

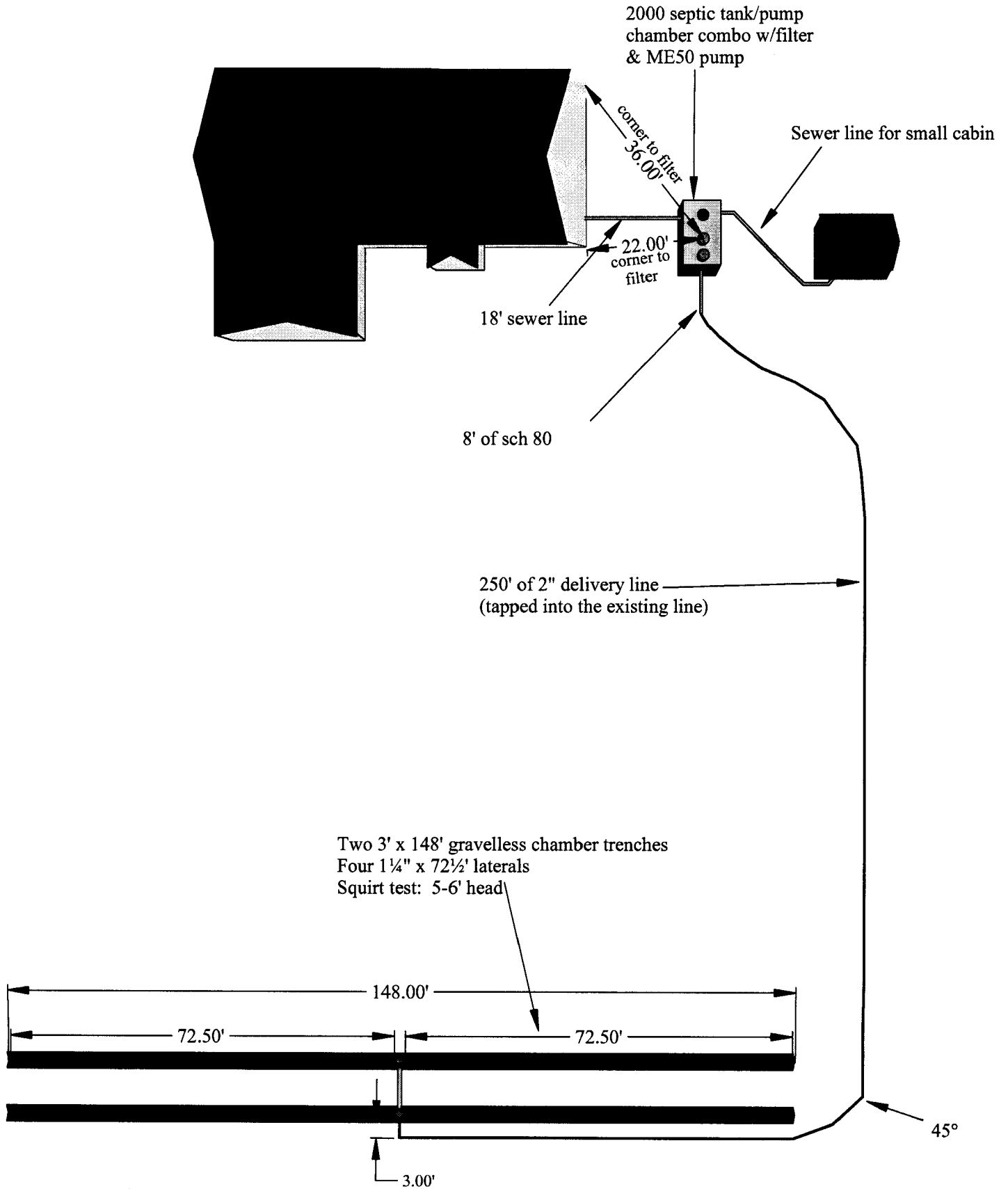
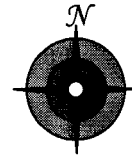
LAKE COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
FINAL INSPECTION AND USE PERMIT OF WASTEWATER TREATMENT SYSTEM

