

**PERMIT APPROVAL SPECIFICATIONS**  
**Sanders County Environmental Health Department**  
**1111 Main St. Thompson Falls, MT, 59873 \* 406.827.6909**

**Owner information:**

John T. Harris  
Name

17 24N 31W  
S T R

2955 Hwy 200  
Mailing address

04/23/14  
Date Submitted

Trout Creek, MT 59874  
City

04/24/14  
Date Approved

14-058  
Permit Number

04/24/15  
Expiration Date

2955 Hwy 200  
Physical Address

**Permit Specifications:**

Installation of a commercial, pressure-dose wastewater treatment system for a meeting room, cafeteria, office space, and ice cream bar.

- 1000 gallon grease tank
- 2000/500 combination septic-dosing tank
- Drainfield per approved design and lot layout
- Pump calculations to be provided by evaluator



**Gravelless Chambers:**


576 square feet  
192 lineal feet

5 laterals @ 40\* feet

Flow for this system may not exceed 614 gallons per day.  
Infiltrators to be supported and backfilled with suitable material if soil is finer than medium sand.

**Gravity fed trenches are 3 feet wide and a maximum depth of 36 inches. \*Gravelless chamber calculations are based on 4 foot chamber sections. Please follow all Sanders County wastewater regulations & State regulations outlined in Circular DEQ 4, 2013 edition. Install the system as approved on Lot Layout.**

**Pre-notification is mandatory 72 hours before backfilling system.**

  
Sanders County Sanitarian

AS-BUILT SKETCH  
AND



STATEMENT OF ACCURACY OF INSTALLATION

Land owner's name Lakeside Cafe

Permit number 14-058

I Rick Sorlie, as the licensed installer or landowner for the following system have constructed or altered the septic system on the parcel referenced by the permit number above.

I do hereby declare that the **EXACT** specifications of the approved permit have been followed. Accompanying this statement is a copy of the county approved lot layout and my as-built sketch. My as-built sketch is included on another sheet of paper. I understand that it is my responsibility to submit the above within 10 days of the completion of the system.

INSTALLER'S SIGNATURE Rick Sorlie

INSTALLER'S LICENSE NUMBER 06

COMPLETION DATE OF SYSTEM 04/30/2014

Checklist of as-built sketch:

- ☒ North Arrow
- ☒ Triangular measurements from two corners of house to tank access lid.
- ☒ Measurement of pipe from tank to D-box or Manifold
- ☒ All parcel boundaries
- ☒ Distance between the system and at least two parcel boundaries

Additional information needed (fill the blanks in with quantitative data):

