# 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- 7094 N
**Site Eval Receipt:** 23-6849
**Date Issued:** 8/8/2023
**Zone:** 6
**Date Recorded:** 6/29/2023
**Appointment Date/Time:** 9/12/23 @ 9:30 am

1. **Legal Description:** Assr. # 0397505 Tr. #: 5A Sec: 26 Twp: 25 Rng: 23
**Subdiv. Name:** Lot: Block:
**COS #:** Parcel Size: 55 acres
**Name/EQ:** Type:
**Property Address:** 7000 BROWNS MEADOW RD NIARADA MT 59845

2. **Legal Property Owner:** **Hog Heaven Trust (Don & Nancy Gaynor Trustees)**
**Mailing Address & Ph#:** PO Box 1659, Polson MT 59860

3. **Authorized for:** New
4. **Structure:** Proposed Structure (Mobile Home)
5. **System Use:** Individual
6. **Occupancy Type:** No. of Bedrooms #: 5
7. **Water Supply:** Individual
8. **Nitrates:**
9. **Soil Type:** Sandy Loam
10. **Depth to Groundwater Table/Bedrock:** ≥ 144 in.
11. **Classification:** 1
**Permit Fee:** $300.00
12. **Drainfield Orientation:** East-West
13. **Designed By:** Jere Johnson (Dated 6/29/2023)

**Existing Structure:**
**Specify:**
**Other Permits:**
**Public Supply #:**
**Source:** WELL
**How Determined:** T.H.
**How Determined:** T.H.
**Septic Tank Size (gal-min):** 1500/500

**Trench Min. Length:** 74 ft.
**Trench Max. Depth:** 36 in.
**Trench Width:** 3.0 ft.
**Lineal Footage:** 222 ft. of Standard Rock & Pipe
**System Type:** PUMP
**Absorption Area (sq ft):** 667

**13a. Special Notes:** WELL MUST NOT BE PLACED DOWNSLOPE OF DRAINFIELD WITHIN 200 FEET TO ENSURE WELL ISOLATION AND MIXING ZONE DON'T CROSS.

**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.

7/25/2023 Fred Woelkers, R.S. 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.

GPS Location: North 47°53'37" West 114°32'1"

Water source developed at time of inspection? YES NO X Distribution? YES ____ NO X

Disapproved/Date: ____ Comments:

Approved/Date: 9-12-23 Comments: Prop/baffle/filter/pump observed. All setbacks met. NO close property lines

Jaaelyn Abell S.I.T. Jim Baffre (406) 257-8947

Inspectors Signature Name of Installer / Phone

## Layout

proposed well

Tank: Northwest 1530/515 poly tank

Riser: 12"

Pump: Liberty 290

Trench: 36" gravel

Orifice: 3/16 o Drains to Tank

Squirt: 10'

N

(NO-SCALE)