

Septic System Permit

Flathead City- County Health Department

Environmental Health Services
1035 1st Avenue West, Kalispell, MT 59901

Number 06- 3981N
 Site Eval Receipt Pre-App
 Date Issued 11/29/06
 Zone: 4
 Date Recorded 9/22/2006

1. Legal Description: Co. Assess.Tr.# 1RA Sec 34 Twp 27 Rng: 19X
 Subdiv. Name: (Hislop #15-93-S170-614) Lot: _____ Block: _____
 COS# _____ Parcel Size 4.81 acres
 Property Address 585 Aero Lane, Bigfork, MT 59911

Rick Brunette 1570 Lake Blaine Rd, Kalispell, MT 59901 837-1234
 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: Sandy loam How Determined: Submittal

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

11. Classification 1 Septic Tank Size: 1000/500 gal (min) Absorption Area: 328 c sq ft

12. Drainfield Description GPS Location North _____ Deg. _____ West _____ Deg. _____

This system shall be installed in accordance applicable Flathead City/County Health Department, (FCCHD), regulations and the design prepared by Ron Belgrade, which was approved by FCCHD on 11/24/06. Any changes from the approved design must be approved by the designer and FCCHD prior to modification of the project.

Use the drainfield site as indicated in the subdivision approval or nondegradation review, with trenches oriented North-South and minimum drainfield length of 50 feet.

SPECIAL NOTES: The designer and a representative from FCCHD must be present for the inspection and clear-water pump test. System shall not be covered or backfilled until specifically authorized by FCCHD.

Minimum well separations = 50 feet to solid lines and septic tank and 100 feet to drainfield.

Pump and alarm must be on separate electrical circuits.

The first five feet of forcemain out of the pump chamber must be schedule 80 pipe.

Maximum trench depth 36 inches.

Maximum length of any single distribution lateral is 100 ft (200' with center manifold).

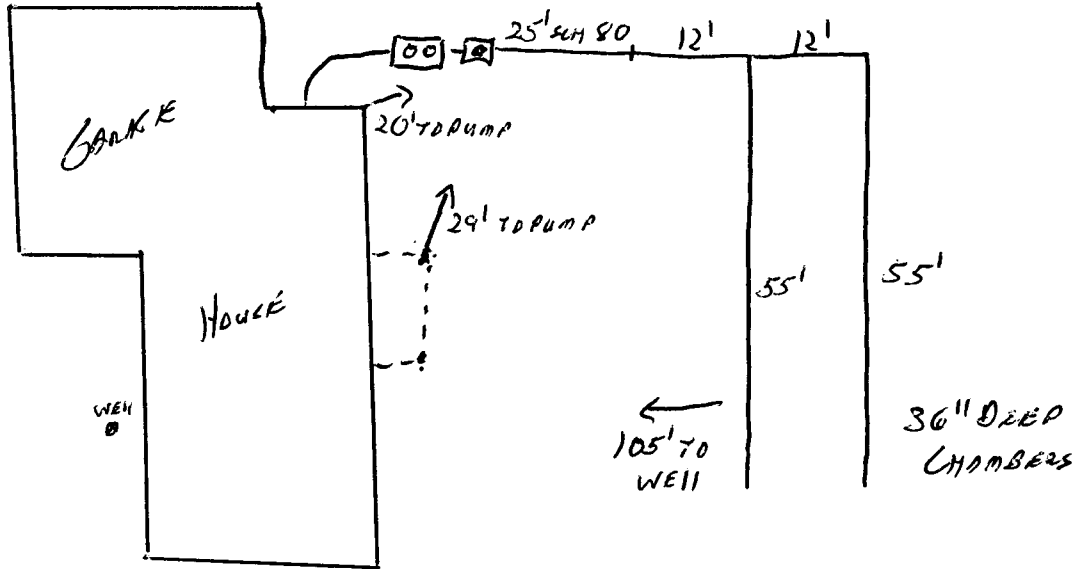
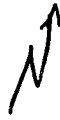
Use at least 110 lineal feet of Gravelless Chambers in 3 foot wide trenches.

Approved design report and layout sketch are attached.

11/27/2006 Jesse Green, 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.

LAYOUT



NOT TO SCALE

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

Disapproved /Date _____ Comments _____

Approved /Date 12-21-06 Comments >10' PUMP TEST; NO CLOSE PROP. LINES

Inspector's Signature [Signature] Name of Installer Paul Felgande 250-7783