

LAKE COUNTY BOARD OF HEALTH

FINAL INSPECTION AND USE PERMIT OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM

PROPERTY OWNER WARREN HOFFMAN / Edie CARLSON

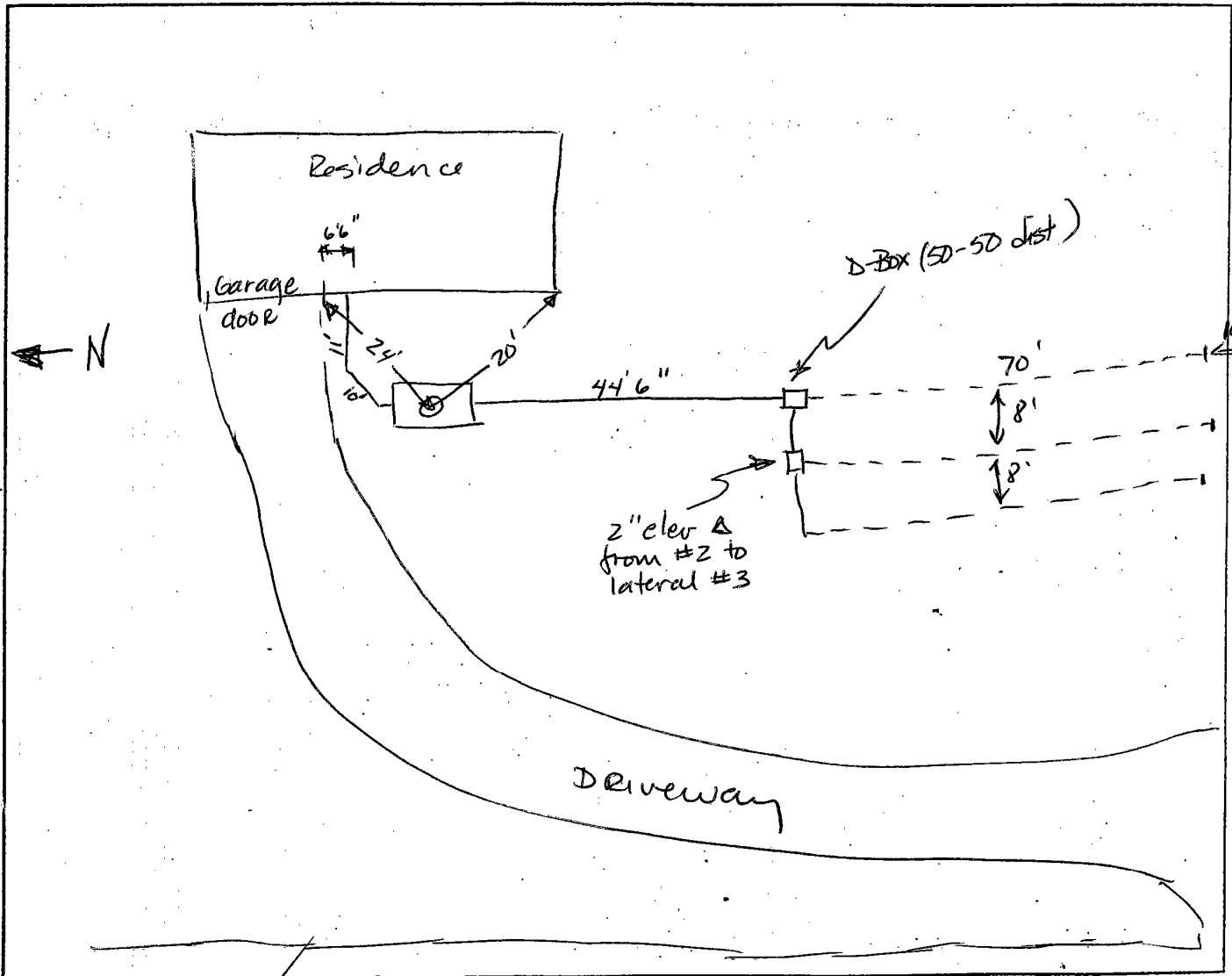
PHYSICAL ADDRESS 48 Wildwood, ROLLINS

LEGAL DESCRIPTION 1/4 1/4 Section 16, Twn 25 N, Rng 20 W

TABLE BAY AMENDED PLAT LOT 23 (TAMARAK OF THE WILDWOODS

Permit No. 2622 Contractor PDB SMITH

INSPECTION SKETCH



Is system installed according to approved pre-sketch? Yes X No

Inspected by Rebecca Dupuis Date 9/27/93

Signature of Applicant or Authorized Agent Robert Smith

FOR OFFICE USE ONLY: Computer Blue Book

APPLICATION FOR LAKE COUNTY
SEWAGE DISPOSAL SYSTEM INSTALLATION

Property Owner Warren Hoffman & Edie Carlson Tax Statement # 13797
Mailing Address 687 1st Ave W North City Kalispell ST MT Zip _____
Property Address 48 Wildwood Telephone _____
Legal Description 1/4, 1/4, Section 16, Township 25 N, Range 20 W Table Bay Amended
lot 23 (Tamarack of the Wildwoods)
GEO Code 3583-16-1-04-02 Size of Parcel 1.94 ACRES

Is the property zoned? yes _____ no Has a valid construction permit been issued? yes _____ no _____ Permit # _____
Property Type: Agricultural _____ Lake Shore _____ Residential Commercial _____ Floodhazard _____
New _____ Remodel _____ Other _____
State Septic Approval: Required Completed _____ Not Required Reference Date _____ Name _____
Contractor's name Dick Chapman

SITE INFORMATION

This application is for replacement _____ new sewage disposal system
Dwelling Type: single family multi-family _____ mobile home _____ other _____
Other improvements on property? _____
Is the water system proposed _____ or existing ? What type is it? _____
Drainfield Sizing Reference: number of bedrooms 2 other _____
Soil type in area of proposed drainfield? clay loam
Percolation test results? _____ Absorption area proposed 190 ft²/per bedroom
Required septic tank size 1000 gallons
Type of absorption area proposed 3-70' laterals w/12" gravel below tile

The pre-sketched of proposed layout should be drawn on the back of this application. Please show the property lines, the direction of the slope and the distance to the wells, streams, irrigation ditches, lake, and any other bodies of water.

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 the Lake County Health Department prior to backfilling.

Signature of Applicant or Authorized Agent _____
[Signature]
Signature of Registered Sanitarian _____

Date 4/28/93
Permit Number 2622

Bla