



SEPTIC SYSTEM DISCLOSURE AND ACKNOWLEDGMENT



1 This Septic System Disclosure and Acknowledgment informs the undersigned Buyer(s) that the property located at:
 2 32415 ALPINE PL POLSON MT 59860
 3 S21, T22 N, R19 W, C.O.S. 7056, ACRES 9.9, TR 1 (the "Property")
 4 utilizes an onsite wastewater treatment and disposal system (hereafter a "System") as opposed to a community or
 5 municipality sewer system.

6
 7 Numerous households use Systems rather than community or municipality sewer systems to receive, treat and
 8 dispose of effluent. These Systems protect human health and the environment by safely recycling wastewater back
 9 into the natural environment when properly designed, installed, operated, and maintained. Homeowners are
 10 responsible for the system's operation and maintenance.

11
 12 Generally, Systems are designed and permitted based upon the number of bedrooms (which as defined includes an
 13 unfinished basement) existing in a residential structure, among other factors. If a System fails, or the governing
 14 agency becomes aware that a System is not in compliance with state and/or local regulations, the System may be
 15 required to be updated or replaced in order to meet current regulations. County regulations can vary as to when a
 16 non-compliant or undersized System must be upgraded. Some examples may be when a System fails, when the
 17 owner performs an extensive renovation or addition to the residential structure, or when the county becomes aware a
 18 System may be undersized or otherwise non-compliant.

19
 20 Buyer(s) acknowledges that a number of issues, including but not limited to improper design, installation, sizing,
 21 overuse, and improper maintenance Systems can cause the System to fail and that Seller is not liable for any failure
 22 of the System after closing. Buyer(s) is aware that the brokerage firms, brokers and salespersons involved in the
 23 transaction concerning the Property have not conducted an expert inspection or analysis of the System and make no
 24 representations to Buyer(s) as to the condition of System, do not assure that the System will operate properly, or that
 25 the System is in compliance with state and/or local regulations or any permit issued for the System.

26
 27
 28
 29
 30 _____
 Buyer's Signature Date

31
 32
 33
 34 _____
 Buyer's Signature Date

NOTE: Unless otherwise expressly stated the term "days" means calendar days and not business days. Business days are defined as all days except Sundays and Montana or federal holidays.

LAKE COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
FINAL INSPECTION AND USE PERMIT OF WASTEWATER TREATMENT SYSTEM

PROPERTY OWNER: FLOYD + ANNA LONNEVIK

PHYSICAL ADDRESS: 32288 ALPINE PL. POLSON

LEGAL DESCRIPTION: SECTION 21, TWP 22 N, RNG 19 W SE 1/4 NE 1/4 NE 1/4

GEOCODE: 3229-21-1-01-10-0000 SUBDIVISION: _____ LOT: _____

PERMIT NO: 6910 CONTRACTOR: TODD FRYBERGER



APPROVED FOR 4 BEDROOMS 350 GPD

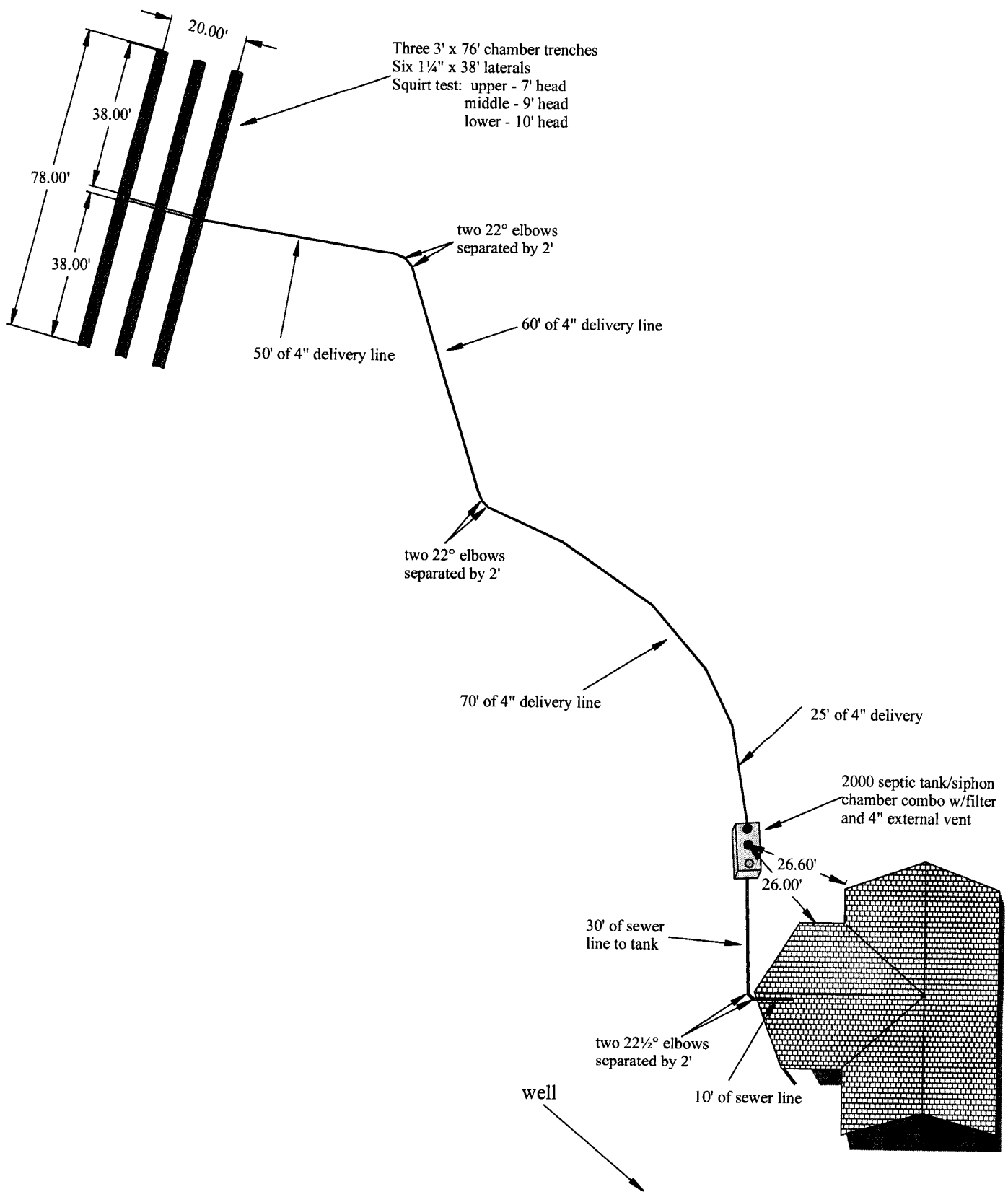
SEPTIC TANK: GPS-NS 259598.059 GPS-EW 388658.956

