

Septic System Permit

Flathead City-County Health Department

Environmental Health Services

1035 1st Avenue West, Kalispell, MT 59901

Phone: (406) 751-8130 / Fax: (406) 751-8131

Permit Number: 11-594R
Site Eval Receipt 11-3151
Date Issued: 9/26/11
Zone: 4
Date Recorded: 09/14/2011

1. Legal Description: Co. Assess. Tr.# 1A + 2A

Sec 31 Twp 28 Rng 19

Subdiv. Name:

Lot: Block:

COS #: 5676

Parcel Size: 5 acres

Name/EQ: Buxton #80/130

Property Address: 989 LAKE OF THE WOODS LN BIGFORK MT 59911

2. Legal Property Owner Laura Negin

Address and Phone 989 Lake of the Woods Ln, Bigfork, MT 59911

3. Authorized for: Replacement

Existing Structure:

4. Structure: Existing Structure Conv. Single Family

Specify:

5. System Use: Individual

6. Occupancy Type: No. of Bedrooms #: 3

Other Permits:

7. Water Supply: Individual

Public:

8. Nitrates:

Source: WELL

9. Soil Type: Gravelly loam

How Determined: T.H.

10. Depth to Groundwater Table/Bedrock: N/A inches How Determined: Unknown

11. Classification: 1 Septic Tank Size (gal- min): 1000/500 Absorption Area (sq ft): N/A

Permit Fee: \$ 235.00

12. Drainfield Description:

This permit authorizes the installation of a new tank. It shall be set as close to the house as allowed by regulations. SINCE IT WILL BE IN GROUNDWATER, IT SHALL BE SEALED WITH A WATERPROOFING COATING IN IT'S ENTIRETY. The existing pumping components may be reused. The existing tank shall be backfilled with an earthen material.

SPECIAL NOTES:

The installer and a representative from FCCHD must be present for the inspection and clear-water pump test. Minimum well separations = 50 feet to solid lines and septic tank and 100 feet to drainfield.

Pump and alarm must be on separate electrical circuits.

The first five feet of forcemain out of the pump chamber must be schedule 80 pipe.

System shall not be covered or backfilled until specifically authorized by FCCHD.

09/22/2011

Glen Gray, R.S.

