

Septic System Permit

Flathead City-County Health Department
Environmental Health Services
1035 1st Avenue West, Kalispell, MT 59901
Phone: (406) 751-8130 / Fax: (406) 751-8131

Permit Number

16-07662H

Site Eval Receipt:

Fee Waived

Date Issued:

06/22/16

Zone:

3

Date Recorded:

6/17/2016

1. Legal Description: Co. Assess. Tr. 2AM

Sec 28

Twp 37

Rng 22

Subdiv. Name:

Lot:

Block:

COS #: 14444-A

Parcel Size:

10.12 acres

Name/EQ:

Property Address: 765 TRAIL CREEK RD POLEBRIDGE MT 59928

2. Legal Property Owner Aaron & Christine Hughes

Address and Phone 1248 Quail Ridge Dr. Kalispell, MT 59901

3. Authorized for: Tank Only

Existing Structure:

4. Structure: Existing Structure Conv. Single Family

Specify: Cabin

5. System Use: Vaulted Pit Privy

6. Occupancy Type: No. of Bedrooms #: 1

Other Permits:

7. Water Supply: Unknown

Public:

8. Nitrates:

Source: UNKNOWN

9. Soil Type: N/A

How Determined: Unknown

10. Depth to Groundwater Table/Bedrock: _____ inches

How Determined: Unknown

11. Classification: 5 Septic Tank Size (gal-min): 1000/500 Absorption Area (sq ft): 0

Permit Fee: \$235.00

12. Drainfield Description:

PERMIT AUTHORIZES SEALED VAULTED PIT PRIVY.

6/22/2016

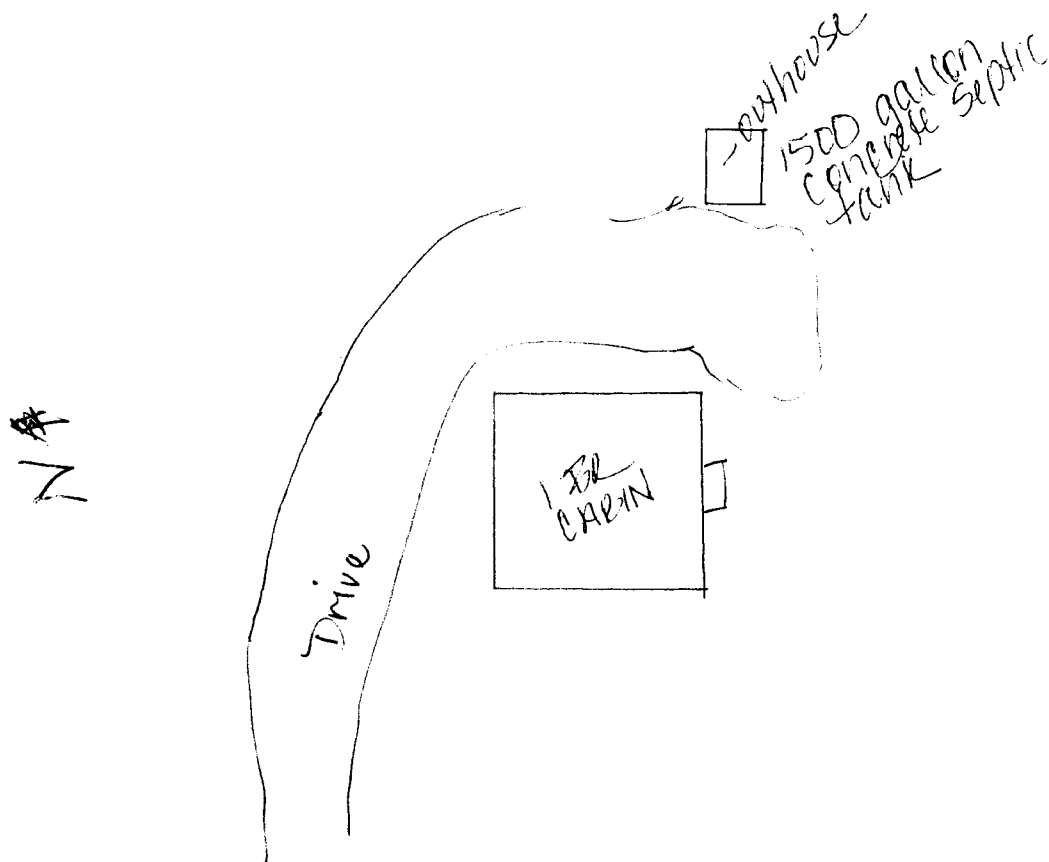
Kate Cassidy, R.S.

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 48 hours advance notice for the required inspection of the system. Please call 751-8130.

Layout



GPS Location: North 48 Deg. 56 , 23 West 114 Deg. 27 , 27

Water source developed at time of inspection? YES — NO — Distribution YES — NO —
 NA NO WATER SOURCE. NO WELL. NA

Disapproved/Date _____ Comments _____

Approved/Date B/30/16 Comments _____

Inspectors Signature Kelle Cumily, PS Name of Installer/Phone Ed Nene man 250-9379