

LAKE COUNTY BOARD OF HEALTH

FINAL INSPECTION AND USE PERMIT OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM

PROPERTY OWNER Tore Johansen

PHYSICAL ADDRESS 72434 Hwy 93 3467-34-2-01-02

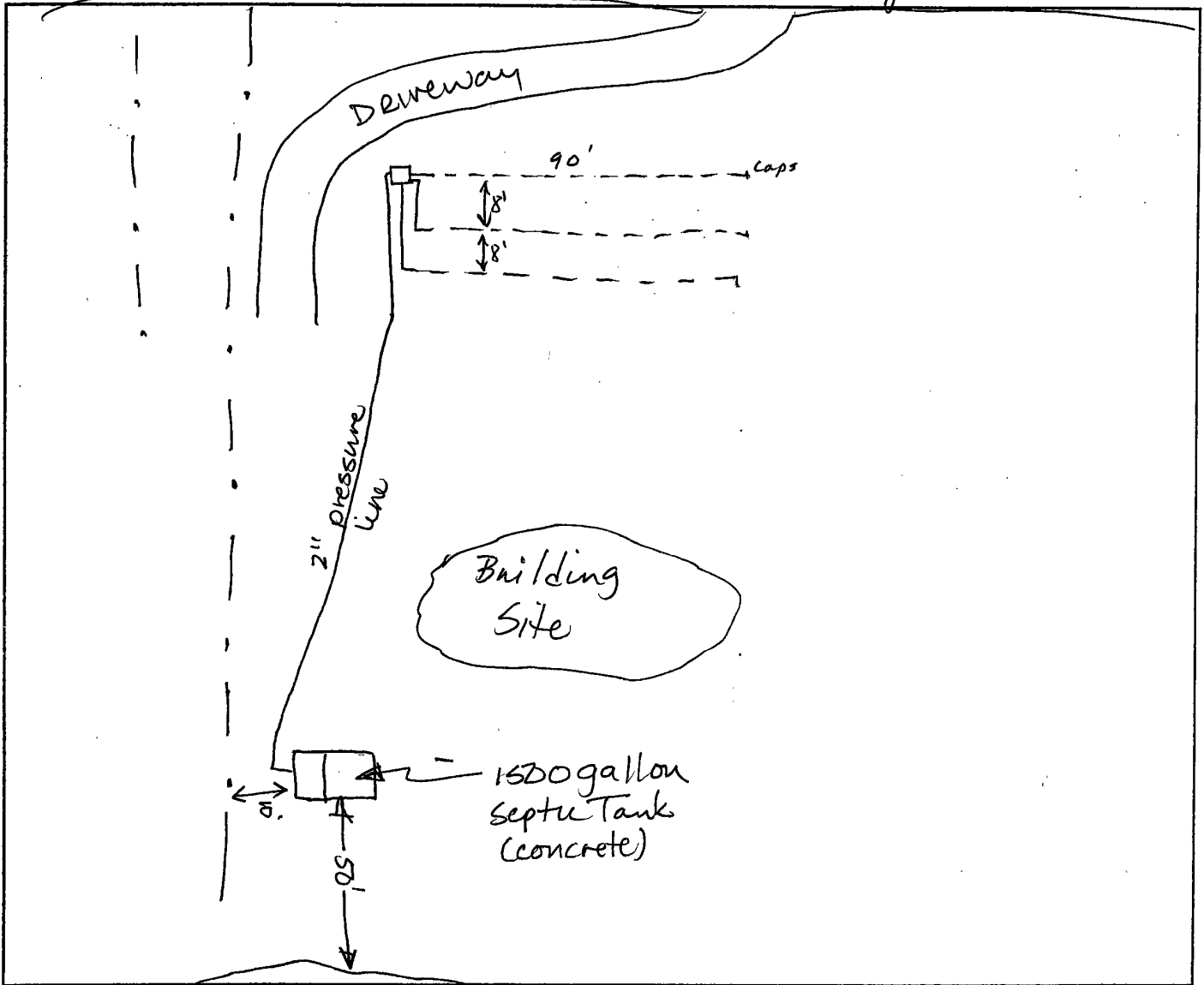
LEGAL DESCRIPTION 1/4 1/4 Section 34, Twn 24 N, Rng 21 W

lot 1 Block 2 Arlene Villa Sub 0.34 acres

Permit No. 2299 Contractor Self

INSPECTION SKETCH

Hwy 93



FLATHEAD LAKE

Is system installed according to approved pre-sketch? Yes  No

Inspected by Rebecca Dupuis Date 6/25/92

Signature of Applicant or Authorized Agent Tore Johansen

FOR OFFICE USE ONLY: Computer \_\_\_\_\_ Blue Book \_\_\_\_\_

APPLICATION FOR LAKE COUNTY INDUSTRIAL  
SEWAGE DISPOSAL SYSTEM INSTALLATION PERMIT

Property owner Tore Johansen  
Legal Description lot 1 Block 2 Arlene Villa **34-24-21**  
General Description E. of Big Arm Hwy 93  
Address 918 meadow rd. Phone No. 883-5947  
Size of Parcel \_\_\_\_\_  
Application is for \_\_\_\_\_ replacement  new sewage disposal system.  
Proposed dwelling 3BR  
Are any land use regulations in effect? Yes \_\_\_\_\_ No.   
Does proposed dwelling conform to land use requirements? Yes.  No. \_\_\_\_\_  
Contractor Owner License No. \_\_\_\_\_

PROPOSED SYSTEM

Proposed or existing water supply existing surface source  
Size of proposed septic tank 1500 gal. septic tank/well well pump (alarm system)  
Soil type in area of proposed drainfield \_\_\_\_\_  
Percolation test results \_\_\_\_\_  
Absorption area proposed \_\_\_\_\_  
Type of absorption area proposed Dist. Box AND 3-90' LATERALS with 12" of gravel below drain pipe

Pre-sketch of proposed system layout - (use back of application; show property lines distance to wells, streams, irrigation ditches, lake, etc. percent and direction of slope).

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 the Lake County Health Department.

T. Johansen Applicant or Authorized Agent Date 6-22-92  
 Approved \_\_\_\_\_ Disapproved Permit No. 2299

Alfhaushach  
Health Officer or Supervising Sanitarian

\* Approved permit invalid if system is not installed within six (6) months of issuance.

135  
Bla