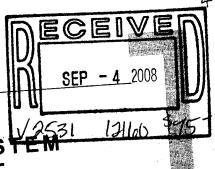
WASTEWATER TREATMENT SYSTE CHANGE OF USE REQUEST

Lake County Environmental Health 106 4th Avenue East Polson, Montana 59860



Phone: 406-883-7236 Fax: 406-883-7205 Email: envhealth@lakemt.gov

Remit \$75.00 Fee with Request

Current Property Owner: Mailing Address: City & State: Property Address: Phone Number: Legal Description:	Big Fork-Mt 39911 SAME 209-761-7562 / 209-756-8401 Section 10 Township 34 Range 19 Subdivision Name Geo 3469-10-1-01-04		
Owner (at time of installation): Gerald Sylvia Saylor Year Installed: 2003 Planning review: Foot Stote Forting Didttet - Te gubmitted 9/29/08 Proposed Change of Use: Add Bath room with new Garage and Mud room			
	TER FLOW OR STRENGTH ONLY: By submitting this application, I/we acknowledge that if w or strength to an existing wastewater treatment system it may cause the system to fail that because of the additional flow or strength of wastewater, the septic tank should be (3) years and pumped if necessary.		
Property Owner(s) Since the second of the se	gnature:		

<u>Lot Layout:</u> Including:	 a. property lines b. existing and proposed structures, including basements c. all existing or proposed wells, spring and cisterns on or within 100 feet of the d. all streams, lakes, springs, ponds, irrigation ditches, and other surface water feet of property lines e. driveways, parking areas f. utility lines g. any existing wastewater disposal facilities h. a scale (for example: 1 inch=20 feet) 	ne property lines er sources on or within 100
	 i. direction of slope on the property j. a north directional arrow k. replacement area or plan for proposed wastewater treatment system l. Attach floor plan for each level 	
	les de la comina con-	fryma nace
	mation: Draw a road map or write directions to the property. Include landmile markers, adjoining neighbors, building colors/features, etc.	permo.