

Lincoln County
City-County Board of Health Agenda
Eureka – North Lincoln County Annex
6:00 PM, January 10, 2023

- **Call to Order**
 - Pledge of Allegiance
 - Roll Call
- **Administrative Items**
 - *Action Item:* Board candidate recommendation
 - *Action Item:* Election of officers
- **Public Comment on Items Not on Agenda**
- **Public Comment on Non-Action Agenda Items**
- **Approval of Minutes**
 - *Action Item:* Approval of 10/11/22 minutes
- **Unfinished Business**
- **New Business**
 - *Action Item* - Variance Request: Tim Orchard
- **Program Reports:**
 - **Public Health**
 - Communicable disease update
 - *Action Item:* Review and sign Communicable Disease Response Plan
 - *Action Item:* Review and sign Pandemic Influenza Plan
 - **Environmental Health**
 - Air Quality update
 - Animal Shelter update
 - *Action Item* – Updated Wastewater Regulation
 - **Solid Waste and Recycling**
 - Expansion Update
- **City Representative Reports**
- **Health Officer Report**
- **Adjourn**

Zoom meeting ID: 998 434 6152

For audio conferencing dial (253) 215-8782 or (669) 900-9128, meeting ID: 998 434 6152

MISSION STATEMENT

The City-County Board of Health for Lincoln County works to prevent disease and illness, ensures a healthy environment and promotes healthy choices by setting county-wide policies to protect the health of Lincoln County residents.

PUBLIC COMMENT

The Board encourages public comment and time is designated for public comment on every agenda. Public comment on non-action agenda items and non-agenda items is welcomed during the general public comment period. Action items will include public comment as follows:

- Presentation of the action item
- Board motion and second
- Board discussion
- **Public comment**
- Additional Board discussion
- Board vote

GROUND RULES

1. Plan comments to be concise, relevant, and meaningful.
2. Keep questions and comments respectful in content and tone.
3. Submit lengthy, detailed comments or supporting documentation in writing
4. Address the problem not the person.
5. Be prepared by reviewing the agenda and pertinent information.
6. Listen with an open mind.
7. Focus on the mission statement.
8. Encourage participation of all board members and attendees.
9. Public participation according to Operating Procedure #2:
 - Participants will address the Board at the time designated in the agenda or as directed by the Board, by presenting before the Board and stating their name audibly.
 - Persons wishing to speak, including Board members, shall first be recognized by the Chair. One speaker shall be given the floor at a time and may not re-enter the discussion without being given recognition by the Chair.
 - Verbal comments will be limited to 3 minutes per individual or as time permits.
10. Participants ask the chair for permission to speak. Participants are to give their full name and topic.
11. Questions or remarks shall be addressed to the board as a body and not to any member of the board or staff without permission from the chair.
12. If a remark has been made, the attendee can agree with what was previously stated. Repetition is unnecessary.

Everyone is responsible for enforcing ground rules.

Lincoln County
City-County Board of Health Minutes
Lincoln County Courthouse
6:00 PM, October 11, 2022

- **Call to Order**
 - Pledge of Allegiance
 - Roll Call: Jan Ivers, Amy Fantozzi, Josh Letcher, Dr. Dianna Carvey, Lannie Fehlberg, Jim Seifert. Quorum present.
- **Administrative Items**
 - None at this time
- **Public Comment on Items Not on Agenda**
 - None at this time.
- **Public Comment on Non-Action Agenda Items**
 - None at this time.
- **Approval of Minutes**
 - *Action Item: Approval of 8/9/22 minutes*
 - Jim motioned to approve. Jan seconded. All in favor. Motion passes.
- **Unfinished Business**
 - None at this time.
- **New Business**
 - None at this time.
- **Program Reports:**
 - **Public Health**
 - Jenn McCully gave an update on communicable disease.
 - Mental Health discussion
 - The board discussed how they can impact the community in a positive way as far as mental health. Jenn said she went to the commissioners and asked for funding around a mental health first aid program. This program will train sixteen individuals in the community to be instructors in teen mental health first aid. These people would go into schools and instruct 10th, 11th and 12th grade students in how to talk to their peers, what the signs and symptoms are, and when to get help. Eureka and Libby are fully on board with the program. She said Troy may not be participating this year, but hopefully next year. Patty joined during this conversation.
 - **Environmental Health**
 - Truck Wreck Protocol
 - Jenn and Kathi reviewed the truck wreck protocol with the board.
 - Licensed Establishment Inspection discussion
 - Dustin Webb gave an overview of what he does for fieldwork and his procedures for inspecting licensed food establishments and public accommodations. He and the board briefly discussed how to regulate Airbnb's and what that might look like in the future.

- *Action Item* - DPHHS Cooperative Agreement approval
 - Kathi went over the agreement and asked for approval and signatures from the board. Jan motioned to approve. Amy seconded. All in favor. Motion passes.

- Wastewater Regulation update
 - Kathi asked if anyone had any questions about the updates and highlighted a few important changes. One being that they are going to limit self-installs to gravity systems only and also require a site evaluators license or maybe an endorsement on a septic installers license.

- **Solid Waste and Recycling**
 - Expansion Update
 - Kathi had a brief update about the landfill expansion. She said they are in the process of contracting with a driller from Oregon. She said they will be able to do the project around Thanksgiving which gets the project a little bit back on schedule.

- **City Representative Reports**
 - **Libby:** None at this time.
 - **Troy:** None at this time.
 - **Eureka:** None at this time.

- **Health Officer Report**
 - Dr. Brad Black was not present at this meeting.
- **Adjourn**
 - Amy motioned to adjourn. Jan seconded. Meeting adjourned at 7:21 pm.

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Kathi Hooper

From: Charles Riley <rileyconcrete@hotmail.com>
Sent: Tuesday, November 15, 2022 4:58 PM
To: Kathi Hooper
Subject: Variance

To City-County Board of Health Lincoln County,

I am requesting a variance for Tim Orchard 120 Nores Ln Libby MT 59923. Circular DEQ4 2013 Edition 6.1.3.3 The infiltrators are 7 feet apart on center and not 5 feet from edge of trench to edge of trench. The soil has good drainage and is in compliance with other county ordinances. Please and thank you for your consideration.