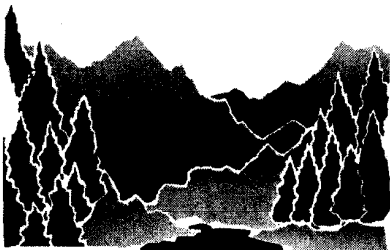
DRAINFIELD: GPS-NS 259563.982 GPS-EW 388679.960

INSPECTED BY: Liam Callenderwood DATE Oct 3, 2007

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT: Todd Fryberger

Floyd & Anna Lonnevik
Geo #3229-21-1-01-10-0000
Permit #6910
October 3, 2007





APPLICATION FOR LAKE COUNTY WASTEWATER TREATMENT INSTALLATION PERMIT

LAKE COUNTY ENVIRONMENTAL HEALTH
106 FOURTH AVENUE EAST
POLSON, MT 59860-2175

PH: 406-883-7236
FAX: 406-883-7205
Email: envhealth@lakemt.gov

Return the completed application with the \$300.00 permit fee to the above address.

Property Owner: Lonnevik, Floyd + Anna
Floyd E & Anna Phone # 883-4213

Mailing Address: 32288 Alpine Pl. City Polson State/Zip 59860

Property Address: Same

Legal Description: Section: 2 Senape Township 22 Range 19

GEO Code: 3229-21-1-01-10-0000 Tax ID: 2136

Subdivision Name: NA Lot Block Parcel Size 47 acres

Wastewater System: (Circle) New Replacement Alteration

Structure: (Circle) Single Family Multi-Family Mobile Home Commercial Garage

Bedroom #: 2/3 Basement: Yes 1/2 No

Water System: (Circle) Existing Proposed (Circle) Well Lake Spring Community

I hereby declare that the information submitted herein is true and completed to the best of my knowledge. I understand that a final inspection and approval of the system must be conducted by Lake County Environmental Health prior to back filling and use of the system. My signature also authorizes access to the described property for purposes of reviewing this application.

Owner Signature: Floyd Lonnevik
Anna Lonnevik Date: 3-26-07

OFFICE USE ONLY

Planning Review: 20 acres; no ec or bup required

Geo Code: 3229-21-1-01-10-0000 Tax Statement # 2136

Property Type: (Circle) Residential Commercial Agricultural Lakeshore

State Septic Approval: (Circle) Required Completed Not Required

Name: N/A Reference Date: N/A States Es # N/A

Soil Type: Silty gravelly loam Absorption Area Required: 0.4 gpd/ft²

Contractor: Licensed in Lake County Required Septic Tank: 2000 gallon w/stphor

Drainfield Sizing Reference: # of Bedrooms 4 Other: N/A

Type of Absorption Area Required: Install 3 - 3' x 76' chamber trenches as per attached specifications.
Reference Gary Cole (attached for non-Reg).

Christine Hughes RS- 7-20-2007 6910 3641
Signature of Registered Sanitarian Date of Issue Permit Number Check Number

THE DESIGN, LOCATION, & ORIENTATION OF THE DRAINFIELD MAY NOT BE ALTERED WITHOUT PRIOR APPROVAL FROM LAKE COUNTY ENVIRONMENTAL HEALTH.
APPROVED PERMIT IS INVALID IF SYSTEM IS NOT INSTALLED WITHIN TWENTY-FOUR MONTHS OF ISSUANCE. MAR 26 2007