

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

Number 06- 3584-A
Site Eval Receipt Pre-App
Date Issued 8-25-06
Zone: 2
Date Recorded 7/14/2003

1. Legal Description: Co. Assess.Tr.# 4CB Sec 27 Twp 31 Rng: 21
Subdiv. Name: _____ Lot: _____ Block: _____
COS# 2506 ? Parcel Size 2.53 acres
Property Address 433 Haskill Basin Rd. Whitefish

2. Kevin Jacks 433 Haskill Basin RD. Whitefish 862-0896 (call first)
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: Clayey silt How Determined: T.H.

10. Depth to Groundwater Table/Bedrock 36 Inches How Determined: T.H.

11. Classification 1E Septic Tank Size: 1500 gal (min) Absorption Area: 350 sq ft

12. Drainfield Description

Follow the plans and specifications prepared by Matt Daniels Engineering, dated 8/20/04. Any changes must be approved by the engineer and Flathead City/County Health Department (FCCHD).

The engineer and a representative from FCCHD must be present for the inspection and a clear-water pump test.

Within 10 days after inspection and prior to final approval of the project by FCCHD, the engineer shall provide one complete set of as-built drawings and written certification that the project was completed as shown therein.

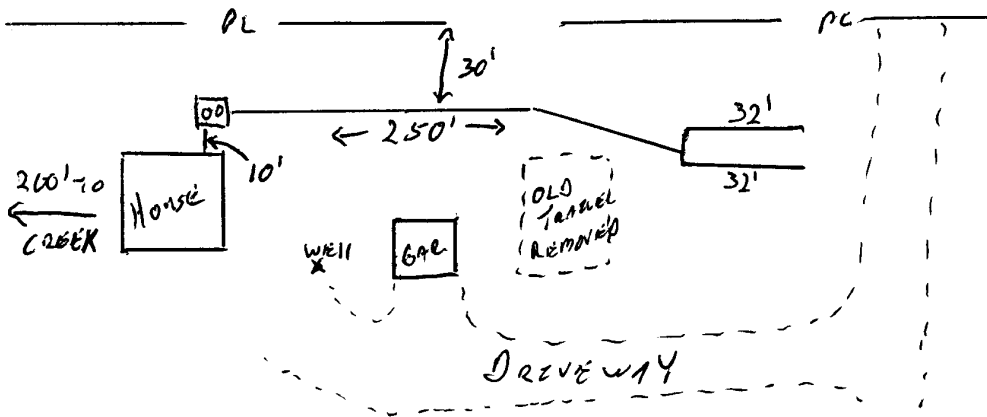
Follow plans carefully and be sure of all County septic system regulations prior to installation. NOTE: Minimum well separations = 50 feet to solid lines and septic tank and 100 feet to drainfield.

5/18/2006 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 24 hours advance notice for the required inspection of the system. Please call 751-8130.

LAYOUT



NOT TO SCALE
SEE AS-BUILT

Water source developed at time of inspection? YES ☒ NO ☐

Distribution YES ☒ NO ☐

Disapproved /Date _____ Comments _____

Approved /Date 6/14/06 Comments >10' Pump Test

Inspector's Signature [Signature] Name of Installer _____