Thank you Robin Blumberg
Riley Excavating and Concrete

Sent from [Mail](#) for Windows

Lincoln County Communicable Disease Response Plan

January 2023

This document contains the plans and protocols regarding the investigation, identification, and containment of illnesses caused by pathogens, radiological hazards, and toxins. This is a hazard-specific annex to the Lincoln County All-Hazards Emergency Operations Plan. Should an actual event occur, the response may vary depending on the type of emergency situation. This plan will be reviewed and updated annually or as necessary by the Health Director, Public Health Emergency Preparedness Coordinator, or designee. This version supersedes all previous versions of this document.

Promulgation of Authorization

This document serves as the formal declaration authorizing the use of this emergency response plan to protect the public’s health and safety in Lincoln County against communicable diseases. City-County Board of Health for Lincoln County acknowledges that Lincoln County Public Health Department has the responsibility and duty to execute this plan in defense of public health.

This plan complies with existing federal, state, and local statutes and agreements made with the various agencies identified within. Lincoln County Health Department, in defense against disease outbreaks in our communities, prepares and maintains emergency preparedness documents and is committed to the training and exercise required to support this plan.

All partners with roles identified in this plan have participated in its development and concur with the processes and strategies found within, which comply with the Public Health emergency Preparedness and Response Capabilities National Standards (CDC, 2019), and adhere to the science-based, industry, and academic standards of disease control.

All partners and stakeholders are responsible for advising Lincoln County Health Department of any changes in their own procedures or operations that could affect any emergency responses undertaken.

This plan is hereby approved for implementation. It supersedes all previous editions.

_____	_____
Signature	Date
Josh Letcher, Chair	
Board of Health	

_____	_____
Signature	Date
Brad Black, MD	
Health Officer	

Record of Changes

Date	Revisions Made	Approved by:	Distribution Date
1/2016	Total re-write		
3/2020	Updated active surveillance contact list and expanded active surveillance list.		
2/2022	Added paragraph about outbreaks and emergency events		
1/2023	Added promulgation of authorization. Updated active surveillance contact list.		

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Introduction

Communicable disease outbreaks, epidemic and pandemics are a threat to the public health and well-being. This plan was developed to be specific for guidelines for the prevention, mitigation and response to communicable diseases. Montana law requires the reporting of suspected communicable diseases to the local Health Department. Timely reporting of suspected disease helps public health officials to conduct follow-up on cases of significance to protect the public's health, limit further spread of disease and assure that those affected are screened and treated appropriately. This will also help identify outbreaks or emerging health concerns.

Purpose

This plan was developed to ensure communicable disease monitoring and containment in an effort to save lives, mitigate loss and assist in preventing further catastrophe. The role of the LCHD is to:

- Gather and report communicable disease data: As directed by Montana ARM Chapter 114, data regarding reportable illnesses in the jurisdiction to Montana Department of Health and Human Services (DPHHS) will be gathered and sent in a confidential manner
- Education: Provide accurate and comprehensive information about communicable diseases to the affected individual and provide guidance to health professionals as needed
- Delineate responsibilities to LCHD staff members: A team approach is considered the most successful manner to monitor and respond to emergency events
- Create a partnership with key surveillance partners and stakeholders: Communicate with designated key surveillance partners regarding the most effective methods of reporting and response during planning

Scope & Authority

This communicable disease response plan is limited in scope to events that affect or potentially affect public health. This plan also contains activities that will be conducted during non-emergency phases. The implementation and responsibility of activation of the response portion of this plan is the Health Department Director, Health Officer, Board of Health or appointed designee(s) of these listed individuals and entities.

Protocol

Reportable diseases and suspicious trends should be reported to the Health Department as soon as possible for investigation. Those requiring immediate reporting include: Anthrax, Botulism, Plague, Poliomyelitis, SARS-CoV disease, Smallpox, Tularemia, Viral Hemorrhagic Fevers or any unusual illness or cluster of illnesses. A list of these reportable diseases and conditions and the timelines within which they must be reported are found on Appendix A. Reportable diseases fall within HIPAA medical privacy exceptions for release of information; therefore, patient consent is not required.

Reporting Contacts

For reporting during regular hours: Monday–Friday 8:00–5:00 phone the Communicable Disease Coordinator at 406-283-2463 or fax reports to 406-283-2466.

For reporting after hours, holidays and weekends follow the 24/7 Emergency Contact System Protocol by calling the Lincoln County Sheriff's Office Dispatch. Dispatch will call the public health call down list until someone is available to take the report:

- **Health Department 24/7 contact: Lincoln County Sheriff's Department Dispatch at 406-293-4112.**

If you are unable to locate anyone locally and the report requires immediate response, please phone the Department of Public Health and Human Services (DPHHS) Communicable Disease 24/7 reporting number at 406-444-3075 and they will put you in contact with someone from CD/EPI at DPHHS.

Routine Disease Surveillance Protocol

The following protocol has been developed to ensure consistency in reporting and investigation of reportable communicable diseases. This protocol is applicable to all communicable diseases that may be reported in Lincoln County.

Disease reports may be received by LCHD by phone or confidential fax from hospitals, laboratories, physicians, the State Health Department, individuals or other health jurisdictions.

All reports will be reviewed by the Communicable Disease Coordinator, Disease Intervention Specialist or a team member within 24 hours of receipt. The team member assigned will be responsible for case investigation, implementation of control measures and follow up, and completion and submission of reporting forms.

In the event of a report of communicable disease the following steps should be taken:

1. Confirm the report of communicable disease. This may be done by contacting the laboratory or health-care provider.
2. If the report comes as a result of testing by a physician.
 - a. Contact the physician to coordinate notification of the patient, assure that the physician knows the diagnosis and has communicated that to the patient before the Health Department makes contact with the patient.
 - b. Physicians should also be encouraged to inform the patient that the Health Department may be calling to investigate communicable diseases.

