

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 19- 9310-R
Site Eval Receipt: 19-4369
Date Issued: 7-25-19
Zone: 4
Date Recorded: 7/15/2019

1. **Legal Description:** Assr. # 0199450 Tr. # 6CA
Subdiv. Name:
COS #: 16773
Name/EQ:
Property Address: 398 ELK PARK RD COLUMBIA FALLS MT 59912

Sec 04 **Twp 29** **Rng 20**
Lot: **Block:**
Parcel Size: 2.1 acres
Type:

2. **Legal Property Owner** Gary & Joann Nevins
Address and Phone PO Box 1410, Browning, MT 59417

3. **Authorized for:** Replacement **Existing Structure:** **Trench Min. Length:** 65 ft.
4. **Structure:** Existing Structure (Conv. Single Family) **Specify:** **Trench Max. Depth:** 36 in.
5. **System Use:** Individual **Trench Width:** 3.0 ft.
6. **Occupancy Type:** No. of Bedrooms #: 3 **Other Permits:** **Lineal Footage:** 194 ft. of
7. **Water Supply:** Individual **Public Supply #:** Standard Rock & Pipe
8. **Nitrates:** **Source:** WELL **System Type:** PUMP
9. **Soil Type:** Sandy loam **How Determined:** Prev. Exp.
10. **Depth to Groundwater Table/Bedrock:** > 84 in. **How Determined:** Prev. Exp.
11. **Classification:** 1 **Septic Tank Size (gal-min):** 1000/500 **Absorption Area (sq ft):** 583
Permit Fee: \$275.00
12. **Drainfield Orientation:** East-West
13. **Designed By:** Mel Cameron (Dated 7/25/2019)

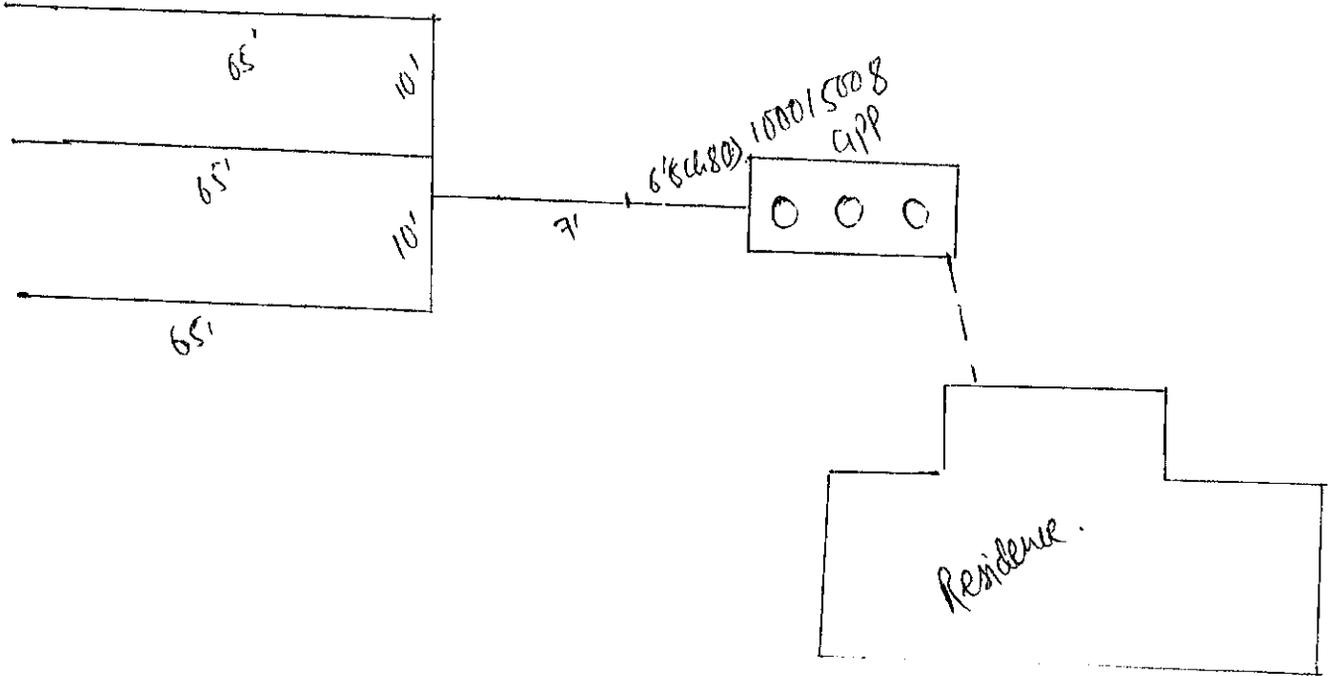
13a. **Special Notes:** Septic tank shall be pumped and destroyed by filling, crushing or removed from premises.