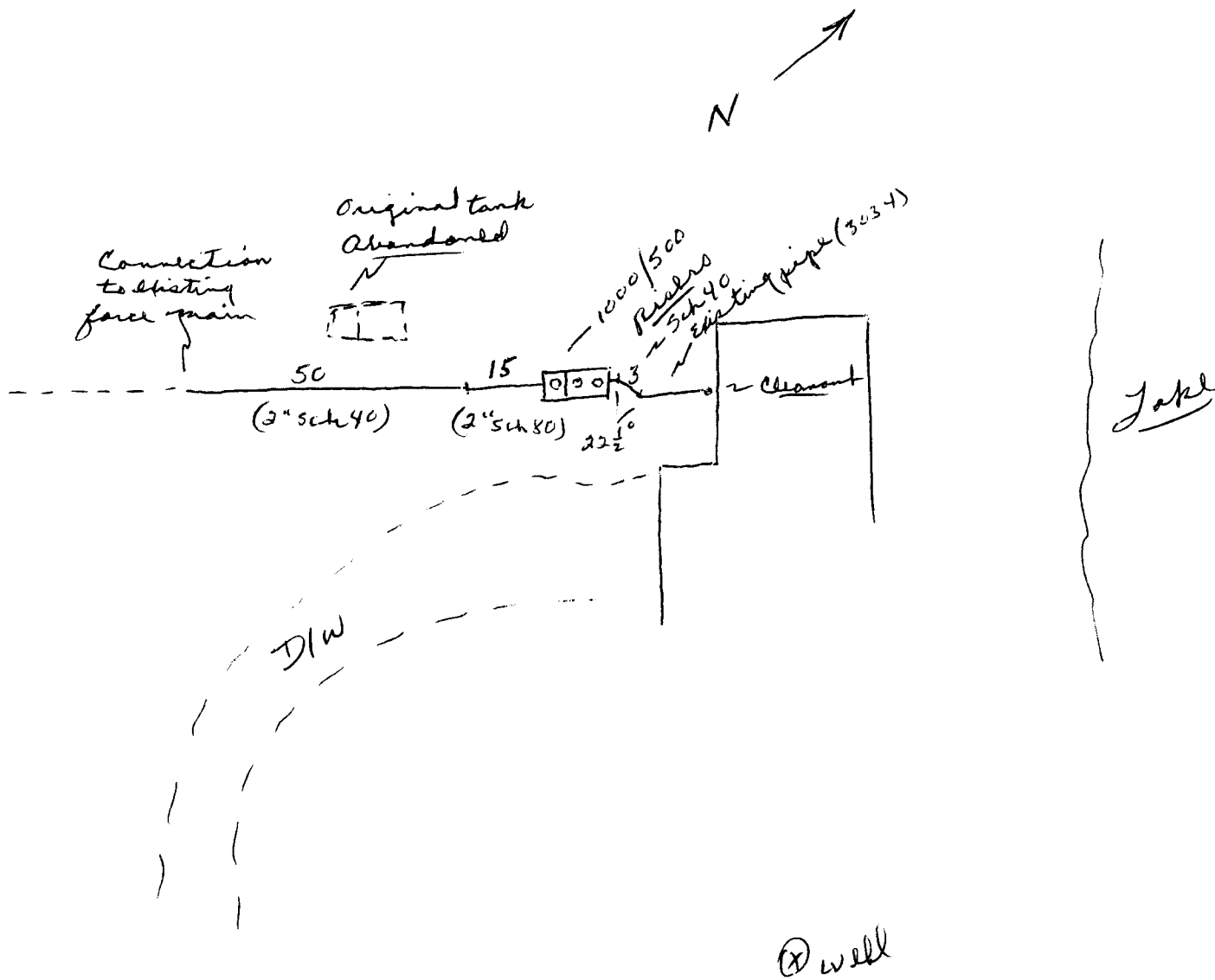
Date

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 48 hours advance notice for the required inspection of the system. Please call 751-8130.

0968144

LAYOUT



GPS Location: North Deg. , West Deg. ,

Water source developed at time of inspection? YES y NO _____ Distribution YES x NO _____

Disapproved/Date _____ Comments _____

Approved/Date 11/14/11 Comments Original pump re-used. New controls
Same control setting to be used

Inspectors Signature Blm Gray Name of Installer/Phone Robert Zevala 250-0514

SEPTIC SYSTEM PERMIT
FLATHEAD CITY-COUNTY HEALTH DEPARTMENT
Environmental Health Services
723 5th Ave East, Kalispell, MT 59901

10/13 - well
NUMBER 93-3708N
DATE ISSUED 8/25/93
SITE EVAL. RECEIPT _____
Greene.

1. Legal Description: Co. Assess. Tr # 1A # 2A Sec. 31 Twn. 28 Rng. 19
Subdiv. Name (Buxton Co. No. 80/130) Lot _____ Blk. _____
COS # 5676 Parcel Size 5 acres
Property Address 989 Lake of the Woods Lane, BF
2. Robert Greene / Zanna Negin 9280 Hwy 35 BF
Legal Property Owner Address and Phone

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3. Authorization for: New Replacement of _____ Alteration/Repair of _____ Septic System.
4. Proposed Structure: Conv. Sing. Fam. Mob. Home _____ Multi-fam. (specify) _____
Commercial (specify) _____ Other (specify) _____
5. No. of Bedrooms 3 or No. of Occupants _____ Existing Structures _____
6. Water Supply: Indiv. Multi-user _____ Public (name) _____ Source Well

Evaluator's Comments:

7. Soil Type and How Determined Gravelly loam - submittal
8. Depth to Groundwater Table/Bedrock & How Determined > 7 ft - submittal / site eval.

