

PERMIT APPROVAL SPECIFICATIONS
Sanders County Environmental Health Department
1111 Main St. Thompson Falls, MT, 59873 * 406.827.6961

Owner information:

David John
Name

17 23 30
S T R

25600 Cooper Rd
Mailing address

Sept 21, 2004
Date Submitted

Bend, OR 97701
City

Sept 30 (10/22/04) October 22/04
Date Approved

05-067
Permit Number

October 22, 05
Expiration Date

Permit Specifications:

This permit is approved with the following specifications:

1000 gallon size of septic tank

255 lineal feet of drainfield

510 square feet of drainfield)

YES any special design for the system. List design specifications:



Install a Standard Absorption Trench System. Remember to keep the trenches no deeper than 36 inches. Install laterals in 3 trenches, each trench 85 feet in length and 2 feet wide. Please follow all county wastewater regulations & the state regulations as outlined in Circular DEQ 4 2002 edition. Install the system exactly as per approved lot layout. Pre-notification is mandatory before backfilling system.

J Jeremy Donald
Initials of Sanitarian

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

Land owner's name David Schm

Permit number 05-067

I, Bob Taylor, 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 10 days of the completion of the system.

Installer's Signature [Handwritten Signature]

Installer's License Number LI-TF13

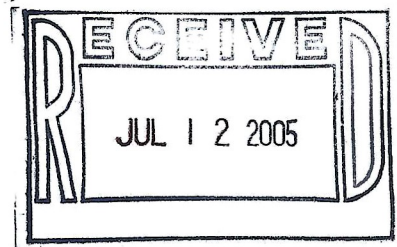
Completion Date of System 7-8-05

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Checklist of as-built sketch:

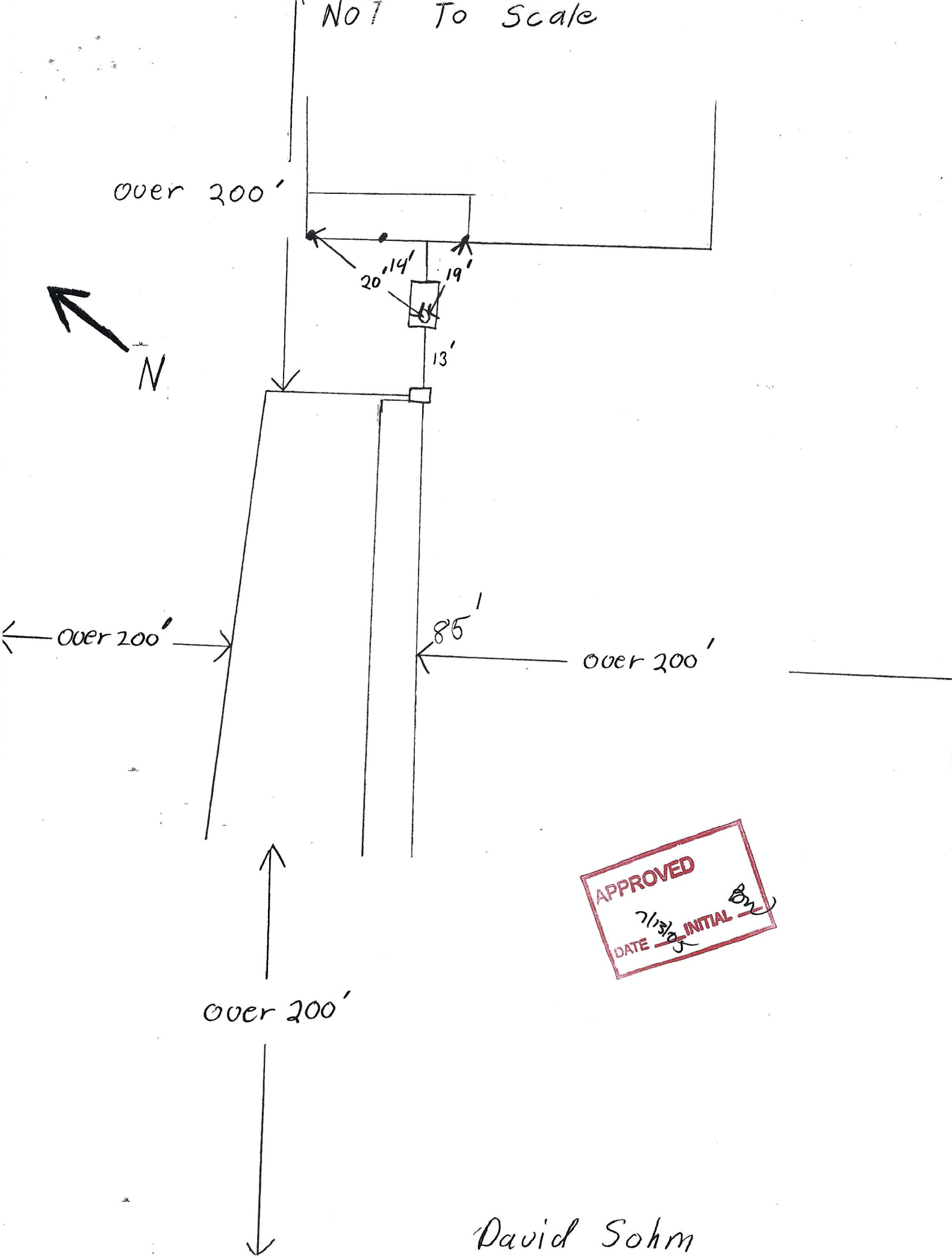
- North Arrow
- Triangular measurements from two corners of house to tank access lid
- Measurement of pipe from tank to D-box or manifold
- All parcel boundaries**
- Distance between the system and at least two parcel boundaries