13b. **Standard Requirements:** This system shall be installed in accordance with applicable Flathead City/County Health Department, (FCCHD), regulations, construction standards and the approved design. Any changes from the approved design must be approved by the designer and FCCHD prior to modification of the project. The installer and a representative from FCCHD must be present for the inspection and clear-water pump or siphon test. System shall not be covered or backfilled until specifically authorized by FCCHD. Approved design report and layout sketch are attached.

7/25/2019 Kate Cassidy, 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.

Layout



A 150' to DF.
(b)

GPS Location: North 48° 18' 7" West 114° 9' 38"

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

Disapproved/Date _____ Comments _____

Approved/Date 08/23/19 Comments Liberty 290-2 pump was tested on std. gravel
drilled with 7" split. were photo installed.

Inspectors Signature Koldip EHT. Name of Installer / Phone mel 293-2789

APPLICATION ONLY

84-8249N ^{10:30 or earlier}

FLATHEAD COUNTY SEPTIC SYSTEM APPLICATION

PERMIT NO. 8249
OFFICE OF THE
COUNTY SANITARIAN

1. TR 6CA N2 N2 SW4 SE4 4-29-202 10A
Legal Description of Property Parcel Size

2. James Newins Raymond Newins
Legal Property Owner Property Occupant

3. 398 Elk Park Rd - C.F. 892-5454
Address & Phone Property Address

6. Proposed Dwelling: Conv. Sing. Fam. _____; Mob. Home X; Dupl. _____; 4-Plex _____; Apart. _____; Other _____

7. Existing Structures: House Other: _____

8. Contractor: Self

9. New X; Remodel _____; No. of Bedrooms 3

10. Septic Tank Size: 900 gals. Use CONCRETE TANK!!

11. Water Supply: proposed well

12. Soil Type: Loamy to Medium to Coarse Sand

How Determined: TEST HOLE

13. Depth of Water Table/Bedrock: 7 1/2 - 8 FT

How Determined: TEST HOLE

14. Absorption Area: 450 SQ FT

15. Describe Drainfield: USE 225 LINEAL FEET OF 2 FT. WIDE TRENCHES USING MULTIPLE LINES WITH NO SINGLE LINE LONGER THAN 80 LF. KEEP TRENCHES SHALLOW - 30" MAX DEPTH, KEEP TRENCH BOTTOMS AND PERF. PIPE LEVEL, 0-10%. BE SURE TO USE APPROVED CONCRETE SEPTIC TANK. KEEP DRAINFIELD AT LEAST 100 FT. FROM WELL. LOCATE DRAINFIELD ON HIGHEST GROUND NEAR OR ACTUALLY BENEATH POWER LINES. TAKE CARE TO LOCATE TRENCH & TANK TO ALLOW FOR SHALLOW TRENCHES AS REQUIRED. KEEP DRAINFIELD OUT OF DRIVING, PARKING AREAS. BE SURE TO COMPLY WITH ALL COUNTY REQUIREMENTS

Site Evaluator's Comments

WATER IN TEST HOLE ON 5-21-84 WAS 8 FT. (TEST HOLE LOCATED ON HIGHEST GROUND BENEATH OR V. NEAR POWER LINES JUST SOUTH OF ELK PARK RD). DRAINFIELD MUST BE LOCATED ON THIS HIGH GROUND - PERMISSION NEEDED FROM BPA (OR WASHINGTON POWER COMPANY OWNS POWER LINES). SHOW BE POSSIBLE NOT TO PUMP IF TRENCH IS LOCATED CORRECTLY.

I HEREBY DECLARE the information submitted herein is true, complete and correct to the best of my knowledge. I will install the system according to the FLATHEAD COUNTY REGULATIONS for SUBSURFACE SEWAGE TREATMENT SYSTEMS and the terms of the permit. I FURTHER AGREE to call and give 24 hours ADVANCED NOTICE for REQUIRED INSPECTIONS of the SYSTEM. PLEASE PHONE 755-5300 Ext. 350!!

*I have been advised that this permit is ONLY ADVISORY. It establishes THE MINIMUM SIZE FOR THE STANDARDS ADOPTED in Flathead County. The County has not designed my system and I acknowledge that these recommendations do not bind or obligate the County to guarantee this system's operation.