4 @ 40' Length of drainfield laterals

1 @ 36' \_\_\_\_\_ Pipe & Gravel

☒ Infiltratoes

5 Number of drainfield laterals

2500 Volume of septic tank  
500 Pump chamber

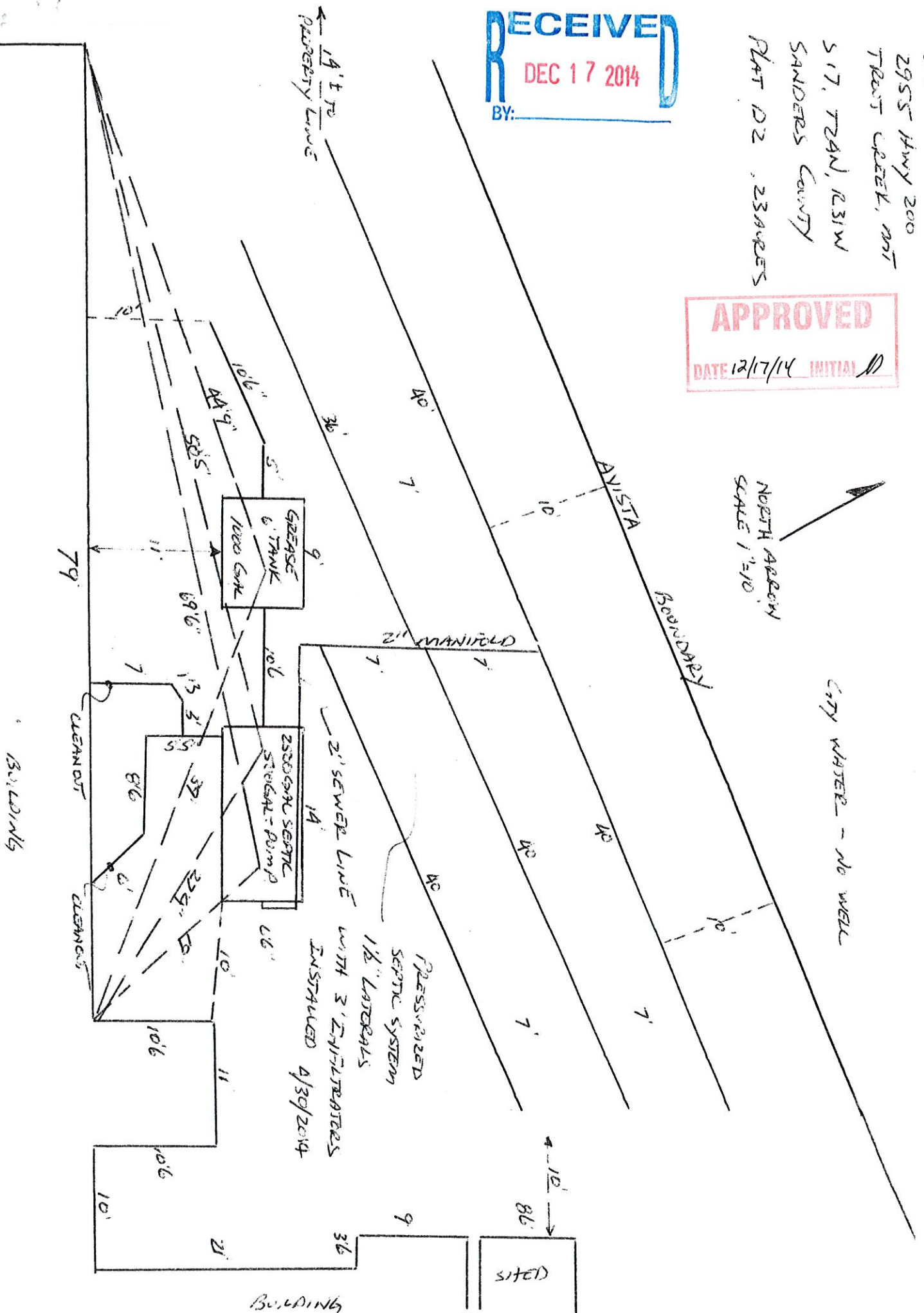
☒ Copy of Pump Specs if Pressurized  
Liberty - 280

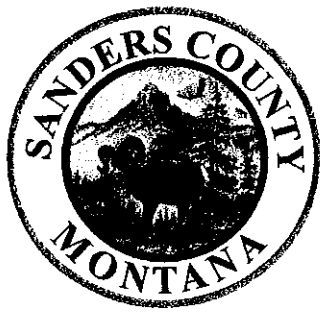
LAKESIDE MOTEL  
2955 Hwy 200  
TROUT CREEK, MT  
S 17, T24N, R31W  
SANDERS County  
PLAT D2, 23 SQUARES

DATE 12/17/14 INITIAL SS

NORTH ABBEY  
SCALE 1"=10'

CITY WATER - NO WELL





# SANDERS COUNTY

## ENVIRONMENTAL HEALTH

June 6, 2014

John and Julie Harris  
Lakeside Motel and Resort  
2955 Hwy 200  
Trout Creek, Montana 59874

Dear John and Julie;

Thank you for your request for variance to the 10 foot setback requirement for wastewater treatment systems. The Sanders County Board of Health approved your request June 4, 2014.

Conditions of this variance include:

- The owner must demonstrate that there will be no damage to the building or foundation caused by the wastewater treatment system.
- The owner must demonstrate there will be no impact to the wastewater treatment system, such as compaction of soils over, under, or immediately adjacent to the drainfield lateral.
- Demonstration of no impact is considered a statement from the contractor, final inspection of the wastewater treatment system by County personnel, and inspection of the building and foundation by an appropriate building official.

Thanks again and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read "Shawn Sorenson", is written over a horizontal line.

