

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: 20-10237 N

Site Eval Receipt: 20-08020

Date Issued: 12-14-20

Zone: 2

Date Recorded: 10/19/2020

Appointment Date/Time:

1. Legal Description: Assr. #0013267 Tr. #: 6DC

Subdiv. Name:

COS #: 18477-1

Name/EQ: Courtney #08-2996

Property Address: 1242 FALLING LEAF CT WHITEFISH MT 59937

Sec: 20

Twp: 30

Rng: 21

Lot:

Block:

Parcel Size: 10.004 acres

Type:

2. Legal Property Owner: SAMANTHA & JASON BURKHART

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

3. Authorized for: New

Existing Structure:

Trench Min. Length: 80 ft.

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

Specify:

Trench Max. Depth: 36 in.

5. System Use: Individual

Trench Width: 3.0 ft.

6. Occupancy Type: No. of Bedrooms #: 3

Other Permits:

Lineal Footage: 292 ft. of

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 751-8130.

PUMP DESIGN WORKSHEET - 5/5/08

Owner: Burkhart
Address: 1242 Falling Leaf Ct WF
Legal: T 6DC 30-21-20

Designer: R. Reed
Tel: 406-752-4259
Installer: James Osburne
Tel: 260-8951

Recd. Date Stamp (FCCHD)

RECEIVED

NOV 30 2020

Design Data Required

Orifice Diameter (OD) 3/16 inch (minimum 1/8th inch)
Orifice Spacing (OS) 5 ft on centers (maximum 5 feet)
Pressure head, first orifice (HO) 5 ft (> 2.3 ft for 3/16 in. or larger orifices, > 5 ft for orifices < 3/16 in.)
Orifice Discharge Rate (QO) 0.96 gal/min (from orifice flow chart)
Length of Force Main (LFM) 80 ft.
Diameter of Force Main 2 inches
Pump Chamber Low-Level (pump "off") elevation E1 0 ft.
Elevation of Upper Lateral E2 15 ft.
Daily Sewage Volume QS/ 350 gal / day Level Two treatment
Allowable Soil Loading Rate QL 0.4 gpd/sq.ft. x for yes

Trench type: ROCK (x for yes) x
Trench width: select 2 or 3 ft 3

CHAMBER
Effective width* *Infiltrator = 2.20 ft.
*ADS = 2.20 ft.

Design calculations

Required infiltration Area (sq.ft.) Rock 875 Chamber 656
Total length of laterals 292 #DIV/0!

Number of Orifices NO = LL/OS 58
Total Discharge Rate Qt = QO x NO 56 gal/min
Forcemain Friction Factor F 6.60 ft/100 ft
Forcemain Headloss (F x LFM/100) 5.28 ft.
Elevation Head (gravity) HG = E2-E1 15 ft.
Total Dynamic Head (HG + HFM + HO), 25.28

Required Pump

Capable of pumping at least 56 gal/min against a head of 25 feet
Pump make Meyers Model ME-50

Actual Drainfield Design:

	L1	L2	L3	L4	L5	L6
Number of Laterals <u>3</u>	<u>98</u>	<u>98</u>	<u>98</u>	<u>0</u>		
Length each Lateral	<u>5</u>	<u>5</u>	<u>5</u>			
Lateral elevation						
	L7	L8	L9	L10	L11	L12
Length						
Elevation						

Control Float Settings

Dose Volume

Laterals-
Pipe type/clas Sch 40 Int. Dia. 1.61 in. Pipe Vol. 0.10576 gal/ ft
Total length of laterals (L) 294 ft.
Total vol in laterals (VL) 31.09

Forcemain
Pipe type/clas Sch 40 Int. Dia. 2.067 in. Pipe Vol. 0.17432 gal/ ft
Total length forcemain 80 ft
Total vol. in forcemain 13.95 gal, (VFM)

(5x VL) + VFM = 155 + 14 = 169 gal

Pump Chamber Volume (V) 126 gal / ft
Minimum Dose Volume (D) 169 gal
Upper (pump on) float should be 1.34 ft (D/V) = 16 in. above "pump off" float
Control & Alarm (make & model) SJ Rhombus

PLEASE PROVIDE A SKETCH OF SYSTEM LAYOUT AND PROFILE ON BACK OF THIS SHEET