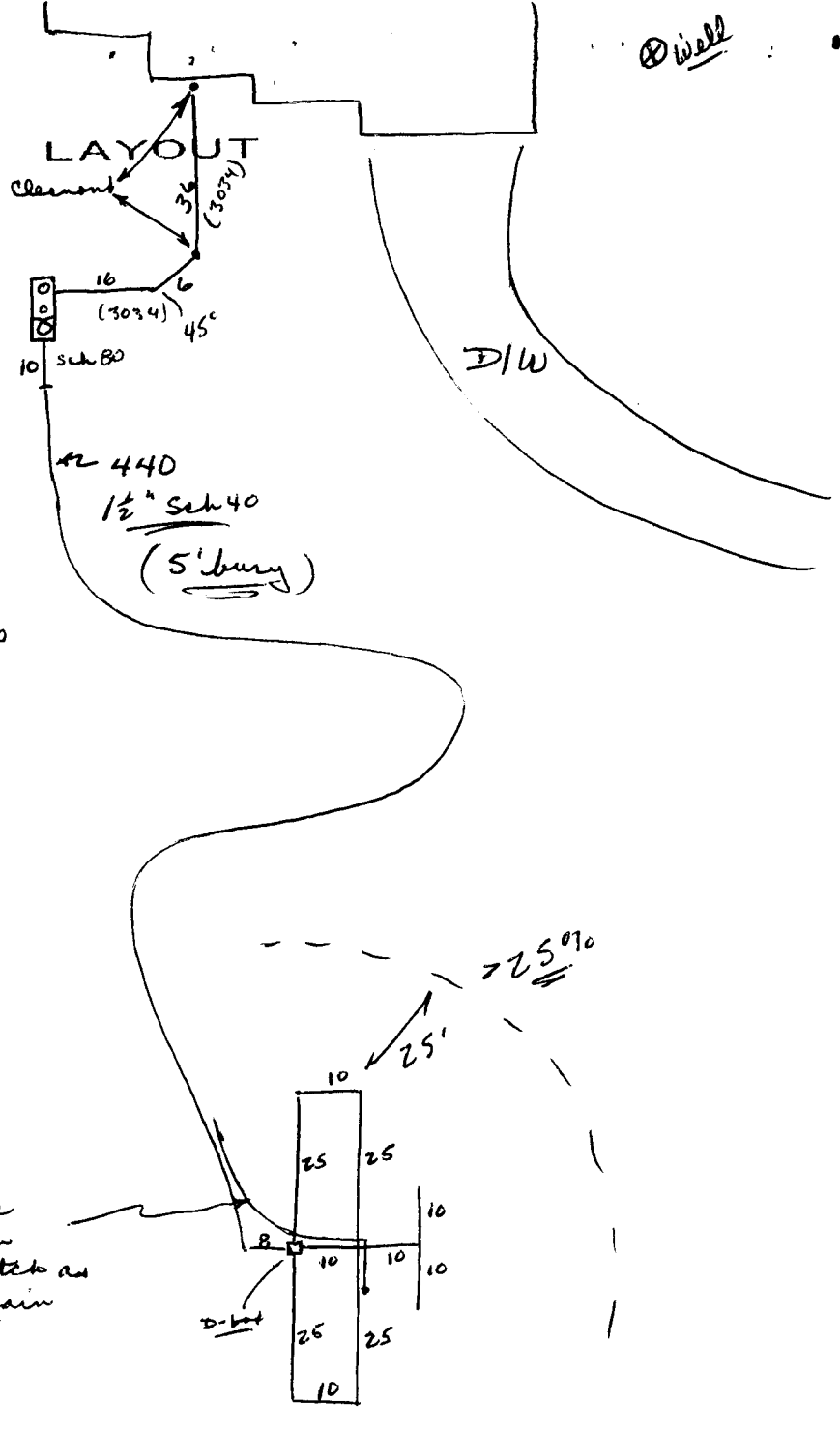
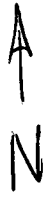
System Specifications:

9. Classification 1 Septic Tank Size 1000/500 gallons (min) Absorption Area 480 ft²
10. Drainfield Description Use 120 lineal ft. of 3 ft. wide trenches no deeper than 3 ft. trench bottom & perf pipe to be level. Be sure of 25 ft. setback from slopes > 25%. Plan carefully. System test upon inspection. Proposed: Orreco turbine pump, 2" Sch 40 force main, double float control w/ alarm. Be sure pump, vault and controls are installed per manufacturers instructions. Force main to be below frost line - no drainback.

8/25/93 Glen Gray RS
Date Signature Authorizing Approval of Permit

* These requirements establish the minimum specifications for this septic system installation. The permit will be voided and declared invalid if the system is not installed within 12 months for class 1, 2, and 4 or 24 months for class 3 and 5 systems. 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 property owner is responsible for operating and maintaining the system in accordance with FCRSTS. Failure to comply with the 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 advanced notice for the required inspection of the system. Please call 758-5760

Well



Orencia pumps & appurtenances
 Installed per Orencia instructions

Satelite cable in same ditch as force main

Water source developed at time of inspection? Yes X No _____ Distribution system? Yes _____ No _____

Disapproved/Date _____ Comments _____

Approved/Date 10/13/93 Comments 160LF x 3 = 480 ft² . Tested

Glen Gray
 Inspector's Signature

Jim Satter
 Name of Installer