for Heart Disease, Heart Attack, or Stroke unless otherwise noted	PREFERRED 4	ELITE 8
\$750	\$1,500	<b>First Occurrence</b> <i>(Paid once per insured)</i> • Paid upon the confirmed diagnosis of heart attack or stroke	\$3,000	\$6,000
\$100	\$200	<b>Hospitalization</b> <i>(No Lifetime Limits)</i> • For each day, includes U.S. government hospitals	\$400	\$800
\$150	\$300	<b>Ambulance</b> <i>(No Lifetime Limits, includes air ambulance)</i> • Each trip (two one-way trips per hospitalization)	\$600	\$1,200
\$120 \$3,000	\$240 \$6,000	<b>Surgery &amp; Anesthesia</b> <i>(No Lifetime Limits)</i> • For each inpatient or outpatient surgery • We will continue to pay this benefit per day of hospitalization for recovery from your surgery up to	\$480 \$12,000	\$960 \$24,000
\$15	\$30	<b>Physical Therapy</b> <i>(No Lifetime Limits)</i> • For each day of physical therapy by a registered Physiotherapist • Payable for the same number of days you are hospitalized <i>(up to 30 days per hospitalization)</i>	\$60	\$120
\$30 \$30	\$60 \$60	<b>Healthy Heart Benefit</b> <i>(No Lifetime Limits, except Cholesterol Screening)</i> • For the following tests per calendar year, based on the schedule in your policy, up to <i>(Cardiac Magnetic Resonance Imaging (MRI), Electrocardiogram (EKG or ECG), Cardiac Stress Test, Echocardiogram, Cardiac X-ray, Computed Tomography / CT Scan)</i> • For one Cholesterol Screening per insured	\$120 \$120	\$240 \$240
\$2,500 \$.20	\$2,500 \$.20	<b>Patient Transportation</b> <i>(No Lifetime Limits)</i> • When you travel over 80 miles from home for covered services or up to 3 consultations prior to treatment, round trip charges for your plane, train, or bus up to • For each mile by personal auto	\$2,500 \$.40	\$2,500 \$.60
\$2,500 \$.20	\$2,500 \$.20	<b>Family Member Transportation</b> • For one member of your immediate family also traveling more than 80 miles from home to be with you when you are hospitalized, round trip charges for your plane, train, or bus up to • For each mile by personal auto <i>(If a child is hospitalized, we will pay this benefit for both parents. The automobile mileage is not payable when the family member travels with you)</i>	\$2,500 \$.40	\$2,500 \$.60
\$25	\$50	<b>Family Member Lodging</b> <i>(No Lifetime Limits)</i> • For each day, up to 60 days, for a member of your immediate family who also travels more than 80 miles from home and requires lodging while you are hospitalized, we will pay charges up to	\$100	\$200
\$20,000	\$40,000	<b>Heart Transplant</b> <i>(Paid once per insured)</i> • For a human heart transplant	\$80,000	\$160,000

Where you get treated makes a **BIG** difference, but it can also be **VERY** expensive.



Travel



Lodging



Food



Time Off Work

*Our policy makes sense even if you never file a claim!*

## Issue Age 65 & Under

### Return of Premium Benefit

- You are paid if you have claims or if you stay well!
- We **RETURN YOUR PREMIUMS**, less any claims paid, after 25 years!
- If all covered adults pass away for any reason before 25 years, we immediately **RETURN YOUR PREMIUM**, less any claims paid!

### Three examples of what can happen...

	No Claim	Small Claim	Large Claim
Premiums Paid	\$25,000	\$25,000	\$25,000
Less Claims Paid	-0-	-\$5,000	-\$65,000
Return	\$25,000	\$20,000	-0-

## Issue Age 66 to 80

### Survivor Benefit

If all covered adults pass away for any reason while the policy is in force, we immediately **RETURN YOUR PREMIUM\***, less any claims paid!

\*up to \$32,000 for Elite 8 – \$16,000 for Preferred 4 – \$8,000 for Standard 2 – \$4,000 for Base 1

### Limitations and Exclusions

- Benefits will not be paid for a pre-existing condition during the 12 month period following the coverage effective date. A pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended by or received from a physician within the two years immediately before the effective date of coverage.
- This policy only covers loss due directly to heart disease, heart attack, or stroke.
- The First Occurrence benefit is not paid for heart disease.
- Benefits are not payable for any day of hospitalization unless the day of hospitalization is a direct result of heart disease, heart attack, or stroke.
- Benefits paid for any one person will not exceed the maximum benefits shown in the Policy regardless of the number of types of heart disease, heart attacks, or strokes.

This is a solicitation for insurance. The benefits described in this brochure are contained in policy series H11POL-MT. This brochure is not an insurance contract. The policy explains the rights and obligations of both Family Heritage and the insured. It is important to read your policy carefully. Please see your Globe Life Family Heritage Division agent for cost and complete details. Underwritten by Family Heritage Life Insurance Company of America, a Globe Life company.



Globe Life  
P.O. Box 470608  
Cleveland, OH 44147  
o: 440-922-5222 | f: 440-922-5223  
GlobeLifeFamilyHeritage.com



**A (Excellent)**  
Financial Strength Rating (as of 7/21)\*

\*Ratings for Family Heritage Life Insurance Company of America, a Globe Life company