16- D7293-N **Septic System Permit Permit Number Flathead City-County Health Department** 16-1248 Site Eval Receipt: **Environmental Health Services** Date Issued: 1035 1st Avenue West, Kalispell, MT 59901 2 Zone: Phone: (406) 751-8130 / Fax: (406) 751-8131 **Date Recorded:** 9/13/2016 Sec 26 Twp 31 1. Legal Description: Co. Assess. Tr. Rng 23 Subdiv. Name: STILLWATER AT WHITEFISH Lot: 1 Block: COS #: 9.5 acres Parcel Size: Name/EQ: 125 BUCKSKIN RUN WHITEFISH MT 59937 **Property Address:** Nancy & Ed Gunset 2. Legal Property Owner Address and Phone 704C East 13th St. Unit 431, Whitefish, MT 59937 3. Authorized for: **Existing Structure:** <u>New</u> **Proposed Structure** Conv. Single Family Specify: 4. Structure: 5. System Use: Individual Other Permits: 6. Occupancy Type: No. of Bedrooms **Public:** 7. Water Supply: <u>Individual</u> Source: WELL 8. Nitrates: Submittal **How Determined:** Silt loam 9. Soil Type: **How Determined:** Submittal > 96 inches 10. Depth to Groundwater Table/Bedrock: Septic Tank Size (gal-min): 1500/500 Absorption Area (sq ft): 417 11. Classification: \$235.00 Permit Fee: 12. Drainfield Description: This system shall be installed in accordance with applicable Flathead City/County Health Department, (FCCHD), regulations and the design The installer and a representative from FCCHD must be present for the inspection and clear-water pump test. If the system was designed by a

prepared by Roy Truman, which was approved by FCCHD on 10/7/16. Any changes from the approved design must be approved by the designer and FCCHD prior to modification of the project. Use the approved drainfield site oriented North-South with minimum drainfield trench lengths of 80 feet, as indicated in the subdivision approval or nondegradation review.

professional engineer, a representative of that office must also be present. 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.

System shall not be covered or backfilled until specifically authorized by FCCHD.

Use at least 417 lineal feet of Standard Rock & Pipe in 3 foot wide trenches.

Approved design report and layout sketch are attached.

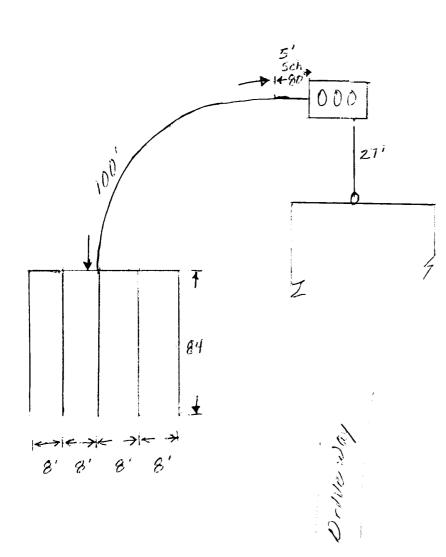
10/11/2016 Kate Cassidy, R.S.

Signature Authorizing Approval of Permit **Date**

^{*} 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





Dwell >100 750

GPS Location: North	Deg.	,	West	Deg.	,
4	18 25 3	9.8201	114 29	12.8811	
Water source developed a	t time of inspection?	YES X NO	Distribu	ition YES	NOX
Disapproved/Date		Comments		,	
Approved/Date ////	<u>//14 </u>	Comments 1500/5	OD Glacter 5° Isquire	tank w/	Liberty 280
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Inspectors Signature

Name of Installer/Phone Darrel Boskett 233-1933