

Septic System Permit

Flathead City- County Health Department

Environmental Health Services
1035 1st Avenue West, Kalispell, MT 59901

Number 03-1892-N
 Site Eval Receipt Drive By
 Date Issued 12-8-03
 Zone: 1
 Date Recorded 11/19/2003

1. Legal Description: Co. Assess.Tr.# 4ACA Sec 31 Twp 28 Rng: 21
 Subdiv. Name: (Armstrong #15-85-S193-877) Lot: _____ Block: _____
 COS# 8052-B Parcel Size 5 acres
 Property Address 416 Orchard Ridge Road, Kalispell, MT 59901

Matthew & Gail Waatti 418 Orchard Ridge Rd, Kalispell, MT 59901 751-4688
 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 3 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: Cobbly silt loam How Determined: Submittal

10. Depth to Groundwater Table/Bedrock > 120 Inches How Determined: Submittal

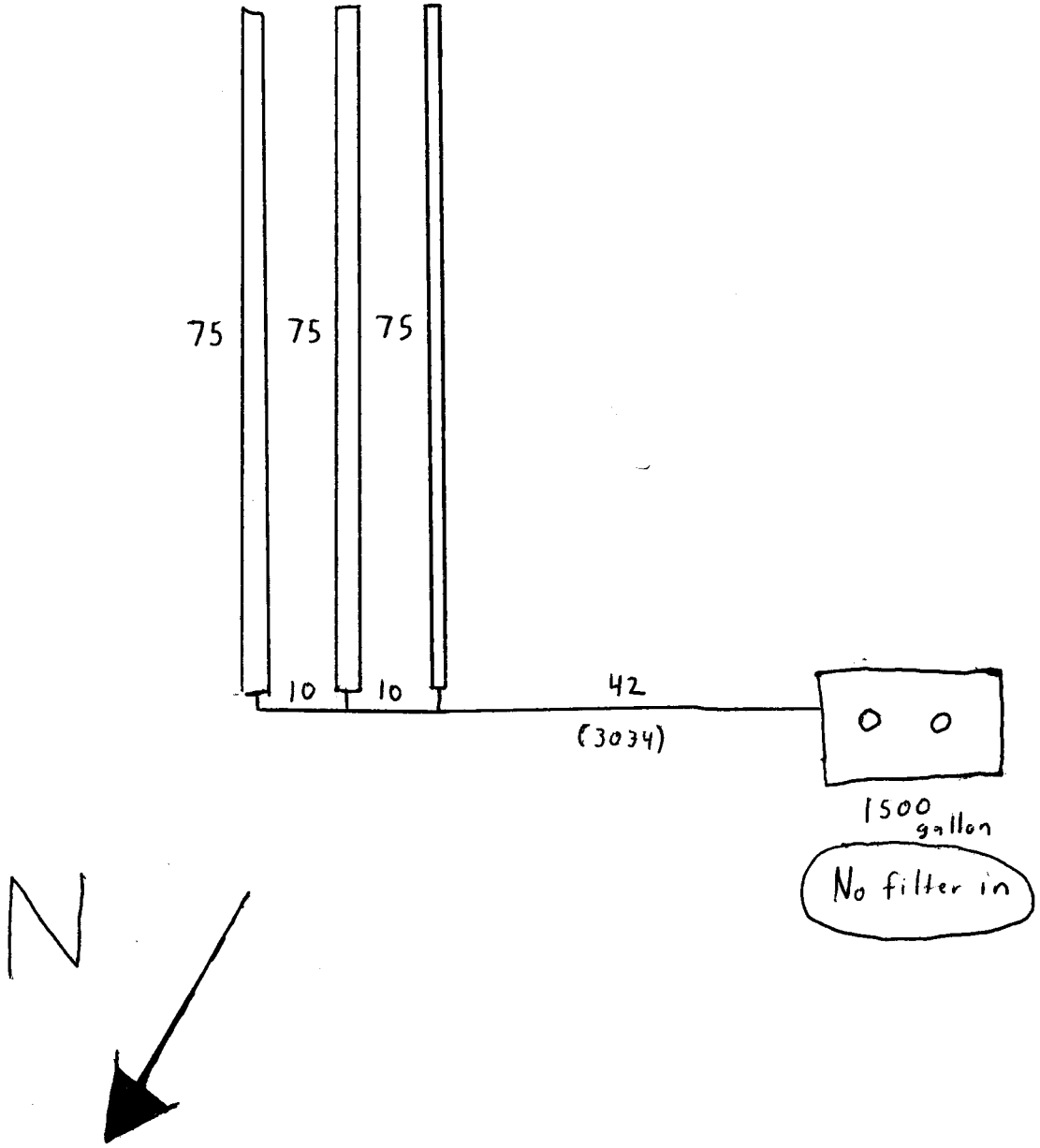
11. Classification 1G Septic Tank Size: 1000 gal (min) Absorption Area: 450 sq ft

12. Drainfield Description
 Use the approved drainfield site oriented NW-SE, as indicated during subdivision review. The total absorption area shown has been reduced by 25% for use of gravelless chambers only.
 Use 225 lineal feet of gravelless absorption system in 2-foot wide trenches. Trenches must be no deeper than 36 inches below the natural ground surface. Gravelless absorption system trenches and lateral trench bottoms are to be level. No single drainfield lateral is to exceed 100 feet from the point of effluent entry from solid pipe. EFFLUENT FILTER IS TO BE INSTALLED WITH RISER EXTENDING TO GROUND LEVEL. Plan carefully and be sure of all County septic system regulations and construction standards. Reserve space for 100% replacement drainfield. NOTE: Minimum well separations = 50 feet to solid lines and septic tank and 100 feet to drainfield.

