

PERMIT APPROVAL SPECIFICATIONS
Sanders County Environmental Health Department
1111 Main St. Thompson Falls, MT, 59873 * 406.827.6909



Owner information:

<u>Gary Doyle</u> Name	<u>04 20N 27W</u> S T R
<u>PO Box 848</u> Mailing address	<u>04/23/2021</u> Date Submitted
<u>Plains, MT 59859</u> City	<u>05/04/2021</u> Date Approved
<u>21-148</u> Permit Number	<u>05/04/2023</u> Expiration Date

Lot 6 Panorama Terrace, Plains
Physical Address

Permit Specifications:

Installation of a wastewater treatment system for a **three (3)** bedroom living unit.

- 1000-gallon tank with filter
- Drainfield per specifications below

Pipe and Gravel

375 square feet
188 lineal feet

2 laterals @ 94 feet

or,

3 laterals @ 63 feet

Gravelless Chambers:

375 square feet
188 lineal feet

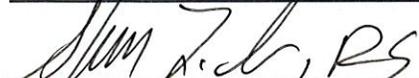
2 laterals @ 94* feet

3 laterals @ 63* feet

Reduction for use of gravelless chambers may be allowed with nondegradation analysis and \$50.00 review fee.

Gravity fed trenches are 2 feet wide and a maximum depth of 36 inches. *Gravelless chamber calculations are based on 2 foot wide chambers. Please follow all Sanders County wastewater regulations & State regulations outlined in Circular DEQ 4, 2013 edition. Install the system as approved on Lot Layout.

Pre-notification is mandatory 48 hours before backfilling system.



Sanders County Sanitarian

**AS-BUILT SKETCH
AND
STATEMENT OF ACCURACY OF INSTALLATION**

Landowner's name Gary Doyle

Permit number 21-148

I Chad Pardee, as the licensed installer or landowner for the following system have constructed or altered the septic system on the parcel referenced by the permit number above.

I do hereby declare that the EXACT specifications of the approved permit have been followed. Accompanying this statement is a copy of the county approved lot layout and my as-built sketch. My as-built sketch is included on another sheet of paper. **I understand that it is my responsibility to submit the above within 30 days of the completion of the system.**

INSTALLER'S SIGNATURE Chad Pardee

INSTALLER'S LICENSE NUMBER _____

COMPLETION DATE OF SYSTEM 8/25/21

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Checklist of as-built sketch:

- North Arrow
- Triangular measurements from two corners of house to tank access lid.
- Measurement of pipe from tank to D-box or Manifold
- All parcel boundaries
- Distance between the system and at least two parcel boundaries

Additional information needed (fill the blanks in with quantitative data):

94' Length of drainfield laterals

Pipe & Gravel

Infiltrators

182 Number of drainfield laterals

1000 Volume of septic tank

Copy of Pump Specs if Pressurized

Mohamdi Road

