

LAKE COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
FINAL INSPECTION AND USE PERMIT OF WASTEWATER TREATMENT SYSTEM

PROPERTY OWNER: KEN SCOTT

PHYSICAL ADDRESS: 14485 HILLSIDE RD. ST IGNATIUS

LEGAL DESCRIPTION: SECTION 17, TWP 18 N, RNG 19 W 1/2 1/4 1/4

GEOCODE: 2754-17-1-01-14-0000 SUBDIVISION: POS 4891 LOT:

PERMIT NO: 5777 CONTRACTOR: TODD FREYBERGER

48 1/2' NW CORNER
TO FILTER

1500 SEPTIC
TANK/PUMP CHAMBER
COMBO W/ FILTER, ALARM +
FLOAT ASM.

8' SEWER LINE

10 1/2' SW CORNER TO FILTER

60'-2"
DELIVERY LINE

10'-3" WASTE FEED

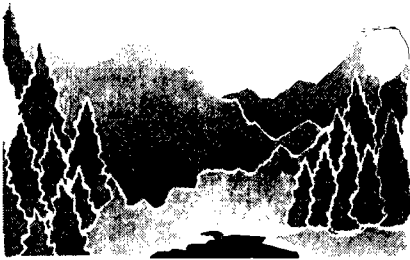
85' X 75' EVAP BED
FOUR - 1 1/4" X 35' LATERALS
SQUIRT TEST: 8' HEAD

APPROVED FOR 3 BEDROOMS 300 GPD

INSPECTED BY: Gina Ellerwood DATE 5/23/03

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT: Todd Freyberger

649 ✓



APPLICATION FOR LAKE COUNTY WASTEWATER TREATMENT INSTALLATION PERMIT

LAKE COUNTY ENVIRONMENTAL HEALTH
106 FOURTH AVENUE EAST
POLSON, MT 59860-2175

PH: 406-883-7236
FAX: 406-883-7205
Email: envhealth@lakecounty-mt.org

Return the completed application with the \$150.00 permit fee to the above address.

Property Owner: Ken Scott Phone # 745-3218
Mailing Address: 101 MT View DR City St. Ignace State/Zip MT
P.O. Box 248
Property Address: _____
Legal Description: Section: 17 Township 18 Range 19
Subdivision Name: ~~_____~~ LOS 489 (TR A-1) Block _____ Parcel Size 14 acres
Wastewater System: (Circle) New Replacement Bedroom # 3
Water System: (Circle) Well Lake Spring Community
(Circle) Existing Proposed Property Zoned: Yes No
Dwelling: (Circle) Single Family Multi-Family Mobile Home Commercial Garage

I hereby declare that the information submitted herein is true and completed to the best of my knowledge. I understand that a final inspection and approval of the system must be conducted by Lake County Environmental Health prior to back filling and use of the system. My signature also authorizes access to the described property for purposes of reviewing this application.

Owner Signature: _____ Date: _____

OFFICE USE ONLY

Geo Code: 2764-171-01-14-0000 Tax Statement # 21093
Property Type: (Circle) Residential Commercial Agricultural Lakeshore
State Septic Approval: (Circle) Required Completed Not Required
Name: Murkelson Family Reference Date: 8-4-93 States Es # 24-94-514-187
Soil Type: Silty clay loam
Percolation Test Results: 30 min/in Absorption Area Required: 370
Contractor: Fryberger Required Septic Tank: 1500 w/ pump
Drainfield Sizing Reference: # of Bedrooms 3 Other: _____
Type of Absorption Area Required: 20' x 75' EUTA below 24" water d gravel underneath laterals.

Anna K. Smith R.S. May 21, 2003 5777 cash
Signature of Registered Sanitarian Date of Issue Permit Number Check Number

THE DESIGN, LOCATION, & ORIENTATION OF THE DRAINFIELD MAY NOT BE ALTERED
WITHOUT PRIOR APPROVAL FROM LAKE COUNTY ENVIRONMENTAL HEALTH.
APPROVED PERMIT IS INVALID IF SYSTEM IS NOT INSTALLED WITHIN TWELVE MONTHS OF ISSUANCE.