APPLICATION ONLY

FLATHEAD COUNTY
SEPTIC SYSTEM APPLICATION

PERMIT NO. 6798
OFFICE OF THE COUNTY SANITARIAN

35

1. Lot 8 Riverdale ~~32~~ 27-19 — 2. _____
   Legal Description of Property — Parcel Size
3. Don Robinson 837-4166 — 4. Self.
   Legal Property Owner — Property Occupant
5. Box 9 Bigfork po-mail. — Riverdale Dr Dlg.
   Address & Phone — Property Address 185 Shady Ln BF
6. Proposed Dwelling: Conv. Sing. Fam. X ; Mob. Home ___ ; Dupl. ___ ; 4-Plex ___ ; Apart. ___ ; Other ___
7. Existing Structures: none Other: ___
8. Contractor: Self.
9. New X ; Remodel ___ ; No. of Bedrooms 2
10. Septic Tank Size: 900
11. Water Supply: well proposed
12. Soil Type: gravel + sandy loam
    How Determined: on site
13. Depth of Water Table/Bedrock: 7 7ft
    How Determined: (on-site) (elev.)
14. Absorption Area: 300 ft²
15. Describe Drainfield: keep Trenches shallow no deeper than 3 feet - Use 150 lineal feet of 2 ft. wide Trenches with multiple lines - No single line should be longer than 80 feet in length - Make sure of all slope and separation requirements as per County Regulations - See letter dated Nov. 20, 1980, for details on water supply, building site, septic system, etc. - Be Sure To locate (accurately) both neighbors water supplies and drainfields

Site Evaluator's Comments

See letter Nov. 20, 1980

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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.

3-30-82 — Donald J Robinson
Date* — **Signature of Applicant**

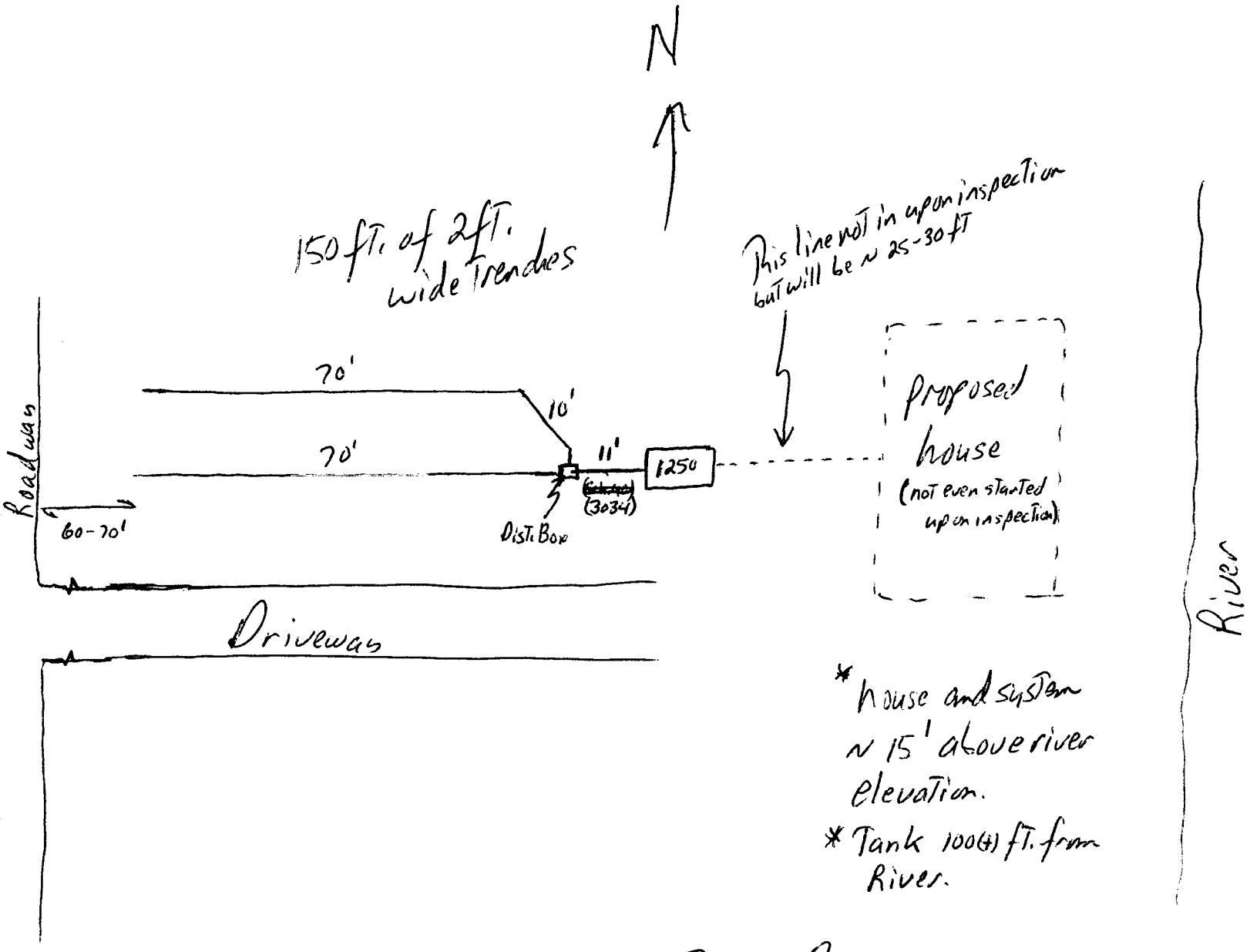
3/31/82 — Tom Cowan R.S.
Date — **Signature Authorizing Approval of Permit Application**

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

0969929

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.

LAYOUT



Date 12/3/82 Inspected by Tom Conlan

Approved ~~—~~ Disapproved* _____

Inspector Comments Trenches shallow and level as requested — Soil conditions as noted — A Tigher soil (silT loam of clay) encountered in bottom of Tank hole

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_____ Name of Installer: Self.