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: 20- 1023 Site Eval Receipt: Date Issued: 12.14.20

Date Recorded: 10/19/2020

Appointment Date/Time:

1. Legal Description: Assr. #0013267

Tr. #: 6DC

Sec: 20

Twp: 30

Rng: 21

Subdiv. Name:

COS #: 18477-1

Lot: Parcel Size:

Type:

Block: 10.004

acres

Name/EQ: Courtney #08-2996

Property Address: 1242 FALLING LEAF CT WHITEFISH MT 59937

2. Legal Property Owner: SAMANTHA & JASON BURKHART

Address and Phone: 233 Montana Ave. Whitefish, MT 59937

Existing Structure:

Trench Min. Length: 80 ft.

4. Structure: Proposed Structure (Conv. Single Family)

Specify:

Trench Max. Depth: 36 in.

5. System Use: Individual

3. Authorized for: New

Trench Width: 3.0 ft. Lineal Footage: 292 ft. of

6. Occupancy Type: No. of Bedrooms

Other Permits:

7. Water Supply: Individual

Public Supply #:

Standard Rock & Pipe

8. Nitrates:

Source: WELL

System Type: PUMP

9. Soil Type: Silt Loam

How Determined: Submittal

10. Depth to Groundwater Table/Bedrock: > 96 in.

How Determined: Submittal

11. Classification: 1

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

Absorption Area (sq ft): 875

Permit Fee: \$300.00

12. Drainfield Orientation: North East - South West

13. Designed By: Ric Reed (Dated 11/30/2020)

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.

12/2/2020

Rebekah Van Slyke, 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

PUMP DESIGN WORKSHEET - 5/5/08

Design Data Required Address: 1242 Falling Legal : T6DC 30-21-20		Recd. Da	te Stamp (I	FCCHD)	
Address: 1242 Falling Leaf Ct WF Tel: alamse Osburne 260-8951 NOV 3 2020	Owner: Burkhart Designer R. Reed		(Camp		6 6
Legal: T 60C 30-21-20		DEC	VETT/		
Tel: 260-8951		TITLE	J. J. J		
Orifice Diameter (OD) 3/16 inch of 5 ft orifices (Cological) (OS) 5 ft (2 - 2.3 ft for 3/16 in. or larger orifices, > 5 ft for orifices < 3/16 in.) Orifice Discharge Rate (OO) 0.96 gal/min plump Chamber Low-Level (pump "off") elevation Elevation of Upper Lateral Daily Sewage Volume Allowable Soil Loading Rate Trench type: ROCK (x for yes Trench width: Select 2 or 3 ft Trench width: Select 2 or 3 ft Total length of laterals X X CHAMBET X (a yes) X (b yes) <		· MO/	1 3 1 202)()	
Orifice Spacing (OS) 5 ft On centers (maximum 5 feet)	Design Data Required	NU	1 0 0 606	.0	
Orifice Spacing (OS) Pressure head, first orifice (HO) Orifice Discharge Rate (QO) Length of Force Main (LFM) Diameter of Upper Lateral Daily Sewage Volume Allowable Soil Loading Rate Trench vight: Select 2 or 3 ft Trench widht: Select 2 or 3 ft Total length of laterals Number of Orifices No Sequired Infiltration Area (sq.ft.) Total Volume Required Infiltration Area (sq.ft.) Total Discharge Rate Forcemain Fricton Factor Forcemain Headloss Elvation Head (gravity) HG E2-E1 Total Dynamic Head (HG + HFM + HO), Required Pump Capable of pumping at least Sequired Pump Laterals Pipe type/clas Sch 40 Total length of laterals Dose Volume Laterals Pipe type/clas Sch 40 Total length of laterals (L1) Total vol in latera		Floti-	of Objects	iii'y	
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Pump Chamber Low-Level (pump "off") elevation Et 15 15 15 15 15 15 15 1	9				
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Trench width:	• • • • • • • • • • • • • • • • • • • •		\$		
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Forcemain Headloss Fx LFM/100 HG E2-E1				, 6	
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Required Pump Capable of pumping at least 56 gal/min Pump make Meyers Model ME-50			. /- \	~	
Capable of pumping at least 56 gal/min against a head of ME-50 Meyers Model ME-50			O		
Capable of pumping at least 56 gal/min Pump make 25 Meyers Model ME-50	Total Dynamic Head (HG + HFM + HO), 25.28			\$) 5(*)	190
Capable of pumping at least 56 gal/min Pump make 25 Meyers Model ME-50	Paguired Pump				
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Length Elevation Dose Volume Laterals- Pipe type/clas Sch 40 Int. Dia. Total length of laterals (VL) 31.09	·		L10	L11	L12
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