3. Notify other professionals as necessary. This may include:
 - a. The Sanitarian in cases of food borne illness, rabies or when exposure is not limited to humans.
 - b. The Health Officer and/or other medical providers in cases requiring mass prophylaxis, unusual events or when large numbers of people are involved.
 - c. Veterinarians would be notified in the case of animal illness or when increased surveillance of the animal population is required.
4. If the reported illness involves a case or case contact outside of Lincoln County, fax the information to MT DPHHS at 1-800-616-7460 for referral to the appropriate jurisdiction.
5. Locate the appropriate disease specific form and interviewing tool available from the DPHHS CD/Epi. In the cases of animal bites or potential rabies exposure follow the Rabies Prevention and Control Policy and Procedure.
6. Review recommendations for treatment, isolation and communicability. The standard resource is the current American Public Health Association Control of Communicable Diseases Manual – current edition is 21st dated 2022.
7. Initiate contact with the individual named in the report maintaining confidentiality in all contacts.
8. Conduct case investigation using the appropriate and most current guidelines. Solicit information about potential source, other contacts and treatment.
9. Educate the client about the disease and appropriate precautions including treatment, work restrictions, follow-up testing and prevention of spread of the disease.
10. Follow-up with any contacts assuring compliance with screening and treatment as appropriate. If contacts are out-of-county, report them via epass or fax to DPHHS.
11. Assure that necessary steps are taken to eliminate exposure of others to disease. This may include closure of food establishments, quarantine of animals or isolation of people. Increased surveillance may be implemented to identify additional cases. In taking these steps the Board of Health may be required to take action.
12. In the event that a communicable disease is of interest to the general public and the media assure that accurate information is given to the media and that client confidentiality is protected. Press releases and media contact are the responsibility of the Public Information Officer in consultation with the Lead Local Public Health Official, Health Officer or Board of Health.

13. Cases will be reported to MT DPHHS within 7 days or within the time guidelines for that specific disease.
14. For most reportable communicable diseases, data entry is required through Montana Infectious Disease Information System (MIDIS) to complete case reports. Those diseases requiring paper forms may be faxed via the MT DPHHS confidential fax line 1-800-616-7460. *Email is not an acceptable method of disease reporting.*
15. Conduct ongoing surveillance and case investigation until all cases have resolved and potential incubation periods have expired.
16. Highly active surveillance will be utilized to solicit case reports throughout an outbreak or as long as the potential remains utilizing the active surveillance contact list.

During outbreaks, emergency events or a surge in cases, prioritization of cases may have to occur. The prioritized individuals will be those at highest risk of severe disease and congregate settings (schools, long term care facilities, corrections, group homes, etc.). During these events, staff may be pulled from other health department duties and trained in proper case investigation and contact tracing.

Active Surveillance Protocol

The following active surveillance contact list is utilized by the Communicable Disease Coordinator to conduct ongoing surveillance on a weekly basis. This is not an exhaustive list of providers or surveillance partners.

In the event of an outbreak or public health emergency the following expanded contact list would be contacted on a daily or more frequent basis to elicit case reports and assure ongoing reporting. Providers would be contacted by phone and/or fax as appropriate.

In the event of a mass outbreak or public health emergency all providers in Lincoln County would be notified of events however the following people have been designated as key contacts and are responsible for dissemination of information within their facilities.

Active surveillance contact list:

Name	Title	Phone	Email	Cell Phone
Quinn Nordwick	CPMC Lab	406-283-7090	qnord@cabinetpeaks.org	
Lacey Poirier	CPMC Infection Control	406-283-7059	lacpoi@cabinetpeaks.org	
Emily Gary	Libby Clinic Nurse	406-293-8711	emilygary25@yahoo.com	

Allison Mischenko	CHC Nurse	406-283-6912	allison.mischenko@northwestchc.org	
Krystal Fleenor	Eureka Health Nurse	406-297-3145	kfleenor@logan.org	

Expanded active surveillance contacts:

Name	Title	Phone	Email	Cell Phone
Sarah Soete	Libby Care Center Nurse	406-293-6285	ssoete@cascadiahc.com	
Dan Demmerly	Mountain View Manor Administrator	406-297-2541	ddemmerly@good-sam.com	
Joel Graves	Superintendent, Eureka School District	406-297-5650	jgraves@teameureka.net	
Ron Goodman	Superintendent, Libby School District	406-293-8811	goodmanrw@libbyschools.org	
Jacob Francom	Superintendent, Troy School District	406-295-4606	jfrancom@troyk12.org	

Appendix A

Communicable Disease Reporting in Montana

Immediately report suspected or confirmed cases to your [local health department](#)
If your Local Public Health Jurisdiction is unavailable – Call 406-444-0273 (available 24/7)

All reportable diseases listed below whether suspected or confirmed, or any unusual incident of unexplained illness or death in a human or animal with potential human health implications must be reported immediately to your local health jurisdiction as required by the Administrative Rules of Montana ([ARM 37.114.203](#))

Acquired Immune Deficiency Syndrome (AIDS)	Lyme disease
Anaplasmosis	Lymphogranuloma venereum
Anthrax ^①	Malaria
Arboviral diseases, neuroinvasive and non-neuroinvasive ^① (California serogroup, Chikungunya, Eastern equine encephalitis, Powassan, St. Louis encephalitis, West Nile virus, Western equine encephalitis, Zika virus infection)	Measles (rubeola) ^①
Arsenic poisoning (urine levels ≥ 70 micrograms/liter total Arsenic, or ≥ 35 micrograms/liter methylated plus Inorganic arsenic)	Meningococcal disease (<i>Neisseria meningitidis</i>) ^①
Babesiosis	Mercury poisoning (urine level ≥ 200 micrograms/liter or urine level ≥ 20 micrograms/liter elemental mercury/gram of creatinine or blood level ≥ 10 micrograms/liter elemental, organic, and inorganic mercury)
Botulism (infant, foodborne, other, and wound) ^①	Mumps
Brucellosis ^①	Pertussis
Cadmium poisoning (blood level ≥ 5 micrograms/liter or urine level ≥ 3 micrograms/liter)	Plague (<i>Yersinia pestis</i>) ^①
Campylobacteriosis	Poliomyelitis ^①
<i>Candida auris</i> ^①	Psittacosis
Chancroid	Q Fever (<i>Coxiella burnetii</i>), acute and chronic
<i>Chlamydia trachomatis</i> infection	Rabies, human ^① and animal (including exposure to a human by a species susceptible to rabies infection)
Coccidioidomycosis	Rubella, including congenital ^①
Colorado tick fever	Salmonellosis (including <i>Salmonella</i> Typhi and Paratyphi) ^①
Cryptosporidiosis	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease ^①
Cyclosporiasis	Shigellosis ^①
Dengue virus infection	Smallpox ^①
Diphtheria ^①	Spotted fever rickettsiosis
Ehrlichiosis	<i>Streptococcus pneumoniae</i> , invasive disease
<i>Escherichia coli</i> , Shiga-toxin producing (STEC) ^①	Streptococcal toxic shock syndrome (STSS)
Gastroenteritis outbreak	Syphilis
Giardiasis	Tetanus
Gonorrheal infection	Tickborne relapsing fever
Granuloma inguinale	Toxic shock syndrome, non-streptococcal (TSS)
<i>Haemophilus influenzae</i> , invasive disease ^①	Transmissible spongiform encephalopathies (including Creutzfeldt Jakob Disease)
Hansen's disease (leprosy)	Trichinellosis (Trichinosis) ^①
Hantavirus pulmonary syndrome/infection ^①	Tuberculosis ^① (including latent tuberculosis infection)
Hemolytic Uremic Syndrome, post-diarrheal	Tularemia ^①
Hepatitis A, acute	Varicella (chickenpox)
Hepatitis B, acute, chronic, perinatal	<i>Vibrio cholerae</i> infection (Cholera) ^①
Hepatitis C, acute, chronic,	Vibriosis ^①
Human Immunodeficiency Virus (HIV)	Viral hemorrhagic fevers
Influenza (including hospitalizations and deaths) ^①	Yellow fever
Lead Poisoning (blood levels ≥ 5 micrograms/deciliter)	Outbreak in an institutional or congregate setting
Legionellosis	
Leptospirosis	
Listeriosis ^①	

