

SEPTIC SYSTEM PERMIT
FLATHEAD CITY-COUNTY HEALTH DEPARTMENT
Environmental Health Services
723 5th Ave East, Kalispell, MT 59901

7/9/92
well
1330
\$700

Edens

NUMBER 92-91-2354
DATE ISSUED 3-16-92
SITE EVAL. RECEIPT 5502

1. Legal Description: Co. Assess. Tr # IDGA Sec. 35 Twn. 29 Rng. 20
Subdiv. Name 15-76-K27A Lot _____ Btk. _____
COS # 2688 ES. # 76/K53 Parcel Size 0.893 acres
Property Address 244 LAKE BLAINE DR. KALISPELL

2. WILLIAM EDENS C/O FRANK RAUSCH 240 LAKE BLAINE DR.
Legal Property Owner Address and Phone 257-7824

3. Authorization for: New Replacement of _____ Alteration/Repair of _____ Septic System.

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

5. No. of Bedrooms 4 or No. of Occupants _____ Existing Structures GARAGE

6. Water Supply: Indiv. _____ Multi-user _____ Public (name) _____ Source WELL

Evaluator's Comments:

7. Soil Type and How Determined GRAVELLY LOAM - PREVIOUS EXPERIENCE

8. Depth to Groundwater Table/Bedrock & How Determined 77' SOIL & TOPOGRAPHY

System Specifications:

9. Classification 1 Septic Tank Size 1000 gallons (min) Absorption Area 600 ft²

10. Drainfield Description USE 300 LINEAL FEET OF 2 FT. WIDE TRENCH. KEEP THE TRENCHES SHALLOW AND NO DEEPER THAN 36 INCHES. BE SURE TO STAY AT LEAST 100' FROM ANY NEARBY WELLS.

14 FEB 92

Date

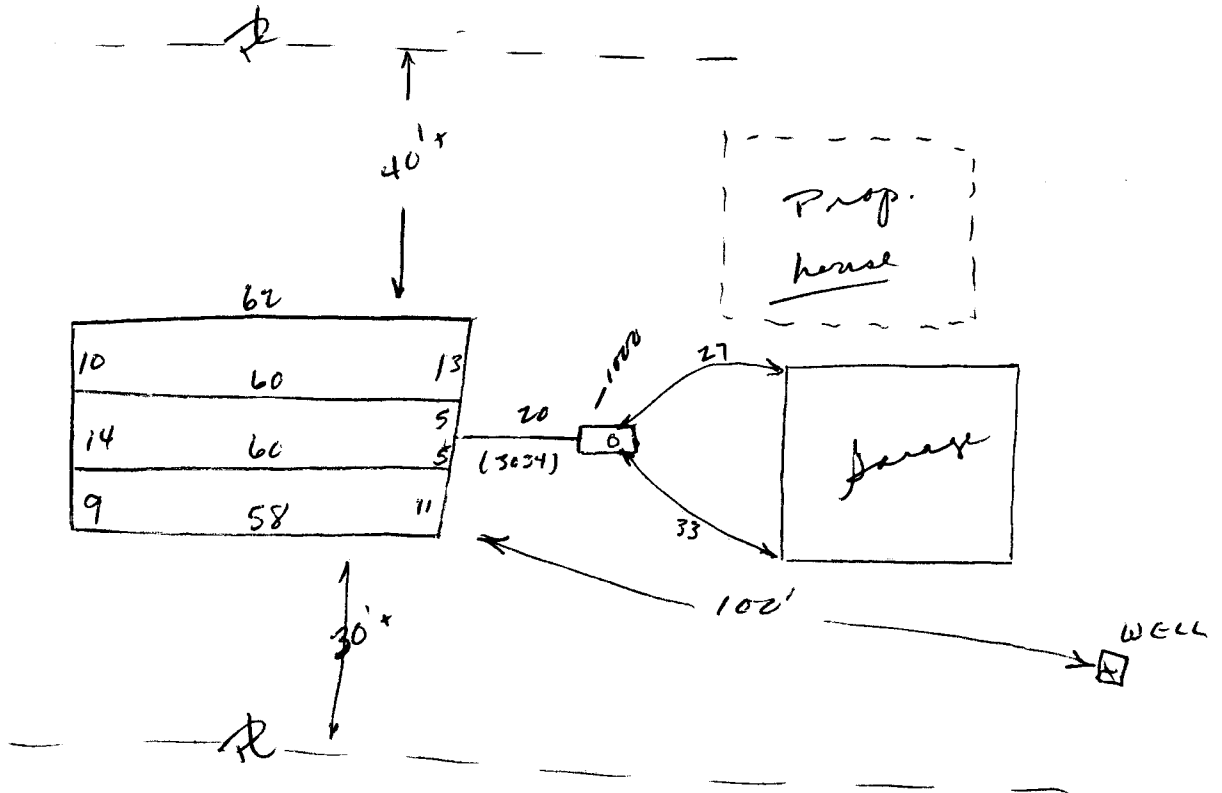
Drew P. Stawsky

Signature Authorizing Approval of Permit

* These requirements establish the minimum specifications 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 property owner is responsible for operating and maintaining the system in accordance with FCRSTS. Failure to comply with the 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 advanced notice for the required inspection of the system. Please call 756-5632 or 752-5300 Ext. 632

0791490

LAYOUT



Water source developed at time of inspection? Yes No Distribution system? Yes No

Approved/Date _____ Comments _____

Approved/Date 9/9/92 Comments 307 LF x 2 = 614 ft²

Glen Gray
Inspector's Signature

[Signature]
Name of Installer