Date* 5-14-84

James Newins
Signature of Applicant

Date 6-8-84

[Signature]
Signature Authorizing Approval of Permit Application

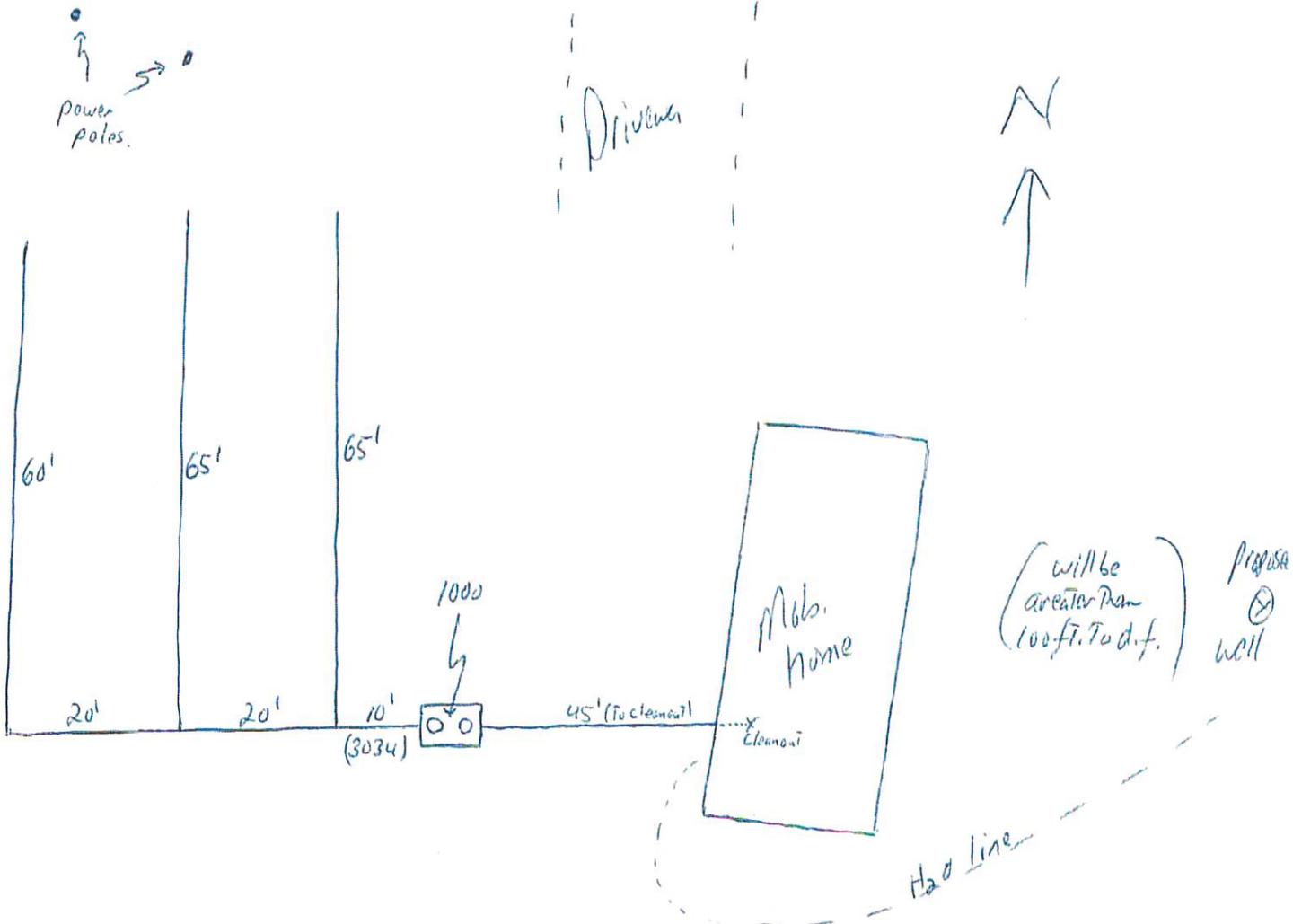
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*Permit will be voided and declared invalid if the system is not installed within 12 months of the issuance of this permit.

Please phone 755-5300 Ext. 350 for inspection when system is completely installed except for backfill. Please notify this office at least one day in advance for prompt service.

Elk Park Rd.

LAYOUT



Date 6/19/84 Inspected by Tom Carter
 Approved _____ Disapproved* _____

Inspector Comments Trenches at or near level & shallow as requested -
System kept on higher ground representative of Test hole where
water was observed at 8ft. - Land around this area is lower
and groundwater is considerably more shallow - Soils were as noted -
mostly a fine to medium sandy loam to a loamy medium sand.

Name of Installer: Self.