^①a specimen must be sent to the Montana Public Health Laboratory for confirmation. Additional specimens may be requested by CDEpi.

Lincoln County
Pandemic Influenza Response Plan
January 2023

This document contains the plans and protocols regarding pandemic influenza outbreak. This plan will be reviewed and updated annually or as necessary by the Health Director, Public Health Emergency Preparedness Coordinator, or designee. This version supersedes all previous versions of this document.

Promulgation of Authorization

This document serves as the formal declaration authorizing the use of this emergency response plan to protect the public’s health and safety in Lincoln County again pandemic influenza. City-County Board of Health for Lincoln County acknowledges that Lincoln County Public Health Department has the responsibility and duty to execute this plan in defense of public health.

This plan complies with existing federal, state, and local statutes and agreements made with the various agencies identified within. Lincoln County Health Department, in defense against disease outbreaks in our communities, prepares and maintains emergency preparedness documents and is committed to the training and exercise required to support this plan.

All partners with roles identified in this plan have participated in its development and concur with the processes and strategies found within, which comply with the Public Health emergency Preparedness and Response Capabilities National Standards (CDC, 2019), and adhere to the science-based, industry, and academic standards of disease control.

All partners and stakeholders are responsible for advising Lincoln County Health Department of any changes in their own procedures or operations that could affect any emergency responses undertaken.

This plan is hereby approved for implementation. It supersedes all previous editions.

Signature
Josh Letcher, Chair
Board of Health

Date

Signature
Brad Black, MD
Health Officer

Date

Record of Changes

Date	Revisions Made	Approved by:	Distribution Date
1/2016	Total re-write		
6/2019	Update to LCHD roles and responsibilities		
6/2020	Annual Review		
6/2022	Update roles and responsibilities		
1/2023	Added Promulgation of Authorization, added sections: public information, surveillance, resource providers and plan maintenance		

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Introduction: Severe influenza pandemics represent one of the greatest potential threats to the public's health. Pandemics are distinct from seasonal influenza epidemics that happen nearly every year. Seasonal influenza epidemics are caused by influenza viruses that circulate around the world. Over time, people develop some degree of immunity to these viruses and vaccines are developed annually to protect people from serious illness. Pandemic influenza refers to a worldwide epidemic due to a new, dramatically different strain of influenza virus. A pandemic virus strain can spread rapidly from person to person and, if severe, can cause high levels of disease and death around the world. Additionally new vaccines must be developed and therefore are not likely to be available for months, during which time many people could become infected and seriously ill.

Purpose: The Lincoln County Pandemic Influenza Response Plan provides guidance to the health and medical community and other partners in health regarding detection, response and recovery from an influenza pandemic. This is a function specific plan that addresses pandemic influenza outbreak or the threat of outbreak and supports Lincoln County's comprehensive emergency plans. The plan is prepared with the knowledge that situations will arise that is more or less significant than planned for. Some situations may be unexpected and may not be addressed in this plan.

This plan strives to:

- Define preparedness activities that should be undertaken before a pandemic occurs that will enhance the effectiveness of response measures.
- Describe the coordination, roles and decision-making structure that will incorporate Lincoln County Public Health, the health care system in Lincoln County, other local agencies and state and federal agencies during a pandemic.
- During an influenza pandemic, LCHD and local partners in health will use the plan to achieve the following goals:
 - Limit the number of illnesses and deaths
 - Immunize and/or treat as many individuals as possible
 - Preserve continuity of essential government functions
 - Minimize social disruption and economic losses
- The plan will be coordinated with the Lincoln County Emergency Preparedness plans and activities and will be coordinated with the plans of state and federal partners.
- Address the unique challenges posed by a pandemic that may necessitate specific leadership decisions and response actions.

Scope & Authority: This Pandemic Influenza Response Plan is limited in scope to events that affect or potentially affect public health. This plan also contains activities that will be conducted during non-emergency phases. The implementation and responsibility of activation of the response portion of this plan is the Health Department Director, Health Officer, Board of Health or appointed designee(s) of these listed individuals and entities.

Situation

There are several characteristics of a pandemic influenza that differentiates it from other public health emergencies.

- It has the potential to suddenly cause illness in a very large number of people, who could easily overwhelm the health care system throughout the nation.
- A pandemic outbreak could also jeopardize essential community services by causing high levels of absenteeism in critical positions in every workforce.
- It is likely that vaccines against the new virus will not be available for six to eight months following the emergence of the virus.
- Basic services, such as health care, law enforcement, fire, emergency response, communications, transportation and utilities, could be disrupted during a pandemic.
- Finally, the pandemic, unlike many other emergency events, could last for several weeks, if not months.

