

SEPTIC SYSTEM PERMIT

FLATHEAD CITY-COUNTY HEALTH DEPARTMENT

Environmental Health Services
723 5th Ave East, Kalispell, MT 59901

Number 99-3536N
Site Eval. Receipt Waived
Date Issued 1/14/99
Zone 2
Date Recorded 6/12/97

1. Legal Description: Co. Assess. Tr.# 5H SEC: 22 TWP: 30 RNG: 21
Subdiv. Name _____ Lot _____ Blk. _____
COS # _____ Parcel Size 7.2 acres

Property Address 925 Hodgson Road, Whitefish

2. John & Colette Godfrey P.O. Box 4344, Whitefish
Legal Property Owner Address and Phone

3. Authorization for: New Replacement of Alteration/Repair of Septic System.

4. Proposed Structure: Conv. Sing. Fam. Mob. Home Multi-fam. (specify) Conv. Sing. Fam.
Commercial (specify) Conv. Sing. Fam. Other (specify) Conv. Sing. Fam.

5. No. of Bedrooms 3 or No. of Occupants _____ Existing Structures _____

6. Water Supply: Indiv. Multi-user Public (name) Indiv _____ Source well

Evaluator's Comments:

7. Soil Type: loamy sand How Determined: prev. exp.

8. Depth to Groundwater Table/Bedrock >7' How Determined: prev. exp.

System Specifications:

9. Classification 1D Septic Tank Size 1500 gallons (min) Absorption Area 540 ft²

10 Drainfield Description

Use 180 lineal feet of perforated pipe in 3 foot wide trenches. The maximum trench depth shall not exceed 36 inches from the natural ground surface. No single drainfield lateral may exceed 80 feet from the point of effluent entry from solid pipe.

Pump: Myers S-4 with SJ Electro controls and high water alarm. SCH 80 PVC to 5 feet outside the pump chamber then 2' C160 PVC. Cap or loop lateral ends.

1/26/98

Jere Johnson, R.S.

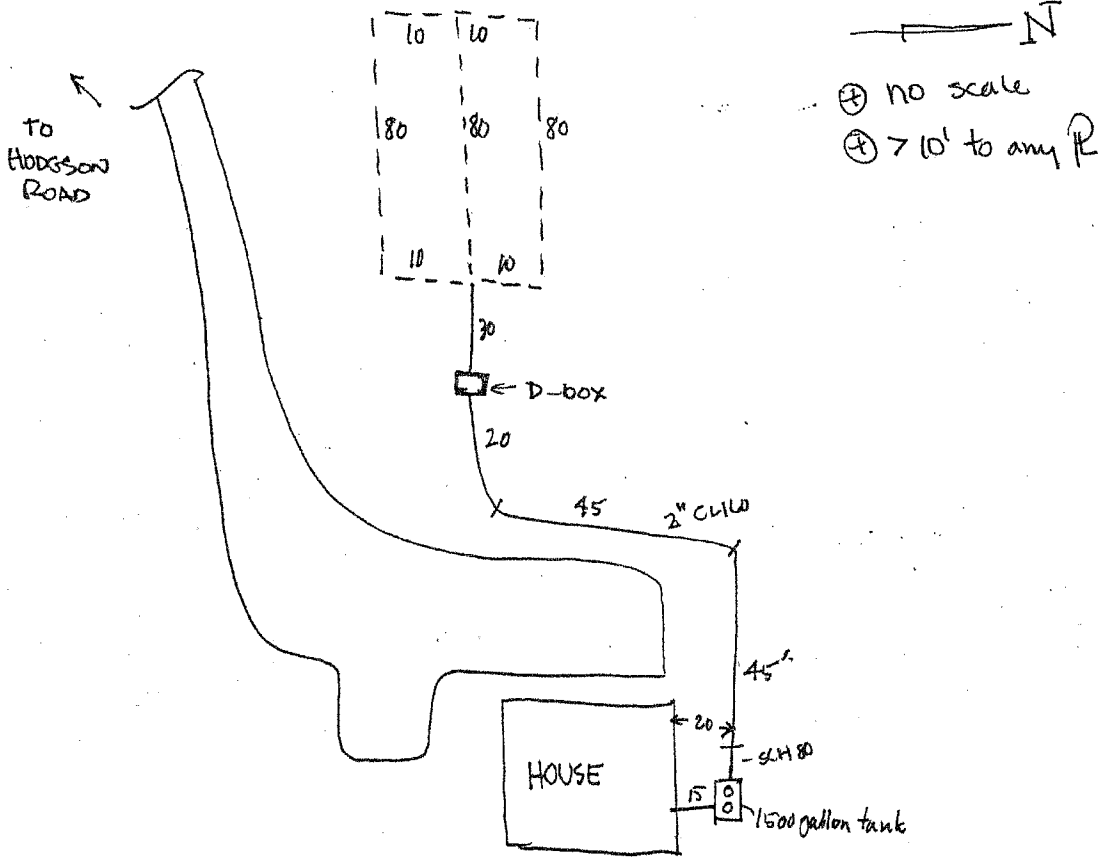
Date

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 permit will be void if the system is not utilized as intended within one year 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.

SEPTIC LAYOUT

Number



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

Disapproved/Date _____ Reason _____

Approved/Date 1/12/99 Comments USE OF 180 LF X 3FT TRENCH PUMP TESTED NO FILTER
LITTLE GIANT PUMP 410 hp

[Handwritten Signature]

LANGSTON

Name of Installer