PROPERTY OWNER: EILEEN MONTANO
PHYSICAL ADDRESS: 34636 US HIGHWAY 93, ~~EL~~ BIG ARM
LEGAL DESCRIPTION: SECTION 30, TWP 24 N, RNG 21 W 1/2 1/4 1/4
GEOCODE: 3467-30-1-02-07-0000 SUBDIVISION: H-1121 LOT: 2
PERMIT NO: 16933 CONTRACTOR: JIM BATTEE

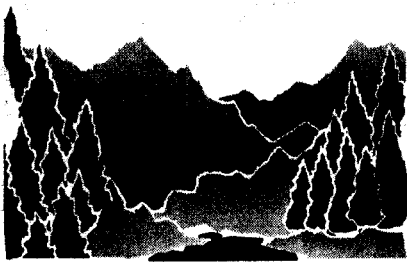
SEE
ASSOCIATED
SKETCH

APPROVED FOR 4 BEDROOMS 350 GPD
SEPTIC TANK: GPS-NS 238310.569 GPS-EW 407624.557
DRAINFIELD: GPS-NS 238298.028 GPS-EW 407543.130
INSPECTED BY: Laurie Ellwood DATE Dec. 19, 2007
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT: * Steven Kromle

Eileen Montano
Geo #3467-30-1-02-07-0000
Permit #6933
December 19, 2007



Terry



APPLICATION FOR LAKE COUNTY WASTEWATER TREATMENT INSTALLATION PERMIT

LAKE COUNTY ENVIRONMENTAL HEALTH
106 FOURTH AVENUE EAST
POLSON, MT 59860-2175

PH: 406-883-7236
FAX: 406-883-7205
Email: envhealth@lakemt.gov

Return the completed application with the \$300.00 permit fee to the above address.

Property Owner: Eileen Montana Phone # _____
 Mailing Address: 597 Kay St City Fairbanks State/Zip AK 99709-2411
 Property Address: 7588 US Hwy 93, E1MD
 Legal Description: Section: 30 Township 24 Range 21
 GEO Code: 3467-30-1-02-07-0000 Tax ID: ~~20090~~ 12227
 Subdivision Name: H-1121 Lot 2 Block _____ Parcel Size 3.89
 Wastewater System: (Circle) New Replacement Alteration Permit 1082-1973
 Structure: (Circle) Single Family Multi-Family Mobile Home Commercial Garage
 Bedroom #: 3 Basement: Yes X Daylight No _____
 Water System: (Circle) Existing Proposed (Circle) Well Lake Spring Community

I hereby declare that the information submitted herein is true and completed to the best of my knowledge. I understand that a final inspection and approval of the system must be conducted by Lake County Environmental Health prior to back filling and use of the system. My signature also authorizes access to the described property for purposes of reviewing this application.

Owner Signature: [Signature] Date: 4-19-07

OFFICE USE ONLY

Planning Review: repl only
 Geo Code: 3467-30-1-02-07-0000 Tax Statement # 12227
 Property Type: (Circle) Residential Commercial Agricultural Lakeshore
 State Septic Approval: (Circle) Required Completed Not Required
 Name: _____ Reference Date: _____ States Es # _____
 Soil Type: gravelly silty clay loam Absorption Area Required: .3 gpd/ft² (.75)
 Contractor: David Graham Jim Bates Required Septic Tank: 2000 w/pump
 Drainfield Sizing Reference: # of Bedrooms 4 Other: _____
 Type of Absorption Area Required: 2-3'x14" Chamber trenches installed as per accompanying specifications note may connect to shop with bath room

[Signature] Signature of Registered Sanitarian
Dec 12, 2007 Date of Issue
6933 Permit Number
3570 Check Number

APR 19 2007

THE DESIGN, LOCATION, & ORIENTATION OF THE DRAINFIELD MAY NOT BE ALTERED WITHOUT PRIOR APPROVAL FROM LAKE COUNTY ENVIRONMENTAL HEALTH. APPROVED PERMIT IS INVALID IF SYSTEM IS NOT INSTALLED WITHIN TWENTY-FOUR MONTHS OF ISSUANCE.