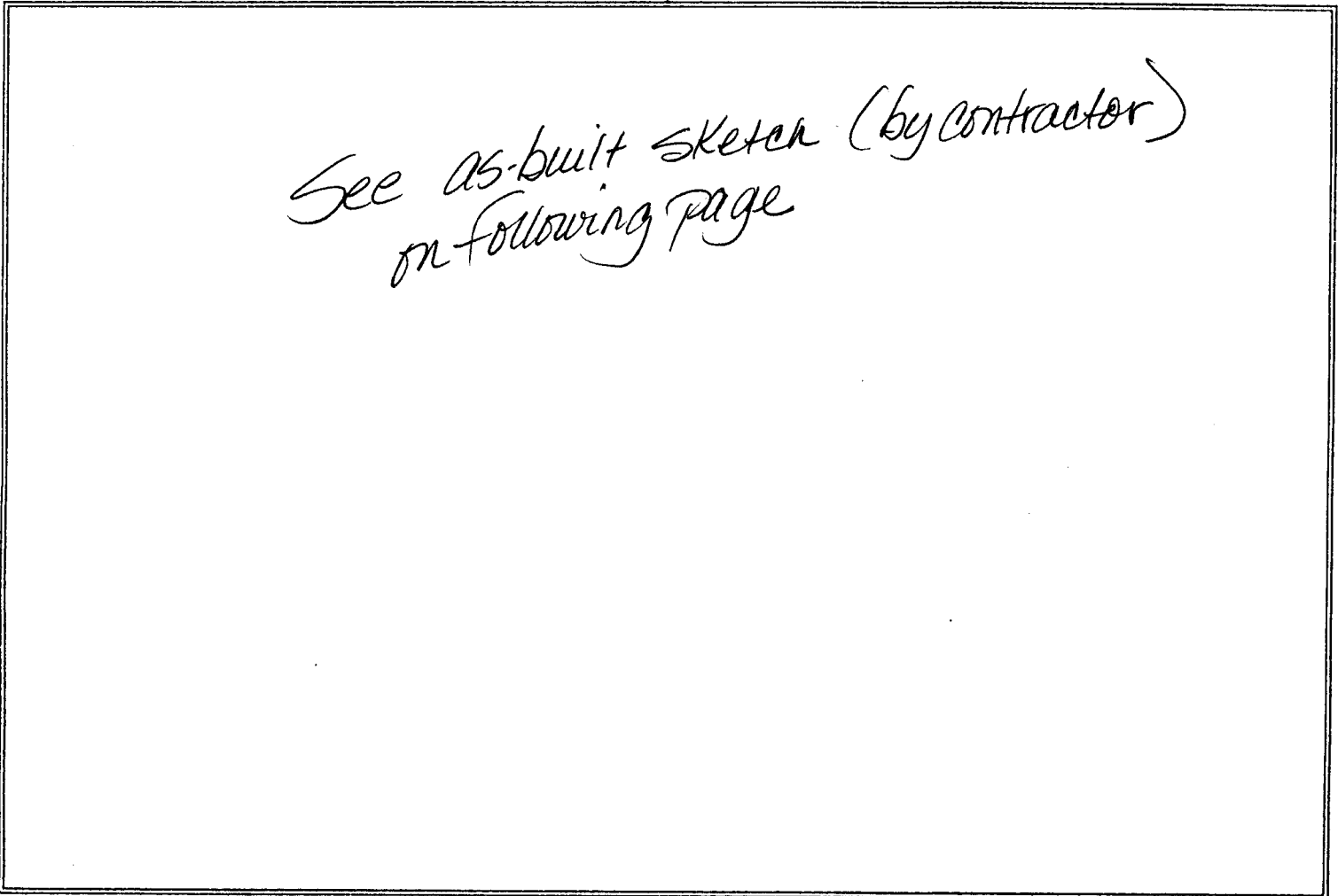


LAKE COUNTY LAND SERVICES
FINAL INSPECTION AND USE PERMIT OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM

PROPERTY OWNER Stanley + Lavern Ryan
PHYSICAL ADDRESS 71328 Hwy 93, Polson
LEGAL DESCRIPTION 1/2 1/4 1/4 SECTION 26, TWP 24 N, RNG 21 W
GEOCODE 3467-26-3-01-03 SUBDIVISION Big Arm Villa Site LOT 3A13B BLK _____
PERMIT NO. 3772 CONTRACTOR Ross Hoyt

