

Septic System Permit

Flathead City- County Health Department
Environmental Health Services
723 5th Ave. East, Kalispell, MT 59901

Number 01-00065-N
Site Eval Receipt 01-00281
Date Issued 6-26-01
Zone: 4
Date Recorded 5/10/2001

1. Legal Description: Co. Assess.Tr.# 2A Sec 27 Twp 28 Rng: 19

Subdiv. Name: _____ Lot: _____ Block _____
Cos 5673 Parcel Size 17.45 acres
Property Address 300 Strawberry Lake Road, Kalispell, MT

2. Raymond Veilleux PO Box 10882, Kalispell, MT 755-6912 or 261-0129
Legal Property Owner Address and Phone

New Replacement Alter/Repair

4. Proposed Structure Conv. Mob. Home Multi-Fam. (specify) _____
Sing. Fam. _____
Commercial (specify) _____ Other (specify) _____

5. No. of Bedrooms 3 o Occ No: _____ Existing Structure _____

6. Water Supply: Multi-user Public: _____ Source Well

7. Soil Type: Stony silty loam How Determined Prev. Exp.

8. Depth to Groundwater Table/Bedrock > 84 Inches How Determined: Prev. Exp.

System Specifications:

9. Classification 1G Septic Tank Size: 1000 gal (min) Absorption Area 600 ft²

10. Drainfield Description

Use the approved drainfield site as indicated during subdivision review.

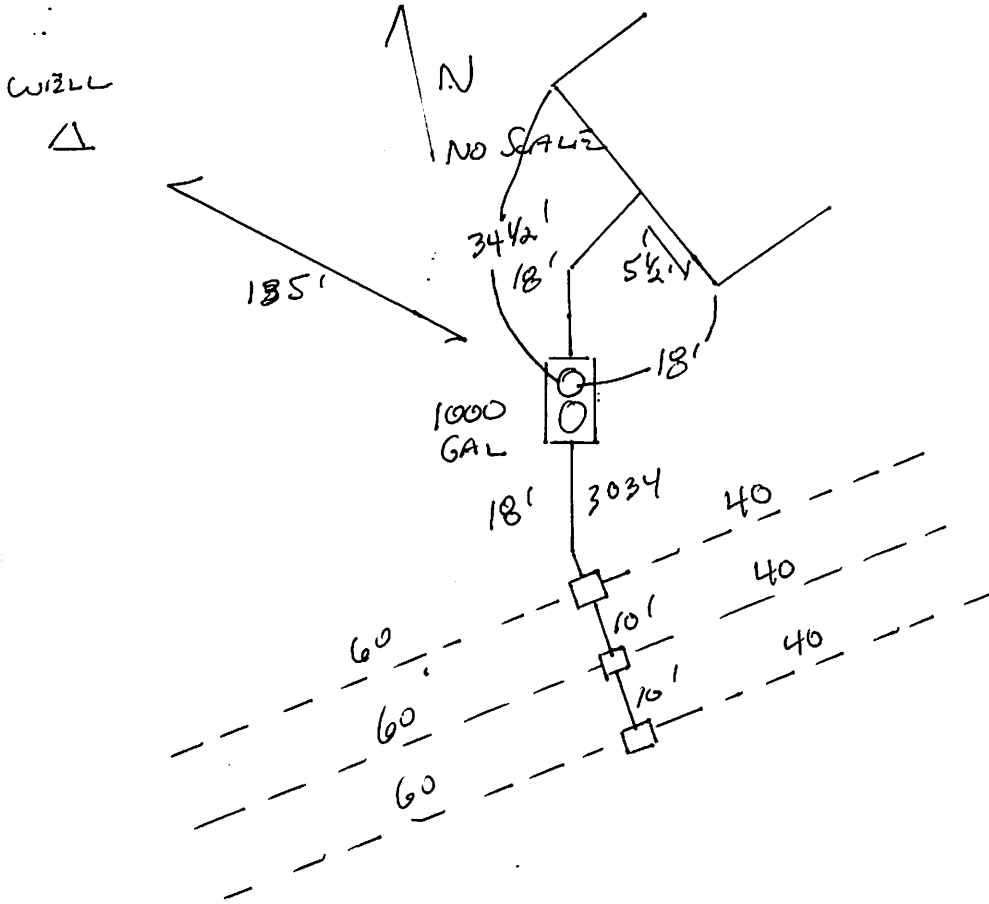
Use 300 lineal feet of perforated pipe in 2-foot wide trenches. Trenches must be no deeper than 36 inches below the natural ground surface. Perforated pipe and lateral trench bottoms are to be level. No single drainfield lateral is to exceed 80 feet from the point of effluent entry from solid pipe. Plan carefully and be sure of all County septic system regulations and construction standards. Reserve space for 100% replacement drainfield. NOTE: Minimum well separations = 50 feet to solid lines and septic tank and 100 feet to drainfield.

5/29/2001 Dick Quist, 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 for class 1, 2, and 4 or 24 months for class 3 and 5 systems. 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 one year 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 758-5760.

0969400

LAYOUT



NO CLOSE PL

Water source developed at time of inspection? YES NO

Distribution YES NO

Disapproved /Date _____ Comments _____

Approved /Date 9-10-01 Comments _____

Inspector's Signature [Signature] Name of Installer Self