

LAKE COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
 FINAL INSPECTION AND USE PERMIT OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM

PROPERTY OWNER: Hu + Elaine Williamson

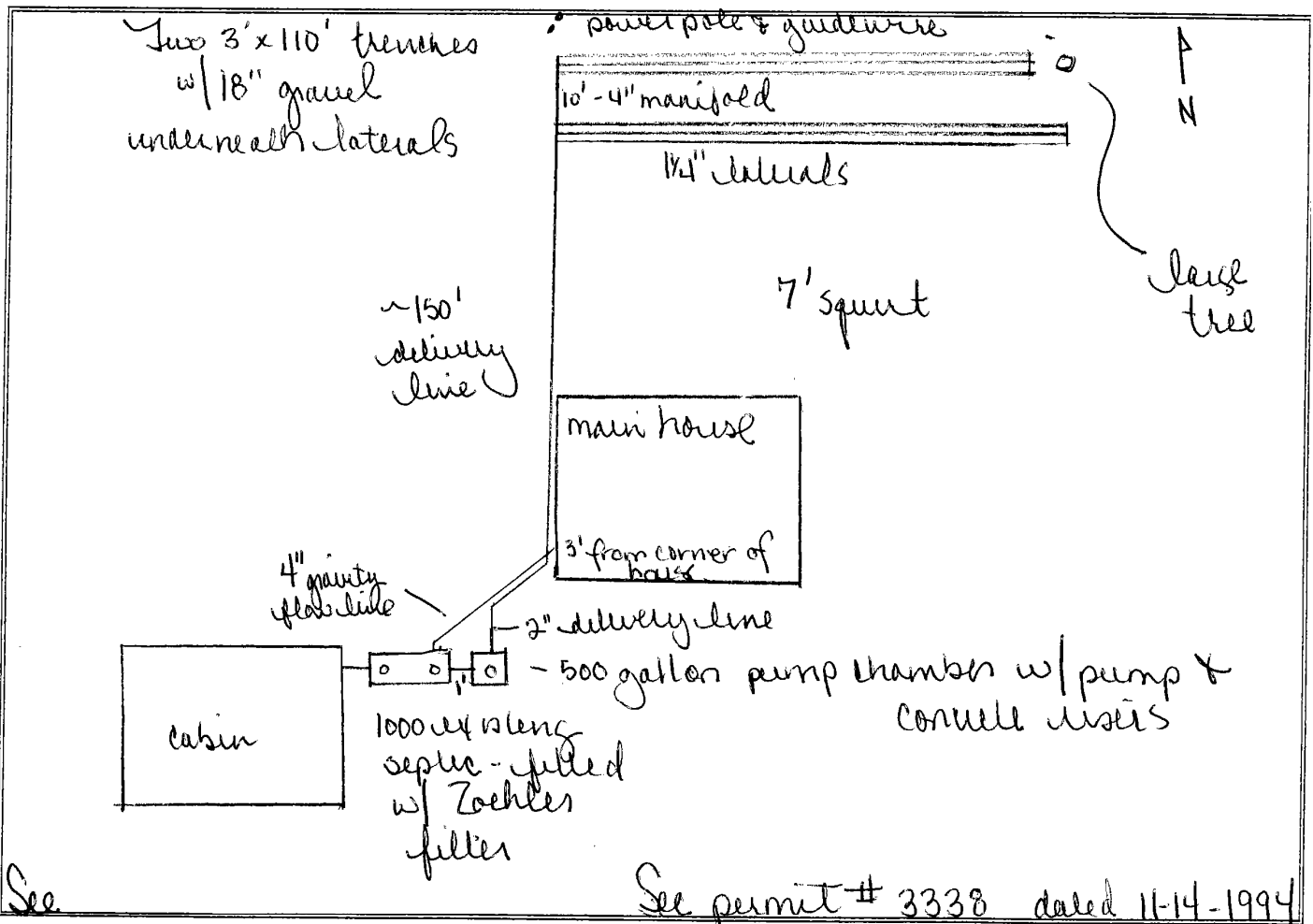
PHYSICAL ADDRESS: 147 Paris Lane Polson MT 59860

LEGAL DESCRIPTION: SECTION _____, TWP _____, N, RNG _____, W _____ 1/2 _____ 1/4 _____

GEOCODE: 3351-19-2-03-04-0000 SUBDIVISION: Paris Villa LOT: 2 Use 40' lot

PERMIT NO: 4490 CONTRACTOR: John Dohendorf

INSPECTION SKETCH



IS SYSTEM INSTALLED ACCORDING TO APPROVED PRE-SKETCH? YES for existing system NO

INSPECTED BY: Diane K Smith R.S. DATE November 5, 2000

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT: John Dohendorf

CATION FOR LAKE COUNTY SEWAGE DISPOSAL SYSTEM INSTALLATION PERMIT

**Section A: To be completed and signed by property owner or their representative. Permit fee determination to be made by a sanitarian. Please remit payment with application to: 50.00
Lake County Environmental Health, 106 Fourth Ave E, Polson, MT, 59860.**

Property Owner: Aug Elaine Williamson Phone # 406 556-0916

Mailing Address 504 Peace Pipe Drive City Bozeman State/Zip Mont 59715

Property Address (if known) 147 Jarvis Lane Polson MT 59860

Legal Description: Section 219 Township 23 N Range 19 W

Subdivision Name (if applicable): TERRISVILLE 2 LESS 1/4 S. of 40' to 2 Lot 2 Block

System: Replacement New Holding Tank Size of Parcel: 2.77 AC

Water system: Proposed Existing Type: from Lake

Dwelling: Single family Multi-family Mobile home # of Bedrooms: 2

Does property require Building Notification Permit? Yes No Zoning Conformance Permit? Yes No

Zoning District: Emley Pt D Lake Shore Zoning Conformance/Bldg Permit #:
(If zoning conformance permit has not been issued, contact Lake County Planning Department to obtain a permit prior to Septic Permit being issued.)

I hereby declare that the information submitted herein is true and complete to the best of my knowledge. I understand that a final inspection of the approved system must be conducted by Lake County Land Services prior to backfilling.

Rebecca Laxie 7-29-01
Signature of Applicant or Authorized Agent Date

Section B: To be completed by Lake County Sanitarian.

GEO Code: 3351-19-2-03-04-1000 Tax Statement #: 3076

Property Type: Agricultural Lakeshore Residential Commercial Flood hazard

State Septic Approval: Required Completed Not Required Reference Date: 0

Name: 0 State ES #: 0

Soil Type in area of proposed drainfield: gravelly silt loam

Percolation test results ~ 25 min/inch Absorption area proposed 200 ft²/per bedroom

Contractor Lake Co licensed Required septic tank size: 1500 w/ pump gallons.

Drainfield sizing reference: # of bedrooms 4 other:

Type of absorption area proposed: Two 3'x100' pressure dosed trenches w/ 12-10

washed rock underneath laterals. See spec sheet for detail

*The pre-sketch of the proposed layout will be drawn on the back of this application by the sanitarian. The sketch will include property lines, direction of slope, distance to wells, streams, irrigation ditches, lake, etc.

Deana K. Smith R.S. August 24, 2001 4490 6482
Signature of Registered Sanitarian Date of issue Permit Number Check Number

Approved Permit Is Invalid If System Is Not Installed Within Six (6) Months of Issuance.