

Septic System Permit

Flathead City- County Health Department

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

Number 06-3811-N
 Site Eval Receipt 06-2013
 Date Issued 9-14-06
 Zone: 6
 Date Recorded 2/1/2006

1. Legal Description: Co. Assess.Tr.# 2 Sec 1 Twp 28 Rng: 23
 Subdiv. Name: _____ Lot: _____ Block: _____
 COS# 15324-2/17053-1 B LA Parcel Size 21.320 81.81 acres
 Property Address 390 One Way Rd. Columbia Falls, MT

2. Allan Raddatz / Red Meadow Stable Inc 390 Halfmoon Rd, Columbia Falls, MT 59912 892-420
 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 Shop & barn with bathroom

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

6. No. of Bedrooms _____ 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 silt loam with boulders How Determined: T.H.

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

11. Classification 1 Septic Tank Size: 1000/500 gal (min) Absorption Area: 225 c sq ft

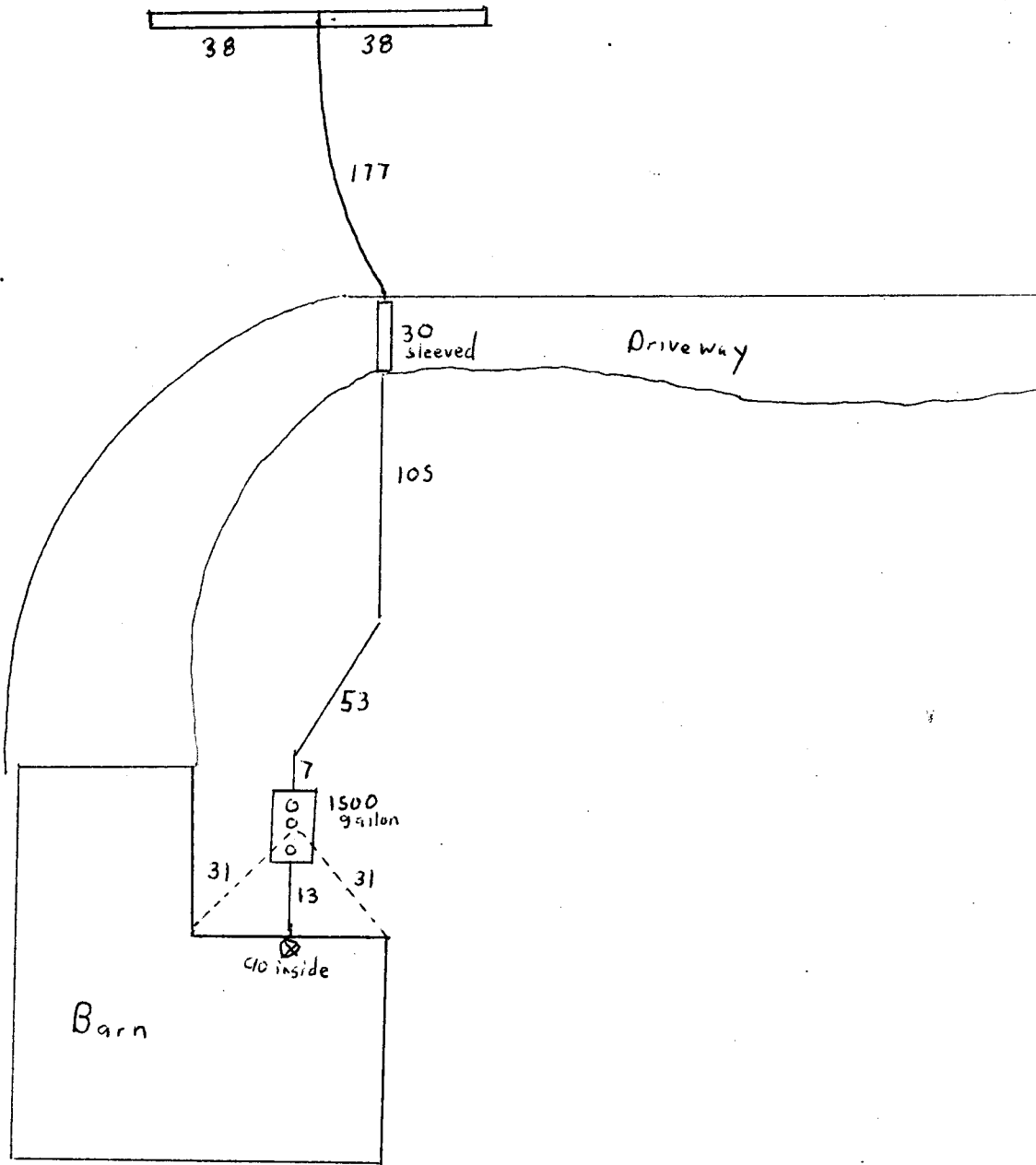
12. Drainfield Description
 This system shall be installed in accordance applicable Flathead City/County Health Department, (FCCHD), regulations and the design prepared by Jerry Lipp, which was approved by FCCHD on 9/11/06. Any changes from the approved design must be approved by the designer and FCCHD prior to modification of the project.

SPECIAL NOTES:
 The designer and a representative from FCCHD must be present for the inspection and clear-water pump test.
 Minimum well separations = 50 feet to solid lines and septic tank and 100 feet to drainfield.
 Maximum trench depth 36 inches.
 Maximum length of any single distribution lateral is 100 ft (200' with center manifold).
 System shall not be covered or backfilled until specifically authorized by FCCHD.
 Use at least 75 lineal feet of Gravelless Chambers in 3 foot wide trenches.
 Approved design report and layout sketch are attached.

9/12/2006 Richard Montgomery, P.E.
 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



Water source developed at time of inspection? YES NO

Distribution YES NO

Disapproved /Date _____ Comments _____

Approved /Date 90SEP06 Comments 76 lf of gravelless chambers in 3' wide trenches

Siphon test OK @ 6' of head

Inspector's Signature Darin G. Weppel R.S. Name of Installer Self