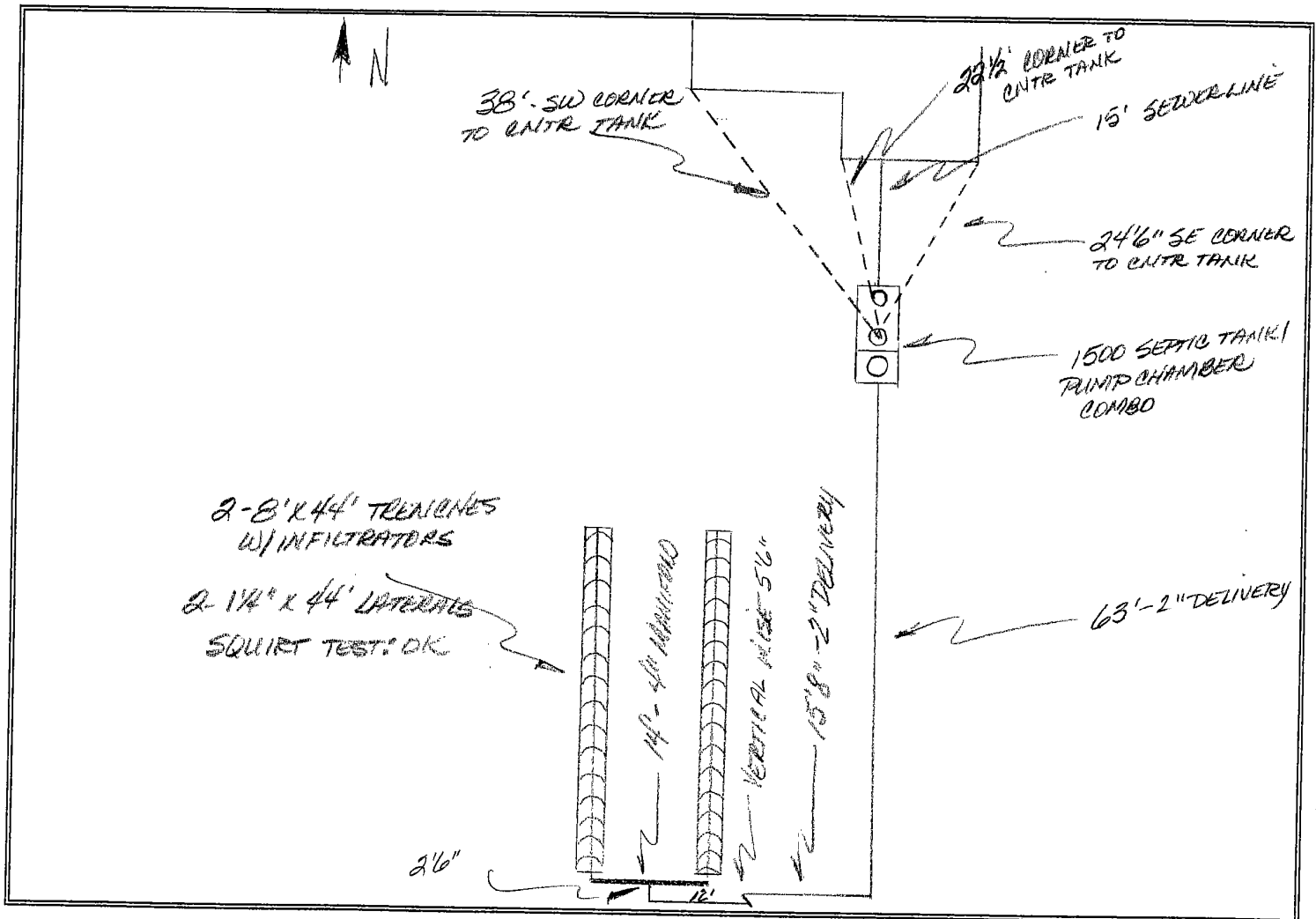


LAKE COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
FINAL INSPECTION AND USE PERMIT OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM

PROPERTY OWNER: EARL DEDMAN
PHYSICAL ADDRESS: 1845 ROLLINS LAKE SHORE DR
LEGAL DESCRIPTION: SECTION 20, TWP 25 N, RNG 20 W 1/2 1/4 1/4
GEOCODE: 3583-20-3-02-08-000 SUBDIVISION: _____ LOT: _____
PERMIT NO: 4483 CONTRACTOR: DICK CHAPMAN

INSPECTION SKETCH



IS SYSTEM INSTALLED ACCORDING TO APPROVED PRE-SKETCH? YES ☒ NO ☐
INSPECTED BY: SPURR ELLIWOOD DATE AUG 24, 2001
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT: D. R. Chapman

APPLICATION FOR LAKE COUNTY SEWAGE DISPOSAL SYSTEM INSTALLATION PERMIT

Section A: To be completed and signed by property owner or their representative. Permit fee determination to be made by a sanitarian. Please remit payment with application to:
Lake County Environmental Health, 106 Fourth Ave E, Polson, MT, 59860.

Property Owner: Earl Dedman Phone # 849-3918
Mailing Address 10529 North East 196th St City Boothell State/Zip Wash. 98011
Property Address (if known) 1845 Rollins Lakeshore
Legal Description: Section 20 Township 25 N Range 20 W
Subdivision Name (if applicable): Section Lots 2+3 Lot 263 Block _____
System: ☒ Replacement ☒ New _____ Holding Tank _____ Size of Parcel: 2.34 ac.
Water system: _____ Proposed ☒ Existing _____ Type: Lake
Dwelling: _____ Single family ☒ Multi-family _____ Mobile home # of Bedrooms: 2
Does property require Building Notification Permit? ___ Yes ☒ No Zoning Conformance Permit? ___ Yes ___ No
Zoning District: West Shore Zoning Conformance/Bldg Permit #: _____
(If zoning conformance permit has not been issued, contact Lake County Planning Department 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.

R. Chapman Aug 2, 2001
Signature of Applicant or Authorized Agent Date

Section B: To be completed by Lake County Sanitarian.

GEO Code: 3583-20-3-02-08-0000 Tax Statement #: 13822
Property Type: _____ Agricultural ☒ Lakeshore _____ Residential _____ Commercial _____ Flood hazard
State Septic Approval: _____ Required _____ Completed ☒ Not Required Reference Date: _____
Name: _____ State ES #: _____
Soil Type in area of proposed drainfield: gravelly loam
Percolation test results 40 min/inch Absorption area proposed 300 ft²/per bedroom
Contractor Dick Chapman Required septic tank size: 1500 w/pump gallons.
Drainfield sizing reference: # of bedrooms 2 other: _____
Type of absorption area proposed: Two 8' x 43.75' EVTA Trenches w/ 18" - 24" gravel underneath laterals. See spec sheet for details.

*The pre-sketched 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.

Diana X Smiler August 3, 2001 4483 Cash
Signature of Registered Sanitarian Date of Issue Permit Number Check Number
Approved Permit Is Invalid If System Is Not Installed Within Six (6) Months of Issuance.