Septic System Permit

Flathead City-County Health Department
Environmental Health Services
1035 1st Avenue West, Kalispell, MT 59901
Phone: (406) 751-8130 / Fax: (406) 751-8131

Permit Number: 11- 5832-W
Site Eval Receipt 10-3018
Date Issued: 7-19-11
Zone: 5
Date Recorded: 07/13/2011

Legal Description: Co. Assess. Tr.# 1BA **Sec** 32 **Twp** 27 **Rng** 21
Subdiv. Name: **Lot:** **Block:**
COS #: **Parcel Size:** 20 **acres**
Name/EQ: 1201
Property Address: 1225 CRAMER CREEK RD SOMERS MT 59932

2. **Legal Property Owner** **OT Green**
Address and Phone PO Box 369, Somers, MT 59932

3. **Authorized for:** New **Existing Structure:**
4. **Structure:** Proposed Structure Conv. Single Family **Specify:**
5. **System Use:** Individual
6. **Occupancy Type:** No. of Bedrooms **#:** 3 **Other Permits:**
7. **Water Supply:** Individual **Public:**
8. **Nitrates:** **Source:** WELL
9. **Soil Type:** Silt loam w/gravels & rock **How Determined:** T.H.
10. **Depth to Groundwater Table/Bedrock:** > 100 **inches** **How Determined:** T.H.
11. **Classification:** 1 **Septic Tank Size (gal- min):** 1000/500 **Absorption Area (sq ft):** 700

Permit Fee: $ 235.00

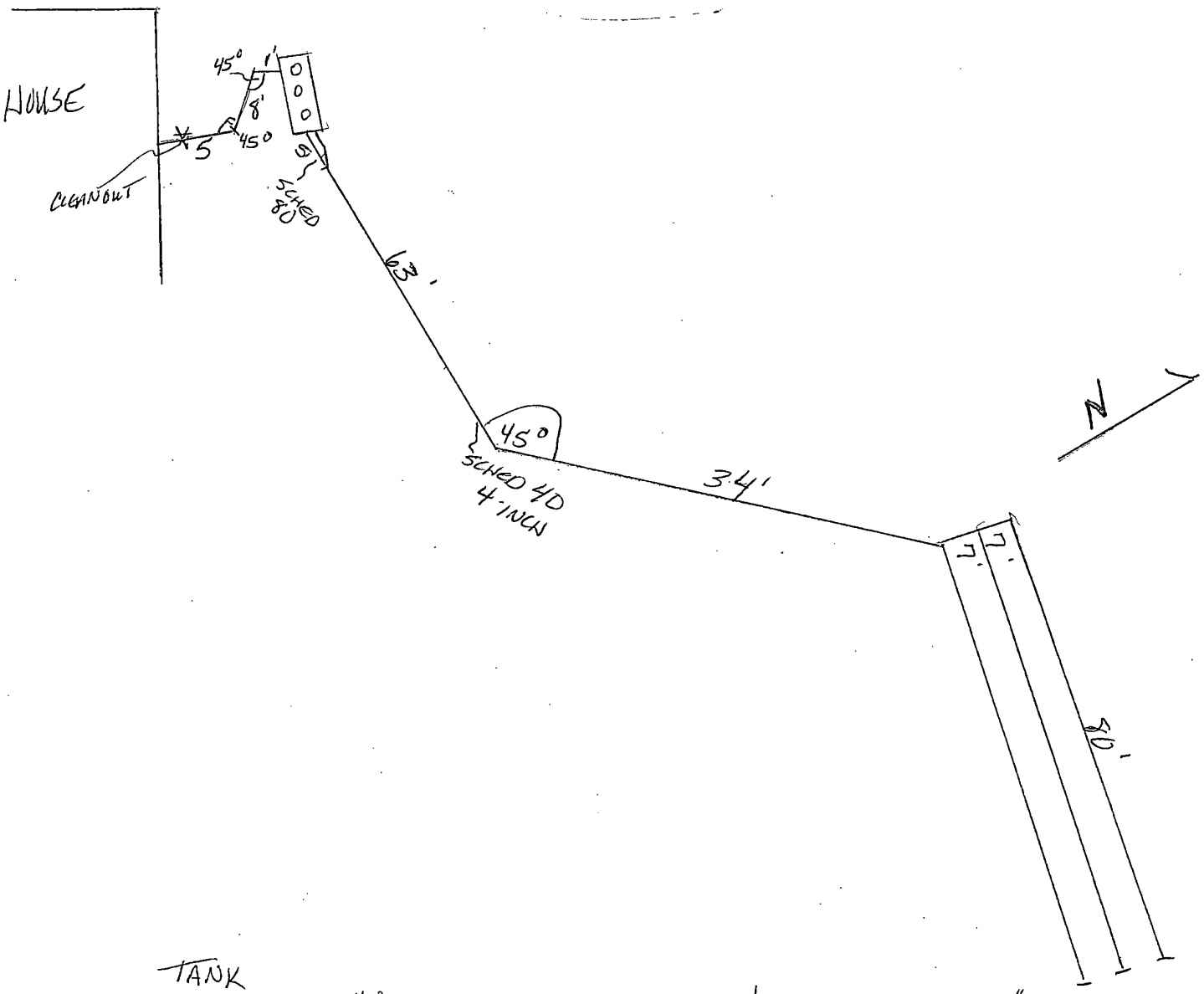
12. **Drainfield Description:**

This system shall be installed in accordance with applicable Flathead City/County Health Department, (FCCHD), regulations and the design prepared by David Holst, which was approved by FCCHD on 7/14/11. 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 NW-SE with minimum drainfield trench lengths of 70 feet, as indicated in the subdivision approval or nondegradation review.
SPECIAL NOTES:
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 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. Maximum length of any single distribution lateral is 100 ft (200' with center manifold).
System shall not be covered or backfilled until specifically authorized by FCCHD.
Use at least 233 lineal feet of Standard Rock & Pipe or 239 lineal feet of Gravelless Chambers in 3 foot wide trenches.
Approved design report and layout sketch are attached. Use Orenco 318 Siphon.

07/19/2011 Wendee Jacobs, R.S. 0969084
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. 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



TANK

GPS Location: North 48 **Deg.** 3 , 50.1 " **West** 114 **Deg.** 18 , 12.4 "

Water source developed at time of inspection? YES _____ NO ✓ Distribution YES _____ NO ✓

Disapproved/Date _____ Comments _____

Approved/Date 7/21/2011 Comments ROCK & PIPE TRENCH CONSTRUCTION; HEAD HEIGHT = 9'

Inspectors Signature Wendell Lamb RS Name of Installer/Phone DAN McPHEE