



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

**Owner information:**

Valerie Townsend  
Name

23 22N 30W  
S T R

PO Box 1941  
Mailing address

04/08/2022  
Date Submitted

Thompson Falls, MT 59873  
City

05/02/2022  
Date Approved

22-128  
Permit Number

05/02/2024  
Expiration Date

40 Racoon Lane, Thompson Falls  
Physical Address

**This permit is approved with the following specifications:**

Installation of a residential, gravity flow wastewater treatment for a **three (3)** bedroom living unit.

- 1000-gallon septic tank, with effluent filter
- Drainfield per specifications below

**Pipe and Gravel**

500 square feet  
250 lineal feet

3 laterals @ 84 feet

**Gravelless Chambers:**

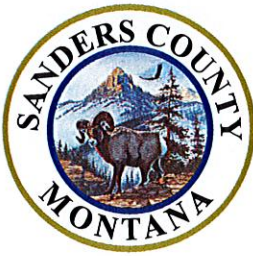
400 square feet  
200 lineal feet

3 laterals @ 67 feet

**Gravity fed trenches are 2 feet wide and a maximum depth of 36 inches. \*Gravelless chamber calculations are based on 2 foot wide 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 48 hours before backfilling system.**

[Signature]  
Sanders County Sanitarian



# SANDERS COUNTY

## ENVIRONMENTAL HEALTH

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

### Owner information:

Valerie Townsend  
Name

23 22N 30W  
S T R

PO Box 1941  
Mailing address

04/08/2022  
Date Submitted

Thompson Falls, MT 59873  
City

05/03/2023  
Date Approved

22-091W extension  
Permit Number

05/02/2024  
Expiration Date

2<sup>nd</sup> Living Unit, 41 Racoon Lane, Thompson Falls  
Physical Address

### This permit is approved with the following specifications:

- Drill the well as shown on the approved Lot Layout
- Notify Sanders County, 406-827-6961, of the date drilled and the well driller
- Well must meet setbacks in ARM 17.36.323 or ARM 17.36.918, as applicable
- Driller must complete the well in accordance with ARM Title 36 Chapter 21 subchapter 6 Construction Standards
- Driller must file a well log report in accordance with ARM 36.21.639
- Contact a Water Resource Specialist at the DNRC Water Resource Kalispell Regional Office by phone at (406) 752-2288, to determine how your well will be documented by the DNRC

**This permit does not guarantee any well will produce an adequate quantity or quality of water.**

Sanders County Sanitarian

**AS-BUILT SKETCH  
AND  
STATEMENT OF ACCURACY OF INSTALLATION**

Landowner's name VALENTINE TOWNSENDPermit number 22-128

I SCOTT PARFEE, 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 30 days of the completion of the system.**