INSPECTION SKETCH

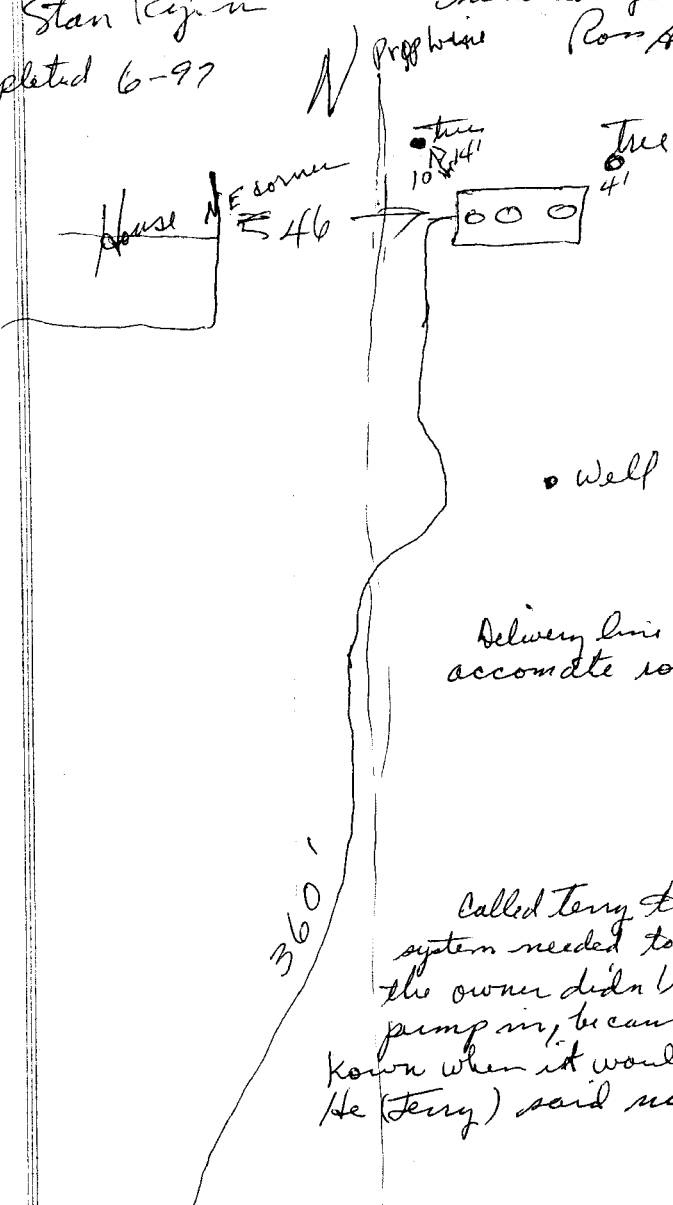


IS SYSTEM INSTALLED ACCORDING TO APPROVED PRE-SKETCH? YES NO
INSPECTED BY Contractor - Asbuilt DATE June 1997
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT _____

[Handwritten signature]
205

Stan Rejin
Completed 6-97

Installed by
Ron Hoyt



Delivery line was dug to accomodate rock.

Called Terry to see if this system needed to be run as the owner didn't want to put pump in, because he didn't know when it would be used and he (Terry) said no.

check Valve installed w/weep hole in line
D-Box installed Valve was installed to keep existing appliance from returning to new tank

Questions - 849-5568
350-6791

APPLICATION FOR LAKE COUNTY SEWAGE DISPOSAL SYSTEM INSTALLATION PERMIT LF

Section A: To be completed and signed by property owner or their representative and returned to Land Services. Permit fee determination to be made by sanitarian.

Property Owner Stanley & Lavern Ryan Phone # _____

Mailing Address 71328 Hwy 93 City Polson State/Zip MT 59860

Property Address (if known) Same

Legal Description: Section 26 Township 24 N Range 21 W, 1/4 1/4 1/2

Subdivision Name (if applicable) Big Arm Villa Site ^{BLL} - 3A & 3B - Lot 3.04 ac. Block 1

Size of Parcel 3.037 ac Water system: Proposed _____ Existing Type drilled well

Dwelling: Single family Multi-family _____ Mobilehome _____ #Bedrms 3

Is the property zoned? Yes No _____ Zoning District Melita Island Road / Labelle Lane

Zoning Conformance Permit # _____ If zoning conformance permit has not been issued, contact Lake County Planning Dept. to obtain a permit prior to Septic Permit being issued.)

I hereby declare that the information submitted herein is true and complete to the best of my knowledge. I understand that a final inspection of the approved system must be conducted by Lake County Land Services prior to backfilling.

X-
Signature of Applicant or Authorized Agent _____ Date _____

Section B: To be completed by Lake County Sanitarian.

GEO Code 3467-26-3-01-03 Tax Statement # _____

System is a replacement _____ new holding tank _____ sewage disposal system. J-no. _____

Property Type: Agricultural _____ Lakeshore Residential _____ Commercial _____ Floodhazard _____

State Septic Approval: Require _____ Completed Not Required _____ Reference Date May 9, 1979

Name Amended Plat of the Big Arm Villa Sites ^{Lot 3} State ES # 79/K282

Does property require a building notification permit? Yes No _____ Permit # _____

Soil Type in area of proposed drainfield Gravelly Silts

Percolation test results 45 ~~to 100~~ Absorption area proposed ~~400~~ 20 ft²/per bedroom

Contractor ROSS Hoyt Required septic tank size: 1500 gallons.

Drainfield sizing reference: # of bedrooms 3 other _____ W/ Pump Chamber

Type of absorption area proposed: Pump to an existing Drain Field -

AS per Subdivision approval.

The presketch of the proposed layout will be drawn on the back of this application by the sanitarian. The sketch will include property lines, direction of slope, distance to wells, streams, irrigation ditches, lake, etc.

Signature of Registered Sanitarian [Signature] Date of issue 6-12-96 Permit Number 3772 Check Number 0234

Approved Permit is Invalid If System is Not Installed Within Six (6) Months of Issuance.

Extend 6 months