

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 19- 9298-N
Site Eval Receipt: 19-4011
Date Issued: 7-18-19
Zone: 3
Date Recorded: 4/17/2019

1. **Legal Description:** Assr. # 0505861 Tr. #
Subdiv. Name: MOOSE CROSSING
COS #:
Name/EQ:
Property Address: 517 MOOSE CROSSING TRL COLUMBIA FALLS MT 59912

Sec 28 **Twp 31** **Rng 20**
Lot: 4 **Block:**
Parcel Size: 4 acres
Type:

2. **Legal Property Owner** **Bryan & Paula Sutch**
Address and Phone P.O. Box 2898 Columbia Falls, MT 59912

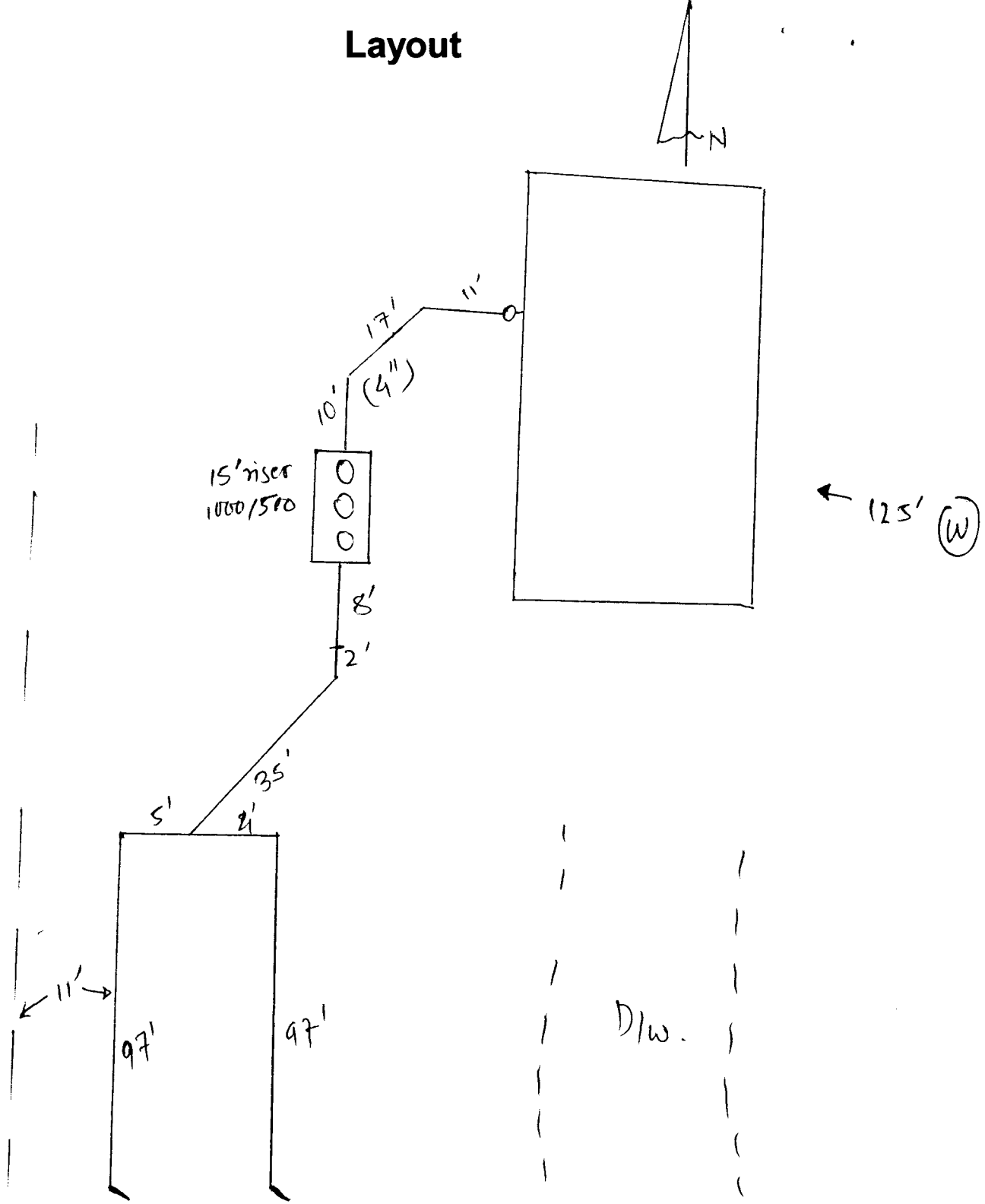
3. **Authorized for:** New **Existing Structure:** **Trench Min. Length:** 85 ft.
4. **Structure:** Proposed Structure (Conv. Single Family) **Specify:** **Trench Max. Depth:** 36 in.
5. **System Use:** Individual **Trench Width:** 3.0 ft.
6. **Occupancy Type:** No. of Bedrooms #: 3 **Other Permits:** **Lineal Footage:** 194 ft. of
7. **Water Supply:** Individual **Public Supply #:** Standard Rock & Pipe
8. **Nitrates:** **Source:** WELL **System Type:** PUMP
9. **Soil Type:** Gravelly Sandy Silt Loam **How Determined:** Submittal
10. **Depth to Groundwater Table/Bedrock:** > 84 in. **How Determined:** Submittal
11. **Classification:** 1 **Septic Tank Size (gal-min):** 1000/500 **Absorption Area (sq ft):** 583
Permit Fee: \$275.00
12. **Drainfield Orientation:** North-South
13. **Designed By:** Don Barnhart (Dated 7/15/2019)
13a. **Special Notes:**

13b. Standard Requirements: This system shall be installed in accordance with applicable Flathead City/County Health Department, (FCCHD), regulations, construction standards and the approved design. Any changes from the approved design must be approved by the designer and FCCHD prior to modification of the project. The installer and a representative from FCCHD must be present for the inspection and clear-water pump or siphon test. System shall not be covered or backfilled until specifically authorized by FCCHD. Approved design report and layout sketch are attached.

7/16/2019 Christie Bond, R.S. Christie Bond
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



GPS Location: North $48^{\circ} 25' 20''$ West $114^{\circ} 9' 38''$

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

Disapproved/Date _____ Comments _____

Approved/Date 07/19/2019

Comments Meyer's MF 45 pump was tested in std. gravel trenches with 10' squirt. weephote installed.

Kuldip EHT.
Inspectors Signature

B&F EXCAVATIONS 253-5712
Name of Installer / Phone