

Septic System Permit
Flathead City- County Health Department
Environmental Health Services
1035 1st Avenue West, Kalispell, MT 59901

Number 05- 2854N
Site Eval Receipt Pre-App
Date Issued 6-3-05
Zone: 4
Date Recorded 2/23/2005

1. Legal Description: Co. Assess.Tr.# _____ Sec 3 Twp 28 Rng: 20
Subdiv. Name: QUAIL RIDGE PH 1 Lot: 1 Block: _____
COS# _____ Parcel Size 1.16 acres
Property Address 1002 Blue Grouse, Kalispell, MT 59901

2. Bud & Amy King _____ PO Box 946, Maple Valley, WA 98038 253-4152
Legal Property Owner Address and Phone

3. Authorization for: New Replacement Alter/Repair
4. Proposed Structure Conv. Mob. Home Multi-Fam. Commercial Other
Sing. Fam. Specify _____

5. System Use: Indiv. Shared (2) Multi-User(3-9) Public
System Name: _____

6. No. of Bedrooms 4 or Occ No _____ Existing Structure _____

7. Water Supply: Indiv. Shared (2) Multi-User (3-9) Public

8. Nitrates: _____ mg / l Source Well

9. Soil Type: Gravelly fine sandy loam How Determined: Submittal

10. Depth to Groundwater Table/Bedrock > 96 Inches How Determined: Submittal

11. Classification 1 Septic Tank Size: 2000 gal (min) Absorption Area: 562 sq ft

12. Drainfield Description
Follow the plans and specifications prepared by Bruce Constant, dated 3/25/05. Any changes from the plans must be approved by the designer and Flathead City/County Health Department (FCCHD). Use the approved drainfield site oriented North-South with minimum trench lengths of 70 feet, as indicated during subdivision review. Use 141 lineal feet of 3-foot wide gravelless absorption chambers, with 40 orifices. The designer and a representative from FCCHD must be present for the inspection and a clear-water pump test.
Follow plans carefully and be sure of all County septic system regulations prior to installation.
NOTE: Minimum well separations = 50 feet to solid lines and septic tank and 100 feet to drainfield.
Proposed: ME40 pump, SJE controls, and high water alarm. Pump controls and alarm are to be wired to separate electrical circuits. Use Sch 80 PVC to 5 feet outside pump chamber then 2" Sch 40. Cap lateral ends. Clear water pump test is required at inspection.

4/1/2005 _____ Darin Woepfel, R.S. Darin Woepfel 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. 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 24 hours advance notice for the required inspection of the system. Please call 751-8130.

0006615

LAYOUT

[see attached drawing]

Water source developed at time of inspection? YES ___ NO ___ Distribution YES ___ NO ___

Disapproved /Date _____ Comments _____

Approved /Date 6-9-05 Comments _____

Inspector's Signature [Signature] Name of Installer Chris Sunkle
895-400A