

Septic System Permit

Flathead City- County Health Department

Environmental Health Services
723 5th Ave. East, Kalispell, MT 59901

Number 01-00330-N
Site Eval Receipt 01-00345
Date Issued 10/3/2001
Zone: 2
Date Recorded 6/28/2001

1. Legal Description: Co. Assess.Tr.# 3K Sec 33 Twp 31 Rng: 21

Subdiv. Name: _____ Lot: _____ Block _____

Cos 7328 Parcel Size 3 acres

Property Address 1455 E Edgewood Drive, Whitefish, MT 59937

2. Steven R. Knox 941 E 4th Street, Whitefish, MT 862-1234

Legal Property Owner Address and Phone

New Replacement Alter/Repair

4. Proposed Structure Conv. Mob. Home Multi-Fam. (specify) _____
Sing. Fam.

Commercial (specify) _____ Other (specify) _____

5. No. of Bedrooms 3 o Occ No: _____ Existing Structure _____

6. Water Supply: Indiv. Multi-user Public: _____ Source Well

7. Soil Type: Clayey silt loam How Determined: Fest hole

8. Depth to Groundwater Table/Bedrock 36 Inches How Determined: GWM

System Specifications:

9. Classification 1E Septic Tank Size: 1500 gal (min) Absorption Area 480 ft²

10. Drainfield Description

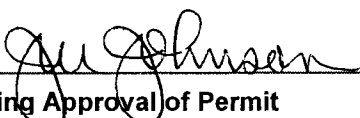
Follow the plans and specifications prepared by Drew Paslawsky Engineering, dated 9/13/01. Any changes must be approved by the engineer and Flathead City/County Health Department (FCCHD).

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

Within 90 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.

9/28/2001 Jere Johnson, R.S. 
Date Signature Authorizing Approval of Permit

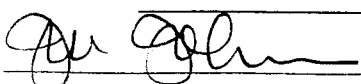
* These requirements establish the MINIMUM STANDARDS for this septic system installation. The permit will be voided and declared invalid if the system is not installed within 12 months. The issuance of this permit authorizes construction of the septic system and requires the installation comply with the FLATHEAD COUNTY REGULATIONS FOR SEWAGE TREATMENT SYSTEMS (FCRSTS). The permit will be void if the system is not utilized within three 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 758-5760.

LAYOUT

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

Disapproved /Date _____ Comments _____

Approved /Date 11/5/01 Comments SEE AS BUILTS (S.S' head)

Inspector's Signature  Name of Installer Covey #110

ELEVATED SAND MOUND,
SEE DETAILS ON SHEET #2

DRAINFIELD
ORIFICE HEAD: 5'-4"

MOUND REPLACEMENT SITE,
RESERVE FOR FUTURE USE

2" SCH. 40 PVC FORLEMAIN,
6' MIN. BURY

HOUSE SITE

NAIL IN SOUTH
SIDE OF POST
ELEV. 100.92

ACCESS DRIVE

TEST HOLE &
GWM PIPE

FM

FM

101

102

101

FM

FM

FM

99

98

PROPOSED
CHAMBER
SHEET

NORTH

0 25 50

1" = 50'
SCALE

"AS-BUILT"
11/6/2001

DRIVEWAY

BDLG.

BUILDING

STORAGE

STORAGE

4" SCH. 40 PVC
BDLG. SEWER
MIN. 2% SLOPE

RECEIVED

MAR 19 2010

FLATHEAD CITY-COUNTY
HEALTH DEPARTMENT

CLEANOUTS

97

98

97

94

91.5

2'