Planning Assumptions

- An influenza pandemic will result in the rapid spread of the infection with outbreaks throughout the world. Communities across the state and the country may be impacted simultaneously.
- There will be a need for heightened global, national and local surveillance.
- Lincoln County will not be able to rely on local mutual aid resources. State or federal assistance to support local response efforts may be limited.
- Antiviral medications will be in short supply. Local supplies of antiviral medications may be prioritized by the Health Officer for use in hospitalized influenza patients, health care workers providing care for patients and other priority groups based on current national guidelines.
- A vaccine for the pandemic influenza strain will likely not be available for six to eight months following the emergence of a novel virus.
- As vaccine becomes available, it will be distributed and administered by LCHD based on current national guidelines.
- Insufficient supplies of vaccines and antiviral medicines will place greater emphasis on nonpharmaceutical interventions and public education to control the spread of the disease in the county.
- The number of ill people requiring outpatient medical care and hospitalization could overwhelm the local health care system.
- Hospitals and clinics will have to modify their operational structure to respond to high patient volumes and maintain functionality of critical systems.
- The local health care system may have to respond to increased demands for service while the medical workforce experiences increased absenteeism due to illness.
- Demand for inpatient beds and assisted ventilators will increase and prioritization criteria for access to limited services and resources may be needed.
- Emergency Medical Service responders will face extremely high call volumes for several weeks and may face reduction in available staff.

- The number of fatalities experienced during the first few weeks of a pandemic could overwhelm the resources of Medical Examiner's Office, hospital morgues and funeral homes.
- The demand for home care and social services will increase dramatically.
- There could be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety, agriculture and communications.
- Social distancing strategies aimed at reducing the spread of infections such as closing schools, community centers and other public gathering points or cancelling public events may be implemented during a pandemic.
- Some persons will be unable or unwilling to comply with isolation directives. For others, social distancing strategies may be less feasible (for example, homeless populations who live in congregate settings). It will be important to develop and disseminate strategies for infection control appropriate for these environments and populations.
- The general public, health care system, response agencies and elected leaders will need continuous updates on the status of the pandemic outbreak, impacts on critical services, the steps LCHD is taking to address the incident and steps response partners and the public can take to protect themselves.

Roles and Responsibilities

Under the Montana Department of Health and Human Services (DPHHS) Emergency Operations Plan (EOP) Annex M, state authorities outline local, state, and federal health jurisdictions' responsibilities in a pandemic influenza event. The following describes specific responsibilities and roles of LCHD employees during a pandemic influenza event.

Lincoln County Health Department

- Promote vaccination for disease prevention and conduct seasonal influenza vaccination clinics
- Conduct active surveillance for communicable disease with key surveillance partners
- Provide educational resources to community members
- Coordinate planning with other community partners monitor influenza levels in the community as directed by DPHHS's influenza reporting rules
- Educate the public, health care system partners, response partners, businesses, community-based organizations and elected leaders about influenza pandemics, expected impacts and consequences and preventive measures.
- Partner with local clinics and labs to quantify suspected and confirmed flu cases
- Monitor Health Alert Network (HAN) and CDC news releases for messages regarding influenza activity that identifies location, strains detected, and if any circulating strains are showing resistance to antivirals
- Communicate CDC and DPHHS surveillance findings and recommendations with key surveillance partners
- Work with local media members to disseminate infection control materials (cough etiquette, hand washing) to community members

- Review pandemic plans with local emergency response and healthcare partners to identify a situation-specific plan of action
- Depending on severity, work with local government officials and administration of care facilities to consider closures of schools, restricting visitation to residents or patients of care facilities, cancelling large community events, and other social distancing techniques
- Should civil unrest occur, work with local law enforcement regarding security of key infrastructure and educational campaigns for the populace
- Should the community's need for resources exceed local capabilities, PHEP funds may be used to a certain degree to acquire resources when in communication with DPHHS
- Should the community's need for resources greatly exceed local capabilities, contact Montana State level PHEP employees to request Strategic National Stockpile resources as directed in the LCHD EMC Plan
- Utilize Crisis and Risk Communication Plan for public information procedures

Responsibilities of other Entities in Lincoln County:

Lincoln County Health Officer

- In order to carry out the purpose of the public health system, in collaboration with federal, state, and local partners, local health officers or their authorized representatives shall take steps to limit contact between people in order to protect the public health from imminent threats, including but not limited to ordering the closure of buildings or facilities where people congregate and canceling events per MCA rule 50-2-118

Lincoln County City-County Board Of Health

- In order to carry out the purposes of the public health system, in collaboration with federal, state, and local partners, each local board of health shall adopt regulations that do not conflict with MCA 50-50-126 or rules adopted by the department for the control of communicable diseases

Healthcare Partners

- Participate in an organized response plan facilitated by LCHD to maximize the health care system's ability to provide medical care during a pandemic.
- Essential functions this group will address:
 - Direction and control – coordinate with the LCHD
 - Surveillance and detection – coordination with Lincoln County Communicable Disease Coordinator to develop enhanced local influenza surveillance activities.
 - Worker safety and infection control – share information with LCHD to enhance infection control plans to triage and isolate infections patients and protect staff.
 - Triage and patient care – Share response plans that address medical surge capacity to sustain the health care delivery capabilities when routine systems are overwhelmed.

- Continuity of operations – develop approaches on how healthcare providers can continue to operate with reduced work force due to illness.

Schools

- The local school superintendents will appoint a representative to sit on the Emergency Operations group. Schools may be closed for an extended period in response to a developing pandemic.
- School nurses represent a possible source of medical resource for surge during a pandemic.

Managers of Critical Infrastructure and Key Resources

- Critical resources include water purification facilities, waste disposal facilities, sewage plants and public safety facilities could be jeopardized.
- Managers of critical infrastructure and key resources should plan for staff shortages approaching 50 percent and assure that supply chains are as robust as possible.
- Key resources include financial and banking services and food and grocery suppliers. Managers of key resources should be sure that emergency plans support operations with a diminished work force and interrupted supply chains.

Medical Examiner's/Coroner's Office

- Lead mass fatality planning and response efforts.
- Coordinate with and support hospital regarding mass fatalities planning and response.
- Incorporate funeral home directors into planning efforts for pandemic response.