INSTALLER'S SIGNATURE Scott Parfee

INSTALLER'S LICENSE NUMBER \_\_\_\_\_

COMPLETION DATE OF SYSTEM \_\_\_\_\_

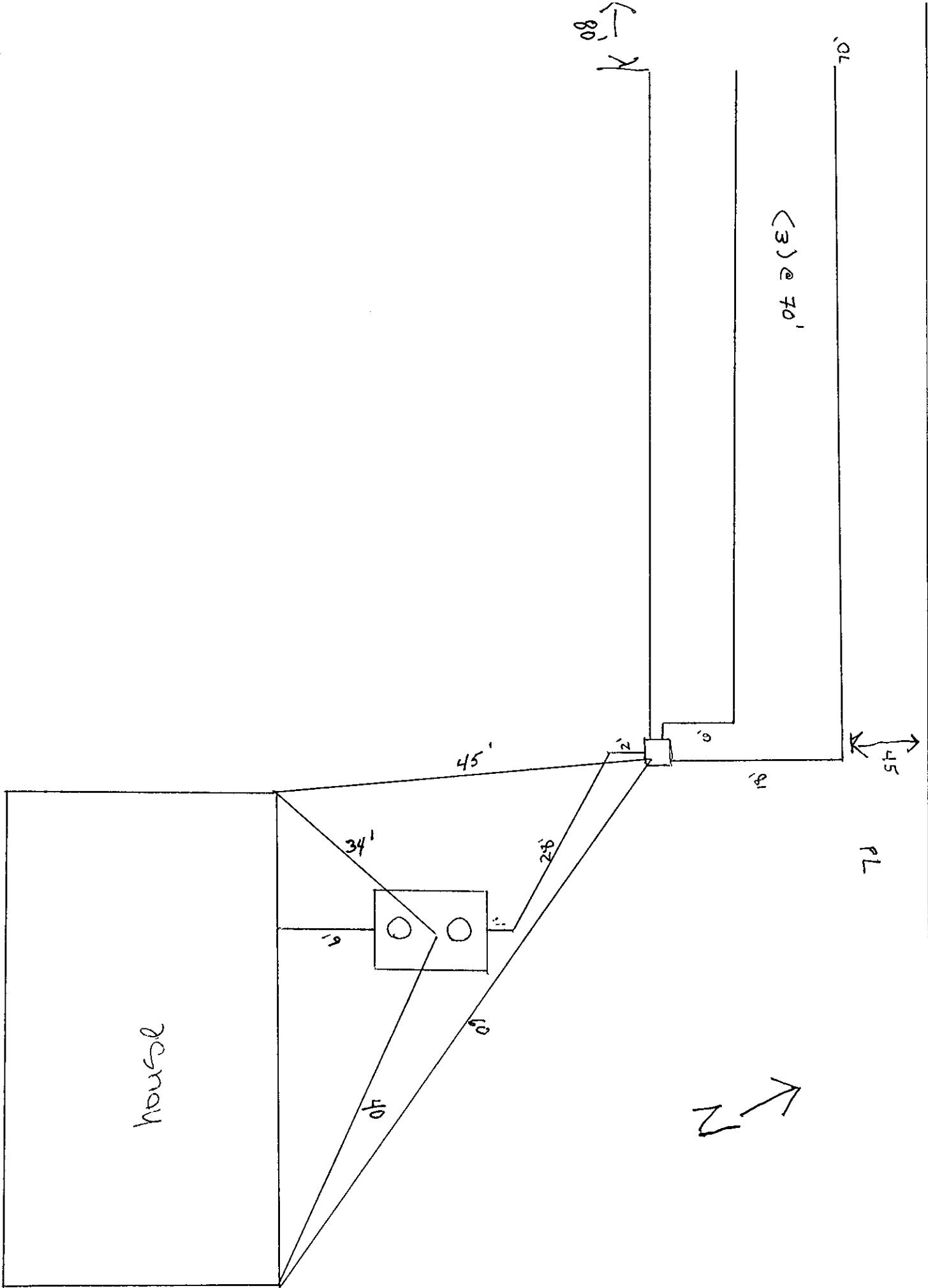
## Checklist of as-built sketch:

- ☒ 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):

67 Length of drainfield laterals☐ Pipe & Gravel☒ Infiltrators3 Number of drainfield laterals1000 Volume of septic tank☐ Copy of Pump Specs if Pressurized

Townsend



**PERMIT APPROVAL SPECIFICATIONS**  
**Sanders County Environmental Health Department**  
**1111 Main St. Thompson Falls, MT, 59873 \* 406.827.6961**

Owner information

**Larry & Cheryl Conlin**

**23      22N      30W**

Name

**Box 1562**

**S      T      R**

**July 10, 2008**

Mailing address

**Thompson Falls, MT 59873**

Date Submitted

**July 31, 2008**

City

09-014

Date Approved

**July 31, 2009**

Permit Number

**40 Raccoon Lane**

Expiration Date

Physical Address

Permit Specifications:   3   number of bedrooms

This permit is approved with the following specifications:

**1000 (existing tank)**

           gallon size of septic tank



Drainfield design specifications:

**Pipe & gravel:**

**Gravelless chambers:**

  195   lineal feet

  146   lineal feet

  390   square feet

  293   square feet

  3   laterals @   65   feet

  2   laterals @   76   feet

*or 3 @ 52' ok*

*BW*

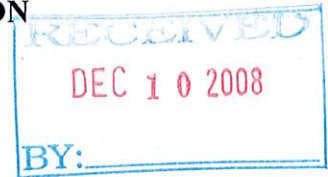
**Trenches are 2 feet wide and a maximum 36 inches deep. Please follow all county wastewater regulations & the state regulations as outlined in Circular DEQ 4 2002 edition. Install the system exactly as per approved lot layout. Pre-notification is mandatory 72 hours before backfilling system.**

*Barbara Woodbury R.S.*  
Sanders County Sanitarian



**AS-BUILT SKETCH  
AND  
STATEMENT OF ACCURACY OF INSTALLATION**

Land owner's name Larry & Cheryl Conlin



Permit number 09-014

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 T-C-006

Completion Date of System 8-15-08

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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):

76' length of drainfield laterals  
2 number of drainfield laterals  
1000 volume of septic tank Existing

DEC 1 0 2008

LARRY Carolin

ALL BOUNDARY LINES  
ARE DISTANT FROM  
SEPTIC AREA AND  
EXISTING IMPROVEMENTS  
14+ ACRES

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