

# 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: 23-7027R

Site Eval Receipt: 23-6554

Date Issued: 7/28/2023

Zone: 2

Date Recorded: 5/19/2023

Appointment Date/Time: 10/5 @ 10:30a.m.

1. Legal Description: Assr. # 0983091

Tr. #:

Sec: 34

Twp: 32

Rng: 23

Subdiv. Name: LOGAN HEIGHTS

Lot: 2

Block:

COS #:

Parcel Size: 3.99 acres

Name/EQ: 15-94-S339-1272

Type: Failure (Other)

Property Address: 6065 HIGHWAY 93 N OLNEY MT 59927

2. Legal Property Owner: Ion Kinetics, LLC

Mailing Address & Ph#: 2003 Mountain Park Loop, Whitefish

3. Authorized for: Replacement

Existing Structure: Commercial

Trench Min. Length: 50 ft.

4. Structure: Existing Structure (Unknown)

Specify:

Trench Max. Depth: 24 in.

5. System Use: Individual

Trench Width: 3.0 ft.

6. Occupancy Type: Occ. No.

#: 24

Other Permits: Replaces permit #92-3071-R

Lineal Footage: 200 ft. of

7. Water Supply: Individual

Public Supply #:

Standard Rock & Pipe

8. Nitrates:

Source: WELL

System Type: SIPHON

9. Soil Type: Very Fine Sand/Med. Sand with Gravel

How Determined: Submittal

10. Depth to Groundwater Table/Bedrock: >72 in.

How Determined: Submittal

11. Classification: 1

Septic Tank Size (gal-min): 1000/500

Absorption Area (sq ft): 600

Permit Fee: \$300.00

12. Drainfield Orientation: North East - South West with Contour

13. Designed By: Jere Johnson (Dated 5/19/2023)

13a. Special Notes: Keep 100' well setback from drainfield

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.

7/28/2023

Gracelyn Abel, S.I.T.

Date

Signature Authorizing Approval of Permit

*Gracelyn Abel* *Jack C. Miller for (GA)*

\* 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 two (2) 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.

GPS Location: North  $48^{\circ}29'27.67''$  West  $114^{\circ}31'27.84''$

Water source developed at time of inspection? YES ☒ NO ☐ Distribution? YES ☒ NO ☐

Disapproved/Date: \_\_\_\_\_ Comments: \_\_\_\_\_

Approved/Date: 10/05/23

Comments:

- Weep Hole present, drains to field. Filter handle extended.
- All property lines  $> 10'$  from all system components.
- $3/16''$  Orifices, 3' Squirt height.

Jacob C. Ruben  
Inspectors Signature

Bruce Rianda 261-1435  
Name of Installer / Phone

## Layout