FLATHEAD COUNTY HEALTH DEPARTMENT
SEPTIC SYSTEM PERMIT APPLICATION

NOV 28 1975

OFFICE OF THE
COUNTY SANITARIAN

1059

YBCA 4-29-20
x $1\frac{1}{2}$ $1\frac{1}{2}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$ Section 4 Township 29N Range 20W I have 50 Acres
Legal Description of Property Yes Over 10 Acres
(Yes or No)

x James Lewis
Legal Property Owner James Lewis
Property Occupant 398 Elk Park Rd
59417 CE

x Boylston Browning Mont
Address & Phone 93-374

x \$5 Fee Paid Check # 496 921

x Installer My Self

x New Yes Remodel

x No. of Bedrooms 2

Septic Tank Size 1000 gal

x Water Supply Hauled
CRESTON 31KT LOAN

x Soil Type Black River Gavel

High Water Table

Absorption Area 100 sq ft / bedroom 200 sq ft total

Describe Drainfield Shallow tile absorption field 100' by 2'

Use multiple lines Keep shallow

SEWER LAYOUT SKETCH: Include % of slope, Property Lines, Buildings, Driveways, Water Supplies, Lakes, Creeks, Surface Water, and distances to each, ON THE REVERSE SIDE OF THIS FORM.

I HEREBY CERTIFY the information submitted herein true, complete and correct to the best of my knowledge. I will install the system according to the Flathead County Regulations for Subsurface Sewage Disposal Systems and the terms of the permit. INSPECTIONS ARE REQUIRED!

July 22
Date *

James M. Lewis
Signature of Applicant

2/31/75
Date

Judith M. Ashury
Signature of Authorized Officer Approving Permit Application

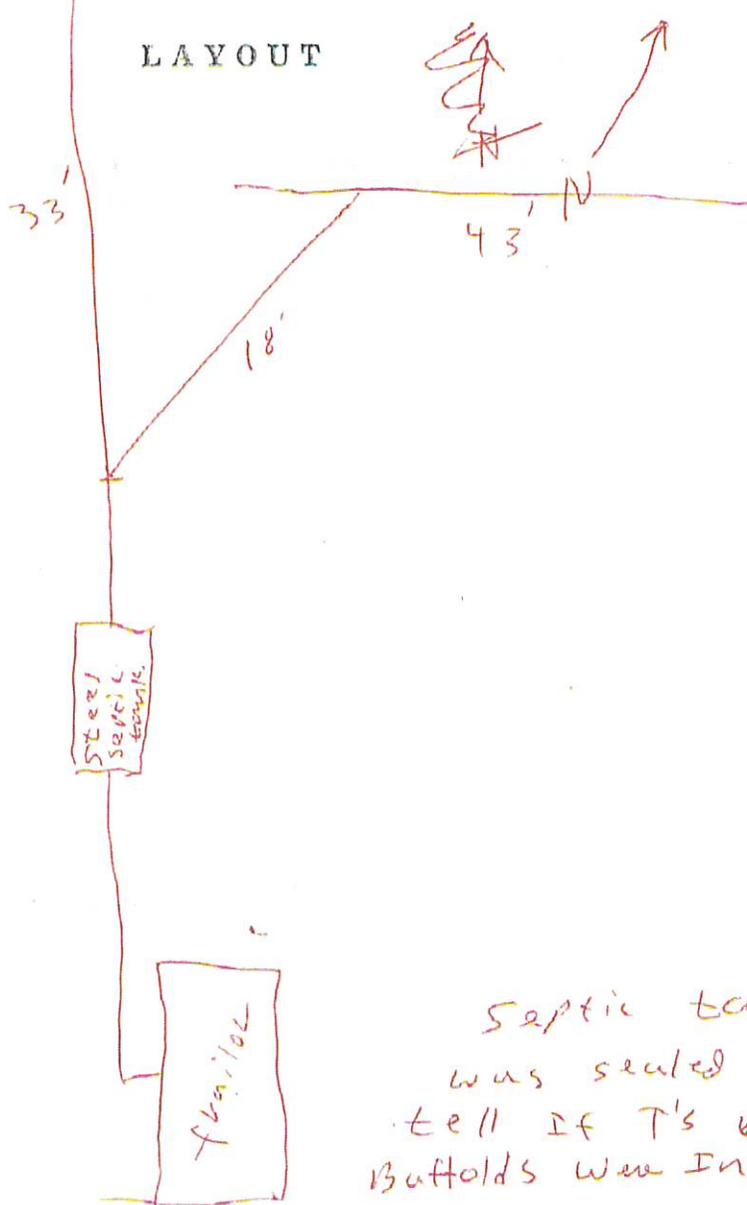
* Permit is void if system is not installed within 90 days of issuance.
Extension will be granted for 60 days upon request.

#6199450

755-5300 Ext. 250

Please phone [redacted] for inspection when system is completely installed except for backfill.

Please notify this office at least one day in advance for prompt service. Owner may backfill if inspector misses appointment with one day's notice. Address: P.O. Box 919 Kalispell, Montana 59901



Septic tank
 was sealed couldn't
 tell if T's or
 Butolds was in place.

9/4/75 _____
 Date Inspected By *J.A. Lipp*

Approved _____ Disapproved*

*Reason for Disapproval _____