Concept of Operations

General Concepts:

- LCHD and all response partners will operate under the Incident Command System (ICS) as further defined by the Lincoln County Emergency Operations plan throughout the duration of the pandemic response.
- Activation of the Pandemic Influenza Response Plan will be made by the Health Officer or designee in consultation with PHEP Coordinator and the City-County Board of Health for Lincoln County
- Response actions will emphasize the spread of infection and provide frequent communication and education to the public about the pandemic, the public health response and steps the public can take to reduce the risks of infection.

Direction and Control: LCHD is the lead agency in coordinating the local health and medical response to a pandemic with local, state and federal agencies and officials. LCHD will activate an ICS and incident command post to coordinate the county-wide public health and medical response during a pandemic. These activities are provided in depth in Lincoln County's Emergency Operation Plans.

Public Information/Risk communications: The general public, health care system, response agencies and elected leaders will need continuous updates on the status of the pandemic outbreak, impacts on critical services, the steps LCHD is taking to address the incident and steps response partners and the public can take to protect themselves. The Crisis and Risk Communication Plan will be used for public information. Information will be shared with key partners through regular email updates and regular (weekly or daily depending on the situation) virtual meetings to share real time updates.

Surveillance and Contact Tracing: Disease surveillance, case investigation and contact tracing will be conducted as described in the Communicable Disease Response Plan.

Resource Providers: Should additional resources be needed, requests should be made to Lincoln County Emergency Management Agency.

Vaccine and Antiviral Mediations: Vaccine serves as the most effective preventative strategy against outbreaks of influenza, including pandemics. However, dissemination of an effective influenza vaccine during a pandemic faces several challenges:

- A pandemic strain could be detected at any time and production of a vaccine could take six to eight months after the virus first emerges.
- The target population for vaccination will ultimately include the entire United States population.
- It is expected that demand for vaccine will initially outstrip supply and administration of limited vaccine will need to be prioritized based on national guidelines and in consultation with the MT DPHHS.
- Antiviral medications may be useful for controlling and preventing influenza prior to the availability of vaccines, however, there is a limited supply of antiviral drugs effective against pandemic strains.

Non-Pharmaceutical Interventions: For more detail see Lincoln County Health Department's Non-Pharmaceutical Intervention Plan

Isolation and Quarantine:

- During all phases of a pandemic, person's ill with influenza will be directed to remain in isolation in health care settings or at home, to the extent possible.
- Hospitals will implement isolation protocols for all patients suspected of being infected with pandemic influenza.
- Once person-to-person transmission is established locally, quarantine of individuals exposed to influenza cases will be of limited value in preventing further spread of the disease.
- Quarantine of contacts of influenza cases may be beneficial during the earliest phases of a pandemic and in response to an influenza virus that has not achieved the ability to spread easily from person-to-person.

Social Distancing: Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other.

- These strategies could include:
 - closing public and private schools,
 - minimizing social interactions at colleges and libraries,
 - closing non-essential government functions,
 - implementing emergency staffing plans for the public and private sector including increasing telecommuting, flex scheduling and other options and
 - closing public gathering places including stadiums, theaters, churches, community centers and other facilities.
- Implementation of social distancing strategies in Lincoln County may create social disruption and significant long-term economic impacts. It is unknown how the public will respond to these measures. Decisions will be made jointly and concurrently by the health officer and the BOH regarding social distancing.
- The health officer will review social distancing strategies and current epidemiology and coordinate with leadership of towns in Lincoln County regarding social distancing actions that should be implemented to limit the spread of the disease.
- The health officer will also consult with local school superintendents and school presidents regarding the closing of all public and private schools and minimizing social interactions at colleges, universities and libraries in Lincoln County.
- If social distancing strategies are initiated, the health officer will monitor the effectiveness of social distancing in controlling the spread of disease and will advise appropriate decision makers when social distancing strategies should be relaxed or ended.

Public Health Services: During a pandemic, LCHD may suspend routine department operations to provide staff for flu clinics, triage centers and telephone triage services. The Health Officer, Director or Public Health Manager will assess the need to reprioritize department functions and will direct the mobilization of staff to meet emerging needs of the pandemic.

Recovery: Recovery from an influenza pandemic will begin when it is determined that adequate supplies, resources and response system capacity exists to manage ongoing activities without continued assistance from pandemic response systems.

- In consultation with the healthcare providers and local elected leaders, the health officer will recommend specific actions to be taken to return the health care system and government functions to pre-event status.
- LCHD will assess the impact of the pandemic on the community's health as measured by morbidity and mortality and report findings to all response partners.
- Preparedness program will conduct an after action evaluation of the pandemic response. The evaluation will include recommendations for amendments to this plan.

Plan Maintenance

This plan is reviewed and signed the by the Health Officer and Board of Health Chair or designee(s) annually.

2022 Animal Shelter Counts

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Impound:	12	18	15	26	24	24	20	18	27	21	27	13	245
L-Dog	9	12	10	21	13	17	7	11	4	17	8	11	140
L-Cat	0	0	0	0	0	0	0	0	0	0	0	0	0
E-Dog	3	6	5	5	11	7	13	7	23	4	4	2	90
E-Cat	0	0	0	0	0	0	0	0	0	0	15	0	15
Drop-off:	29	33	27	29	43	36	37	39	32	35	19	21	380
L-Dog	1	9	5	3	0	12	3	11	7	0	4	10	65
L-Cat	5	13	2	3	12	13	15	12	12	0	5	3	95
E-Dog	6	6	9	7	7	11	5	2	1	3	5	8	70
E-Cat	17	5	11	16	24	0	14	14	12	32	5	0	150
Reclaim:	10	9	13	19	21	30	17	12	23	20	7	9	190
L-Dog	8	7	8	15	12	13	7	7	4	16	5	7	109
L-Cat	0	0	0	0	0	0	0	0	0	0	0	0	0
E-Dog	2	2	5	4	9	17	10	5	19	4	2	2	81
E-Cat	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Animals Entering Shelter:	41	51	42	55	67	60	57	57	59	56	46	34	625
L-Dog	10	21	15	24	13	29	10	22	11	17	12	21	205
L-Cat	5	13	2	3	12	13	15	12	12	0	5	3	95
E-Dog	9	12	14	12	18	18	18	9	24	7	9	10	160
E-Cat	17	5	11	16	24	0	14	14	12	32	20	0	165
Unclaimed/Surrendered:	31	42	29	36	46	30	40	45	36	36	39	25	435
L-Dog	2	14	7	9	1	16	3	15	7	1	7	14	96
L-Cat	5	13	2	3	12	13	15	12	12	0	5	3	95
E-Dog	7	10	9	8	9	1	8	4	5	3	7	8	79
E-Cat	17	5	11	16	24	0	14	14	12	32	20	0	165

