APPLICATION ONLY

May 1 X

SEPTIC SYSTEM APPLICATION	PERMIT NO. 89-65-829
FLATHEAD COUNTY SANITATION OFFICE	ON-SITE RECEIPT
1	4. Same Property Occupant Property Address ; Multi-fam. (specify) Water: UND Occupant Solution (Specify)
8. Septic System: New Remodel	Installer: Knaft or Knaker
I HEREBY DECLARE the above information is true, complete and continued the FLATHEAD COUNTY REGULATIONS FOR SEWAGE TREATMEN has not designed my system and that these requirements do not bind of AGREE to call and give 24 hours ADVANCE NOTICE for REQUIRED In Date	rrect to the best of my knowledge. I will install the system according to IT SYSTEMS and the terms of the permit. I acknowledge that the County r obligate the County to guarantee this system's operation. I FURTHER
7 0	
1. Septic Tank Size: Expecting 900 gallons (min.) 2. Soil Type & How Determined: Present 1. 3. Depth of Water Table/Bedrock & How Determined:	Site Evaluator's Comments Best replacement site just month of equations drainfield.
27 H - Prev. exp. 4. Absorption Area: 540 H ²	Note that 1
5. Describe Drainfield: 7 renches much	e me deeper than 3 H.
Use 270 lineal off. of 2/1. multiple line in lunge Be sure of 100 ft. settled	wide tranch using than 80 ft.
@ a D-box or other diversion just at outlet of tank ne-use of existing drain	device can be installed which would permit
re-use of existing drain	nfield in the future.
Date 4/27/89 Signature Authorizing App	Droval of Permit Application

Please phone 752-5300 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.

^{*}These requirements establish the MINIMUM SIZE FOR THIS SEPTIC SYSTEM INSTALLATION. Permit will be voided and declared invalid if the system is not installed within 12 months of the issuance of this permit.

LAYOUT