Shawn Sorenson, RS  
Sanders County Sanitarian

cc: Sanders County Board of Health



#2 Lot layout  
Foot print of Seismic  
System

RECEIVED  
MAY - 9 2014  
BY: \_\_\_\_\_

GREASE TANK-1000 GAL

2500 GAL SEPTIC  
w/ 500 GAL PUMP CHAMBER

X  
CLEAN OUT

# Soils Profile

Perce Test

3' INFLUENZA  
PDEA5VR12ED

NOTE: #1  
ACTIVE PROPANE LINES  
FROM 1800 GAL TANK AND  
ABANDON 200 AMP POWER LINE  
WILL BE LOCATED BY CANNER  
AND MOVED OR CUT.

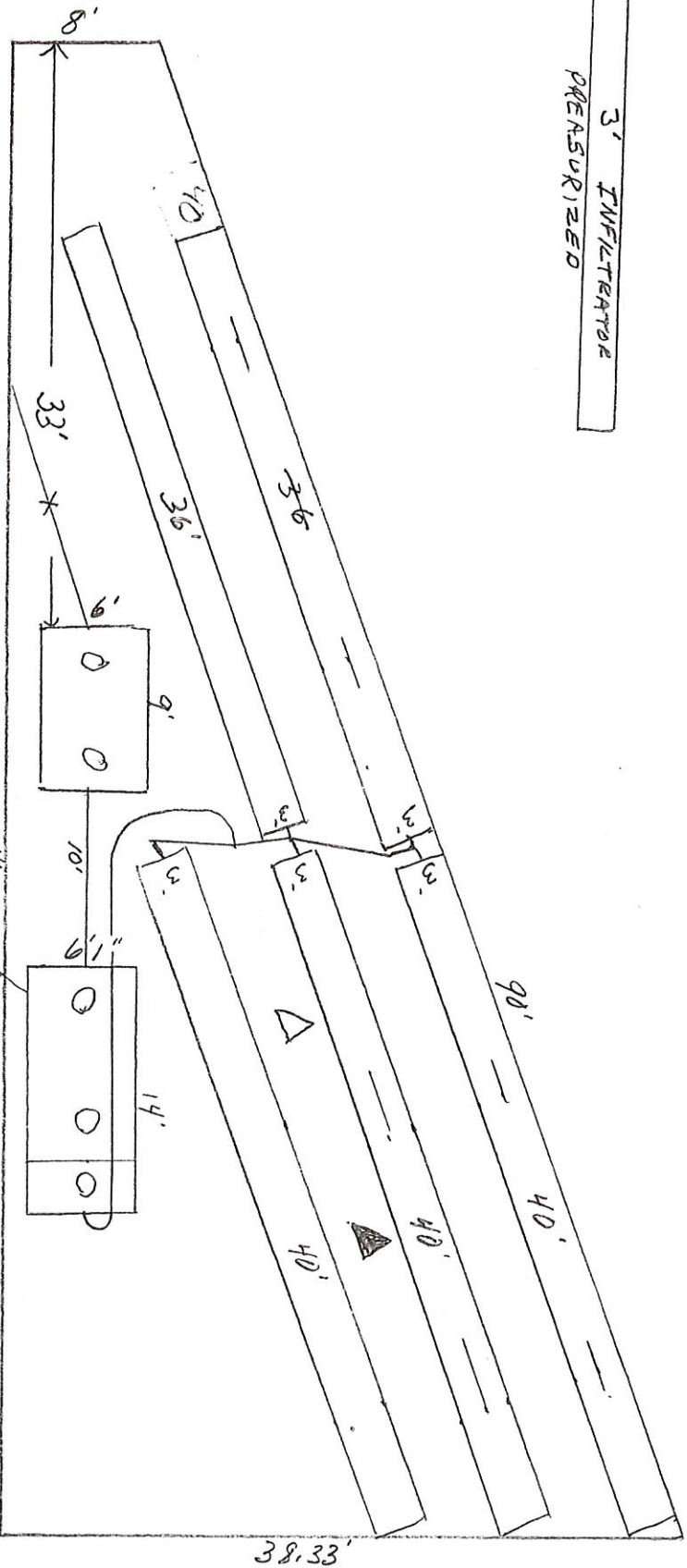
NOTE: #2  
3"-4" OF STONE TO BE  
PLACED UNDER 3' INSTALLATOR'S  
IF INSTALLER FEELS INSTALLATOR  
WILL SETTLE IN THE SOIL.