HEALTH AND ENVIRONMENT REGULATIONS
Chapter 3: Lincoln County Wastewater Treatment and Disposal Regulation
10 May 2017 (Revised 10 October 2018)

SUBCHAPTER 1: GENERAL PROVISIONS

3.1.101 INTENT: The purpose of this regulation is to protect the health, safety and welfare of the people of Lincoln County by requiring that on-site wastewater treatment and disposal be accomplished in a manner that prevents the creation of health hazards, adverse environmental effects, the pollution of water, and the use and enjoyment of property.

3.1.102 AUTHORITY:

- (1) Authority for regulations promulgated in this rule is provided for in MCA 50-2-116.
- (2) As required by M.C.A. 50-2-116 (1)(j), the City-County Board of Health for Lincoln County ~~Board of Health~~ hereby recommends the Governing Body adopts by reference A.R.M. Title 17, Chapter 36, Subdivisions/On-Site Subsurface Wastewater Treatment as a part of the Lincoln County Wastewater Treatment and Disposal Regulation. Such adoption, if adopted, is noted at the end of the Regulation.

3.1.103 DEFINITIONS: The following definitions shall apply in the interpretation and enforcement of this rule:

- (1) "Altered" - to have physically changed a wastewater treatment and disposal system
- (2) "Affidavit" – Affidavit of Wastewater Treatment and Disposal System Compliance Review for System Installed, Repaired or Replaced Without a Valid Permit may be used to remove illegal status of a system installed without a permit
- (3) "As-Built" – an accurate drawing submitted by the installer showing the measured placement of all subsurface wastewater treatment system components relative to property boundaries and common reference points
- ~~(2)~~(4) "Board of Health" – is the City-County Board of Health of Lincoln County
- ~~(3)~~(5) "Department" – Lincoln County Health Department
- (6) "Health Officer" – Lincoln County Health Officer or their designated representative
- (7) "Infiltrators" – leaching chambers with an open bottom, structurally designed to carry the earth loading
- (4)(8) "Governing Body" – Identified in the Board of Health Bylaws as the Lincoln County Board of Commissioners
- (9) "Licensed Installer" – a contractor person holding a current license, issued by the Department, to install, alter or repair wastewater treatment and disposal systems regulated by the Board of Health
- ~~(5)~~(10) "Licensed Site Evaluator" – a person holding a current license, issued by the Department, to conduct percolation tests and soil profiles
- ~~(6)~~(11) "Person" – any individual, institution, corporation, association, or other private or governmental entity
- (12) "Primary Treatment" – a treatment system, such as a septic tank, that provides retention time to settle the solids in raw wastewater and that retains scum within the system
- ~~(7)~~(13) "Replacement System" – a wastewater treatment and disposal system installed to replace an existing system that is failed, failing or contaminating. New systems that serve an expanded home, or installed to relocate an existing system, are not replacement systems unless the system is replacing a failed, failing, or contaminating system.
- ~~(8)~~(14) "Secondary Treatment" – the further treatment of wastewater after primary treatment, such as in a subsurface drain field
- ~~(9)~~(15) "System" – any on-site wastewater collection, treatment, or disposal system, such as a septic system, ~~holding tank~~, composting toilet, or portable toilet, that provides primary or secondary treatment or containment.
- ~~(10)~~(16) "Wastewater" – water-carried waste including, but not limited to, household, commercial, or industrial wastes, chemicals, human excreta, or animal and vegetable matter in suspension or solution

SUBCHAPTER 2: COMPLIANCE REQUIREMENTS

3.2.101 PROHIBITED ACTS:

- (1) It shall be unlawful to violate any provision of this regulation.
- (2) It shall be unlawful for any person to install, construct, alter, extend, repair, or use a wastewater treatment and disposal system that is in violation of this regulation.
- (3) It shall be unlawful to use a malfunctioning system, to remove wastewater or human excreta from a system and dispose of it in or at an unauthorized location, or to collect and/or dispose of wastewater or human excreta in an unpermitted manner.
- (4) It shall be unlawful for any person to use a wastewater treatment and disposal system that does not have a valid permit issued by Lincoln County if one was required at the time of construction.
- (5) Structures designed and constructed for occupancy by people that have water service must not be occupied unless connected to an authorized wastewater treatment and disposal system.
- (6) A recreational vehicle that has skirting installed or has been occupied on a single parcel or lot for more than 30 days must be connected to an authorized wastewater treatment and disposal system.
- (7) No person may use a wastewater treatment and disposal system that is located in a floodplain unless the system was installed according to the regulations effective at the time of installation. No person may increase use to a wastewater system in the floodplain.
- (8) Holding tanks are not allowed.

3.2.102 PERMIT: A valid permit issued by the Department is required before installation, repair, modification, replacement or increased use of a wastewater treatment and disposal system ~~can be installed, constructed, altered, extended, placed or replaced.~~

- (1) An application for a permit shall be made to the Department. The application shall be made by the owner of the property, or his authorized agent, on a form provided by the Department; signed and dated by the applicant and shall include the following information:
 - (a) The name, address and telephone number of the ~~property owner~~ applicant.
 - (b) A legal description, size and address of the property on which the system is located or proposed.
 - (c) ~~A site plan.~~ A site evaluation shall be made as required by A.R.M. 17.36.101(55) to determine if a site is suitable for the installation of a subsurface wastewater treatment and disposal system. The evaluation ~~and site plan~~ shall be made by ~~the property owner or a licensed installer~~ a qualified site evaluator on forms provided by the Department and shall include the information necessary to complete the forms and any additional information deemed necessary by the Department to ensure compliance with this regulation.
 - ~~(e)~~ (d) A site plan showing locations of proposed wastewater treatment and disposal system components and other structures and features necessary to determine if a site is suitable.
- (2) A permit shall be issued upon approval of the application by the Department, and the payment of the permit fee. Once a permit has been issued by the Department, construction may begin.
- (3) Permit fees are included in the Wastewater Fee Schedule and approved by the Board of Health and Governing Body. The current Wastewater Fee Schedule is by this reference incorporated herein. Checks shall be payable to Lincoln County. This fee is non-refundable.
- (4) A new waste water source may be connected into an existing system provided the system meets the following criteria:
 - (a) The system has been described as to its location, composition, capacity and soundness in written notice provided to the Department.
 - (b) The system has adequate capacity to treat anticipated maximum daily wastewater discharges.
 - (c) The system provides primary and secondary treatment.
 - (d) The system ~~generally~~ complies with this regulation.
- (5) A permit shall be issued to replace a system provided the following conditions are met:
 - (a) The existing system cannot be effectively repaired.
 - (b) The replacement system complies with this regulation.

