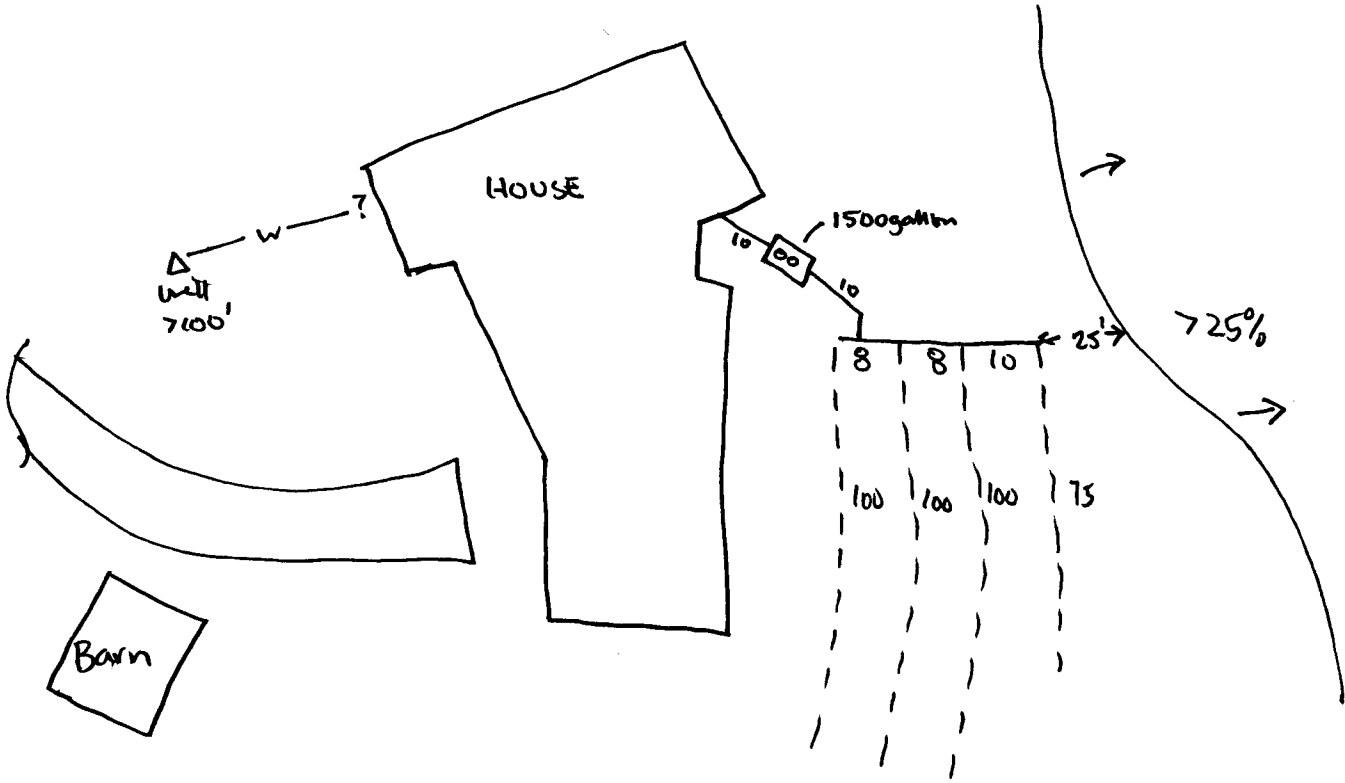




# LAYOUT

N ←

- ⊙ no scale
- ⊙ 710' to any R



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

Disapproved /Date \_\_\_\_\_ Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approved /Date 9/31/07 Comments USE OF 3/5 LF x 2 FT (GRAVELS)  
 \_\_\_\_\_  
 \_\_\_\_\_

Inspector's Signature [Signature] Name of Installer Jerry Langston

# 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: 10-5599-N

Site Eval Receipt 10-2989

Date Issued: 7-21-10

Zone: 2

Date Recorded: 06/21/2010

1. Legal Description: Co. Assess. Tr.# 3BH

Sec 05

Twp 30

Rng 22

Subdiv. Name:

Lot:

Block:

COS #: 11481-1

Parcel Size: 32.5

acres

Name/EQ:

Property Address: 280 TWIN BRIDGES RD WHITEFISH MT 59937

2. Legal Property Owner John Ledyard

Address and Phone 220 Twin Bridges Rd, Whitefish, MT 59937

3. Authorized for: New

Existing Structure: 3-BR House

4. Structure: Proposed Structure Conv. Single Family

Specify: 1-BR Apartment + Catering Kitchen

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: Silty clay

How Determined: T.H.

10. Depth to Groundwater Table/Bedrock: > 96 inches How Determined: T.H.

11. Classification: 1 Septic Tank Size (gal- min): 1000/500 Absorption Area (sq ft): 1166

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 Rick Reed, which was approved by FCCHD on 7/9/10. 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 North-South 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 388 lineal feet of Standard Rock & Pipe or 398 lineal feet of Gravelless Chambers in 3 foot wide trenches.

Approved design report and layout sketch are attached.

07/20/2010

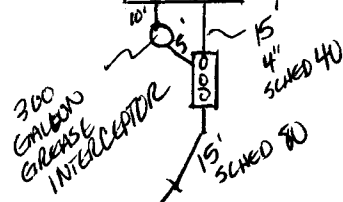
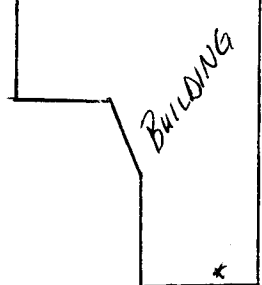
Wendee Jacobs, R.S.

Date

Signature Authorizing Approval of Permit

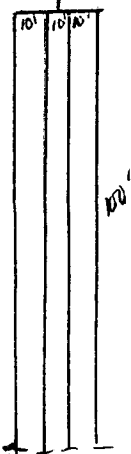
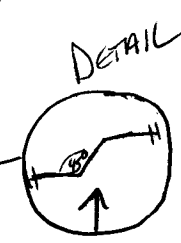
\* These requirements establish the MINIMUM STANDARDS for this septic system installation. The permit will be voided and declared invalid if the system is not installed within 12 months. The issuance of this permit authorizes construction of the septic system and requires the installation comply with 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 48 hours advance notice for the required inspection of the system. Please call 751-8130.

LAYOUT



→ TO WELL

DEEP BURY  
76'



GPS Location: North

Deg. ,

West

Deg. ,

Water source developed at time of inspection? YES  NO

Distribution YES  NO

Disapproved/Date \_\_\_\_\_

Comments \_\_\_\_\_

Approved/Date 8/19/10

Comments Rock + PIPE TRENCH CONSTRUCTION;  
SQUIRT TEST = .5' HEAD

Inspectors Signature Wendy Jacobs RS

Name of Installer/Phone Self - 270-4601