

# Septic System Permit

Flathead City- County Health Department  
Environmental Health Services  
1035 1st Avenue West, Kalispell, MT 59901

Number 02-00776N  
 Site Eval Receipt Pre-App  
 Date Issued 6/19/2002  
 Zone: 3  
 Date Recorded 6/13/2002

1. Legal Description: Co. Assess.Tr.# \_\_\_\_\_ Sec 03 Twp 31 Rng: 20X  
 Subdiv. Name: TRI LAKE SUB Lot: 31 Block: 1  
 COS# \_\_\_\_\_ Parcel Size 5.62 acres  
 Property Address 991 Lake Dr, Columbia Falls, MT 59912

2. Gordon Shenk 2334 Columbia Avenue, Lancaster, PA 17603  
 Legal Property Owner Address and Phone

3. Authorization for:  New  Replacement  Alter/Repair  
 4. Proposed Structure  Conv.  Mob. Home  Multi-Fam.  Commercial  Other  
 Sing. Fam. Specify \_\_\_\_\_

5. System Use:  Indiv.  Shared (2)  Multi-User(3-9)  Public  
 System Name: \_\_\_\_\_

6. No. of Bedrooms 3 or Occ No \_\_\_\_\_ Existing Structure \_\_\_\_\_

7. Water Supply:  Indiv.  Shared (2)  Multi-User (3-9)  Public \_\_\_\_\_

8. Nitrates: \_\_\_\_\_ mg / l Source Well

9. Soil Type: Gravelly loam How Determined: T.H.

10. Depth to Groundwater Table/Bedrock > 84 Inches How Determined: T.H.

11. Classification 1G Septic Tank Size: 1000 gal (min) Absorption Area: 450 sq ft

12. Drainfield Description GPS Location North \_\_\_\_\_ Deg. \_\_\_\_\_ West \_\_\_\_\_ Deg. \_\_\_\_\_

Use the approved drainfield site oriented NW-SE, as indicated during an on-site review-very site specific.

Use 225 lineal feet of perforated pipe in 2-foot wide trenches. Trenches must be no deeper than 36 inches below the natural ground surface. Perforated pipe and lateral trench bottoms are to be level. No single drainfield lateral is to exceed 100 feet from the point of effluent entry from solid pipe. Minimum well separations = 50 feet to solid lines and septic tank and 100 feet to drainfield. The first five feet of forcemain out of the pump chamber must be schedule 80 pipe.