12/1/2003 Darin Woepfel, R.S. Darin Woepfel R.S. 0212658
 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.

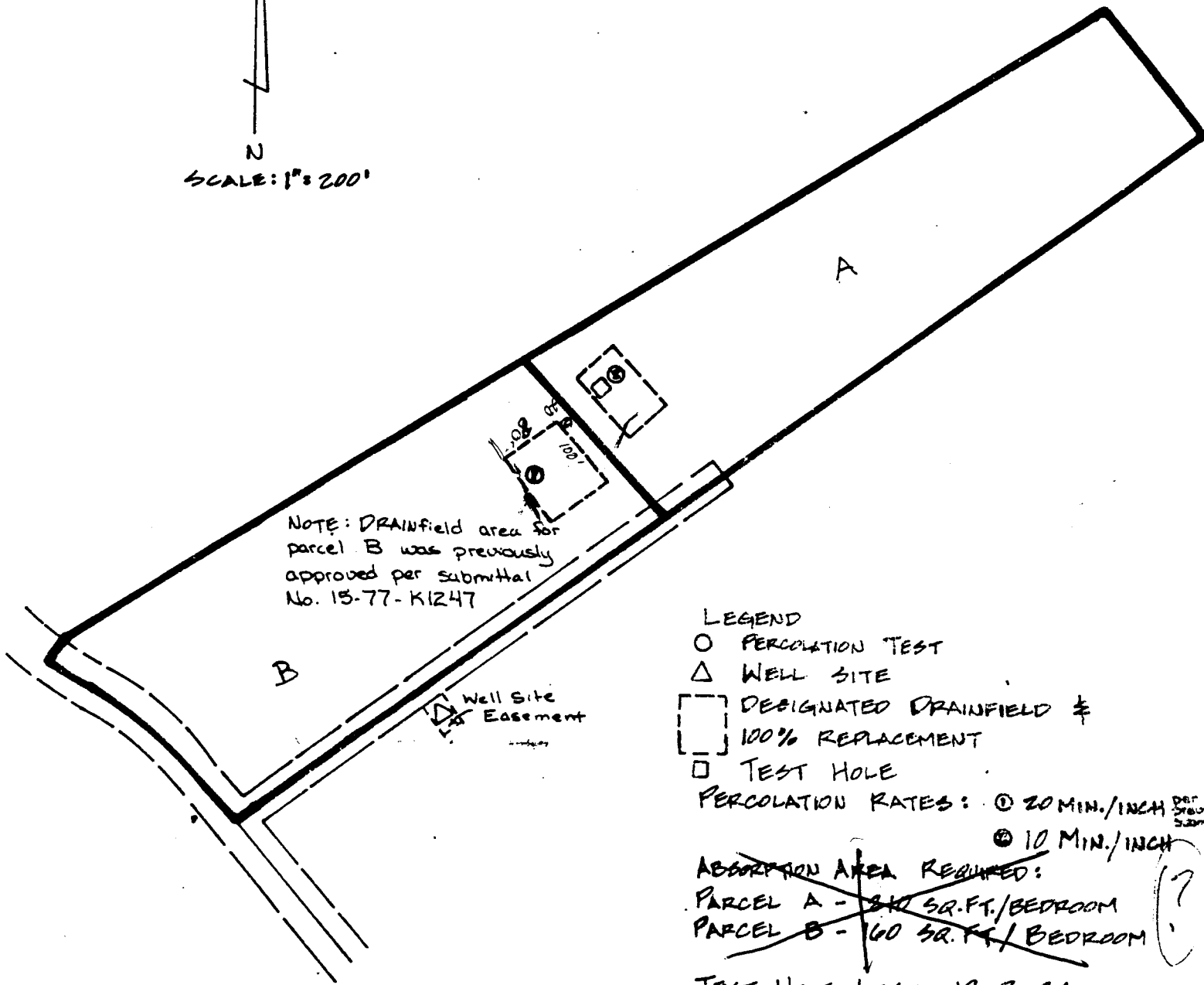
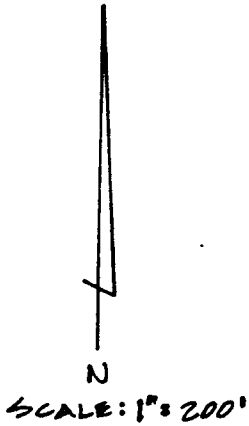
LAYOUT



Water source developed at time of inspection? YES NO Distribution YES NO
Disapproved /Date _____ Comments _____

Approved /Date 23 DEC 03 Comments 225 lineal feet of graveless absorption chamber

Inspector's Signature Dani a. Wueppel R.S. Name of Installer Russell Olson



NOTE: DRAINFIELD area for parcel B was previously approved per submittal No. 15-77-K1247

- LEGEND
- PERCOLATION TEST
 - △ WELL SITE
 - DESIGNATED DRAINFIELD & 100% REPLACEMENT
 - TEST HOLE

PERCOLATION RATES: ○ 20 MIN./INCH
 ○ 10 MIN./INCH

ABSORPTION AREA REQUIRED:
~~PARCEL A - 310 SQ. FT./BEDROOM~~
~~PARCEL B - 160 SQ. FT./BEDROOM~~

TEST HOLE LOG: 12-3-84
 0-19" TOPSOIL
 19"-10' COBBLY SILT LOAM
 NO WATER OR BEDROCK