NOTE: 24

3"-4" OF STONE TO BS

3' INFLTRATORS  
PLACED UNDER  
IF INSTALLER  
FEELS INFLTRATOR  
WILL SETTLE  
IN THE SOIL.

SCALE  
1" = 1'



REVISED-4-24-14

R. STORER  
SES

LAKESIDE MOTEL & RESORT, INC.  
(406) 827-4458  
P.O. BOX 1489  
TROUT CREEK, MT 59874

10737

93-133/929

5-8-14  
Date

Pay to the  
Order of

Sanders County Treasurer \$100.<sup>00</sup>/<sub>XX</sub>  
One Hundred Dollars and no cents - 10

FIRST SECURITY BANK  
P.O. BOX 3500  
THOMPSON FALLS, MT 59873  
406-827-7000

For

Vernance

John Harris

⑆092901337⑆ 01041946⑆ 0737

**REQUEST FOR VARIANCE**  
**SANDERS COUNTY BOARD OF HEALTH**



Property owner John Harris

Physical Address of Requested Property: 2955 Hwy 200

Section 17 Township 24N Range 36W COS or EQ# \_\_\_\_\_ Tax # 10788

Describe PERMIT denial (if applicable): \_\_\_\_\_

**Sanders County Wastewater Treatment Regulations:**

**Section 4.13 Permit Denial Variance to Board of Health:**

A permit denial may be appealed to the Sanders County Board of Health as provided in ARM 17.36.922 LOCAL VARIANCES. The appeal must be made in writing and submitted to the Sanders County Board of Health within thirty (30) days of the denial. The Board of Health shall act on the appeal within sixty (60) days. The applicant shall be notified, in writing, of the Board of Health's approval or denial of a variance. The Sanders County Board of Health's letter of decision will be sent by registered mail. If a request for variance is denied by the Sanders County Board of Health, the appellant may seek variance from the State, according to the provisions in ARM 17.36.924 VARIANCE APPEALS TO THE DEPARTMENT.

**17.36.922 LOCAL VARIANCES:**

1. As provided in the rule, a local board of health, as defined in 50-2-101, MCA, may grant variances from the requirements in the subchapter and in department Circular DEQ-4, 2004 edition.
2. The local board of health may grant a variance from a requirement only if it finds that all conditions in these rules regarding the variance are met, and that granting the variance will not:
  - A. contaminate any actual or potential drinking water supply;
  - B. cause a public health hazard as a result of access to insects, rodents, or other possible carriers of disease to humans;
  - C. cause a public health hazard by being accessible to persons or animals;
  - D. violate any law or regulation governing water pollution of wastewater treatment and disposal, including the rules contained in this subchapter except for the rule that the variance is requested from;
  - E. pollute or contaminate state waters, in violation of 75-5-605, MCA;
  - F. degrade state waters unless authorized pursuant to 75-5-303, MCA; or
  - G. cause a nuisance due to odor, unsightly appearance or other aesthetic consideration.
3. The local board of health may adopt variance criteria in addition to those set out in (2)
4. The local board of health's decision regarding a variance of a requirement in the subchapter or in department Circular DEQ-4, 2004 edition, may be appealed to the department pursuant to ARM 17.36.924.



Describe the requested variance and provide evidence supporting the variance request. \_\_\_\_\_

the variance would allow lakeside to build  
a Extension on to the building (meeting room).  
The building with a monolithic slab on grade would  
sit next to the corner of infiltrator water treatment  
System. The variance will take away the 10  
feet ~~var~~ cushion between the building.

Applicant's Signature

John Harris

Date

4-24-14

Applicant's Printed Name

John Harris

FEES: Board of Health Variance Request \$100.00

Included ☒ Yes ☐ No

Amount Paid

\$100.00

How Paid

CK# 10737

Received By (Initials)

BRG

\*\*\*\*\*

BOARD OF HEALTH USE ONLY

Board of Health

Approved



Denied

Comments:

Owner must demonstrate there will be no damage  
to the building foundation or impact to the wastewater  
treatment system. Documentation means written assurance  
from the owner + contractor and final inspection by the  
County & appropriate building officials.

Signature

Atiny B. Cox

Date

06-10-2014