Santia System Barmit	5/12 Down it Nove have	- 20 0764N
Septic System Permit	Permit Number	20-9761N
Flathead City-County Health Department Environmental Health Services	Site Lvai Neceipt	•
1035 1st Avenue West, Kalispell, MT 59901	Date Issued	: 5/7/2020
Phone: (406) 751-8130 / Fax: (406) 751-8131	Zone	
	Date Recorded	: 10/9/2019
1. Legal Description : Assr. # <u>0957875</u> Tr. #	Sec <u>09</u>	Twp <u>27</u> Rng <u>22</u>
Subdiv. Name: SMITH LAKE VISTA UNIT 2	Lot: <u>12</u>	Block:
COS #:	Parcel Size:	6 acres
Name/EQ:	Type: Engineered	
Property Address: 325 VALLEY VIEW TER KILA M	<u>T 59920</u>	
2. Legal Property Owner Troy Parson		
Address and Phone P.O. Box 760 Kila, MT 59920		
3. Authorized for: New	Existing Structure:	Trench Min. Length: N/A
4. Structure: Proposed Structure (Conv. Single Family)	Specify:	Trench Max. Depth: N/A
5. System Use: Individual		Trench Width: N/A
6. Occupancy Type: No. of Bedrooms #: 3	Other Permits:	Lineal Footage: N/A
7. Water Supply: Shared (2)	Public Supply #:	
8. Nitrates:	Source: WELL	System Type: ENGINEERED
9. Soil Type: Gravelly, Cobbly, Silt Loam	How Determined: <u>T.H.</u>	
10. Depth to Groundwater Table/Bedrock: > 84 in.	How Determined: <u>T.H.</u>	
11. Classification: <u>1</u> Permit Fee: <u>\$275.00</u>	Septic Tank Size (gal-min): 1000/500	Absorption Area (sq ft): 438
12. Drainfield Orientation: North East - South West		
13. Engineered By: Larsen Engineering & Surveying (D	Pated <u>5/5/2020</u>)	
13a. Special Notes:		

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.

5/7/2020

Christie Bond, R.S. Christie Bond

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.

Layout

Please Le Graning Sering of Large Propriet Large Engineering of the Large Large Propriet Large P

GPS Location: North 48°06'3	_		
Disapproved/Date	Comments		
Approved/Date <u>5/12/2020</u>	Comments		
Devemo Taylor E. H.T. Inspectors Signature		ame of Installer / Ph	885-6520 one