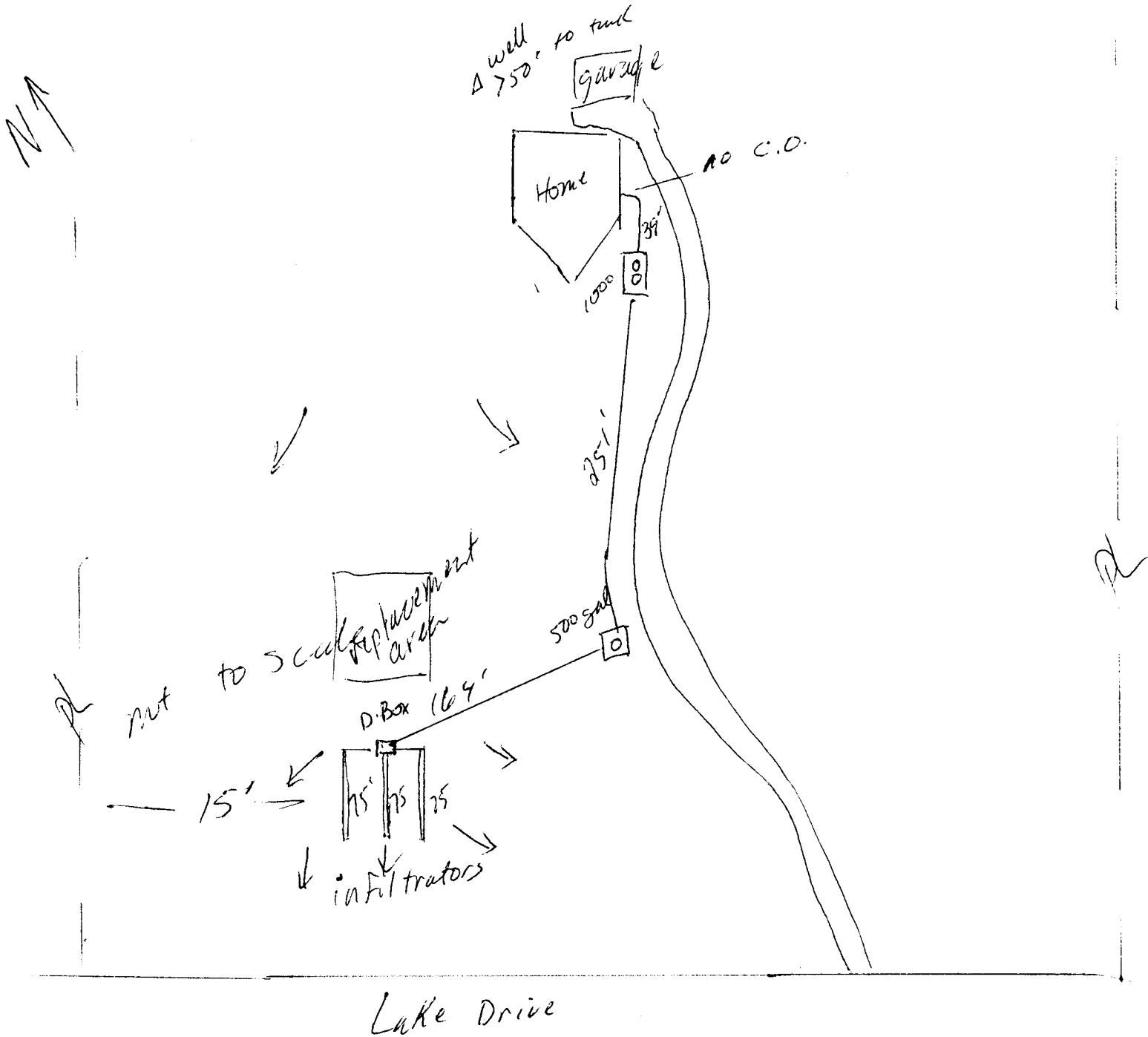
*Re-issued, Inspected in 2003 by J.S. recorded permit not found in file. Reinspected with owner 7-13-07 who installed the system.*

6/19/2002 Kate Cassidy, R.S. *Kate A Cassidy R.S.*  
 Date Signature Authorizing Approval of Permit

\* These requirements establish the MINIMUM STANDARDS for this septic system installation. The permit will be voided and declared invalid if the system is not installed within 12 months. The issuance of this permit authorizes construction of the septic system and requires the installation comply with the FLATHEAD COUNTY REGULATIONS FOR SEWAGE TREATMENT SYSTEMS (FCRSTS). The permit will be void if the system is not utilized as intended within three (3) years of installation. The property owner is responsible for operating and maintaining the system in accordance with FCRSTS. Failure to comply with these regulations may result in revocation of this permit. This permit does not constitute a design and does not bind or obligate this office to guarantee the performance of the system. This permit shall be given to the installer prior to construction. The owner shall give 24 hours advance notice for the required inspection of the system. Please call 751-8130.

# 0136630

# LAYOUT



Water source developed at time of inspection? YES \_\_\_ NO \_\_\_ Distribution YES \_\_\_ NO \_\_\_

Disapproved /Date \_\_\_\_\_ Comments \_\_\_\_\_

Approved /Date July 13, 07 Comments D.F. previously installed in 2003 inspected by J.J

Inspector's Signature [Signature] Name of Installer Self