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

85 length of drainfield laterals
3 number of drainfield laterals
1000 volume of septic tank



Not To Scale



APPROVED
DATE 7/13/05 INITIAL DS

David Sohm

SEP 21 2004

**SANDERS COUNTY INDIVIDUAL WASTEWATER TREATMENT SYSTEM
PERMIT APPLICATION – Revised June 1999**

Part I. Owner Information

Property Owner Name David & Kerry Sohm

Complete Mailing Address 25600 Cooper Rd
Bend, OR 97701

Telephone: Home: _____ Work: _____

Part II. Fees

See most recent copy of fee schedule (attached).

Part III. Alternative Address

If permit is to be sent to someone other than the property owner:

Name Rowland Environmental Consulting Inc.

Mailing Address PO Box 171
Polson, MT 59860-0171

Telephone: 406-883-1015

Part IV. Statement of accuracy and permission to inspect.

I, David J Sohm, as the owner of the parcel of land described within the permit, have completed the permit application of Sanders County Individual Wastewater Treatment Systems. I also do hereby declare that the information provided was to the best of my knowledge. I acknowledge that the County Sanitarian and/or the Board of Health member (s) is/are hereby empowered and authorized to enter upon my private property for the purpose of inspecting a system that treats, discharges, or disposes of wastewater to determine compliance with these regulations.

David J Sohm
Printed Name of Owner

David J Sohm
Signature of Owner

9-21-04
Date

Part IV. Parcel/Lot Description

Legal Description: Section 17 Township 23N Range 30W Tax # 5996

Physical Location Blue Slide Road, Sanders County

Size of Dimension of Parcel/Lot 52.00 acres

Part V. Proposed Use of System

Residential: Single Living Unit
 Number of Bedrooms

 Multiple Living Unit
 Total Number of Bedrooms

Commercial or Industrial:
Maximum Discharge _____ gallons/day
How determined? _____

Part VI. Proposed Work

New System
 Replacement System

Part VII. State or County Review or Previous Site Evaluation

Does COS or PLAT have DHES or MDEQ approval?
 Yes No

If NO was checked, include the following with permit application:
 "Report for site evaluation" (page 4 of application)
 Completed Site Evaluation Checklist
 Completed Lot Layout (page 3 of application)

If YES was checked, include the following with permit application:
 Copy of Certificate of Plat Approval Statement
 Copy of Approved Lot Layout
 Complete the following:
Name of Subdivision _____
Block and/or Lot Number _____
COS # _____ Date of Approval _____

If the parcel of land has had either county review or a previous site evaluation, submit all applicable documentation.

Part VIII. Site Evaluation

1. Soils Information		
Horizon	Depth	Description
A	_____ to _____	_____
B	_____ to _____	_____
C	_____ to _____	_____

*See
attached*

2. Depth to Groundwater? +8' Inches
How was this determined? soil profile
Date of Determination _____

3. Depth to Bedrock? +8' Inches
How was this determined? soil profile

4. Stabilized percolation rate? 6.66 Minutes Per Inch

5. A floodplain map must accompany this permit application.

6. Non-degradation determination.

7. Site evaluator's checklist.



Part IX. Lot Layout (Use either this space or a separate attached paper.)

Part X. Site evaluation checklist

Information to be included in permit:

- _____ soil profile horizons of soil types and depths
- _____ depth to groundwater
- _____ depth to bedrock or other restrictive layers
- _____ stabilized percolation rate
- _____ floodplain map with parcel delineation
- _____ non-degradation calculations

Information to be included on lot layout:

- _____ all lot boundaries
- _____ North arrow
- _____ scale in feet
- _____ all buildings
- _____ building sewer, location, size and depth
- _____ roads, driveways and parking lots
- _____ all water supplies (wells, springs, and cisterns)
- _____ all water lines
- _____ all watercourses (surface waters)
- _____ septic tank location
- _____ location of cleanouts
- _____ distribution box location
- _____ location of primary and secondary drainfield
- _____ slope (percentage and direction) of drainfield
- _____ existing wells, surface water or septic systems on adjacent lots within 100-feet of parcel boundaries easements
- _____ right-of-ways
- _____ underground pipes, cables or wires
- _____ steep (greater than 25%) slopes
- _____ any other features that may restrict wastewater treatment
- _____ groundwater monitoring sites

Additional Notes:

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The site evaluator's signature verifies that the above items have been addressed on this parcel. I have completed the site evaluation report and checklist and hereby declare that the information herein provided is true, complete and correct to the best of my knowledge.



Signature of Site Evaluator

9-9-04
Date