- (c) A variance has been granted by the Board of Health in accordance with A.R.M. 17.36.922, if one is needed.
- (6) If a ~~permit has not been used for its intended purpose, and the~~ system has not been approved within twelve (12) months of the date the permit was issued, the permit shall expire and will be invalid. The permit may be extended at the discretion of the Department.
- ~~(7)~~ -Any changes in plans, details or specifications of construction not approved by the Department, after the permit is issued, shall invalidate the permit and a new permit will be required for installation.
- (8) The system is not eligible for permitting if installation, repair, modification, replacement, or increased use of a system starts prior to a valid permit being issued. An Affidavit of Wastewater Treatment and Disposal System Compliance Review for System Installed, Repaired or Replaced without a Valid Permit (Affidavit) may be issued if requirements for the Affidavit are met by the applicant.
- (89) The Department shall disapprove an application for a permit in writing if they determine that any of the following conditions exist:
- The system will not comply with this regulation.
 - The application is incomplete.
 - The permit fee has not been paid in full.
 - The tract of land on which the system is proposed is being reviewed under the Sanitation in Subdivision Act.
 - The system would violate the provision of a Certificate of Survey (COS) plat approval.
- ~~(109)~~ A permit denial may be appealed to the Board of Health as provided in A.R.M. 17.36.922. The appeal must be made in writing and submitted to the Board of Health within sixty (60) days of the denial. If a request for variance is denied by the Board of Health, the appellant may seek a variance from the State, according to the provisions in A.R.M. 17.36.924. To the extent the appeals contemplated in this provision are subject to the Lincoln County Notice of Violation & Abatement Order Review Process, the terms of that Regulation are incorporated herein.
- (11) If a permit is not issued, the application expires one (1) year after the date of submittal.

3.2.103 INSTALLER LICENSE

- It shall be unlawful for any person, except as delineated in this section, to construct or alter a wastewater treatment and disposal system within Lincoln County unless that person holds a valid Lincoln County Wastewater Treatment and Disposal System Installer's License. A homeowner constructing or altering an individual standard gravity system for his/her own residence upon his/her own property is exempt from this requirement but remains subject to all provisions of this regulation, including permitting, and inspections as deemed appropriate by the Department. Builders who may own several parcels of land and who build structures on these parcels for sale, rent or lease and not for the purpose of their residing in said structures, shall not be considered a "homeowner" and are not exempt from this requirement.
- All first-time applications for installer licenses shall be made to the Department who may grant the license upon completion of the following:
 - Name, address and telephone numbers of the applicant.
 - Passing the required examination with a score of at least 85%.
 - Receipt of the license fee payment. License fees are included in the Wastewater Fee Schedule and approved by the Board of Health and Governing Body. The current Wastewater Fee Schedule is by this reference incorporated herein. Checks shall be payable to Lincoln County. This fee is non-refundable.
- All applications for license renewal shall contain all the elements of a first-time application except that the examination requirement may be waived if the applicant has demonstrated knowledge of good wastewater treatment and disposal system design and/or installation in the year immediately preceding the application.
- Installer licenses shall be valid for ~~the two years stated on the calendar year in which the license was issued, the license~~ unless revoked, and shall be renewable prior to expiration. Licenses are not transferable.
- Installer licenses may be denied for any of the following reasons:
 - Having constructed or altered a wastewater treatment and disposal system without a valid

- permit, and/or,
- (b) Having a license revoked within twelve (12) months preceding the application, and/or,
 - (c) Failure to meet the terms of the License Application.
- (6) Installer licenses are the property of the Department and may be revoked by the Department at any time for the following reasons:
- (a) Installation of a wastewater treatment and disposal system prior to the issuance of a permit, and/or,
 - (b) Failure to gain approval for a wastewater treatment and disposal system installation, and/or,
 - (c) Failure to correct violations or deficiencies noted during inspection, and/or,
 - (de) Having provided false evidence or information to obtain a permit or gain approval of an installation.
- (7) In the event that a revocation of the license is deemed appropriate, the Department shall notify the licensee in writing that the license has been revoked. Reasons for the revocation shall be specified in the letter and it shall be given to the licensee by personal delivery or certified-registered mail.
- (8) For a first violation, the license will be revoked until the installer again passes the required examination with a score of at least 85% and pays the exam fee. For subsequent violations, the term of revocation will be for a minimum of one calendar year from the date of violation or longer as determined by the Board of Health, from the date of violation or longer as determined by the Board of Health.

3.2.104 QUALIFIED SITE EVALUATOR

- (1) A site evaluation must be conducted by an approved site evaluator who has demonstrated knowledge of soils and site characteristics and how they relate to the design and function of wastewater treatment and disposal systems.
- (2) The following persons are accepted as qualified site evaluators in Lincoln County:
 - (a) Professional engineers
 - (b) Persons possessing a B.S. degree in geology, hydrogeology, or soils science
 - (c) Registered Sanitarians
 - (d) Other persons with equivalent expertise or experience as determined by the Department

3.2.1054 INSPECTION AND OPERATION

- (1) All systems must receive final approval from the Department for a permit to be valid.
- (2) All new or altered systems shall be inspected by the Department, or by a Department licensed installer, prior to backfilling, unless specific permission has been granted by the Department to backfill a portion of the system prior to inspection or the Department has determined that an inspection is not necessary.
- (3) Inspection of pressure dosed systems will include observed hydraulic analysis, show no greater than 10% variation in distribution of dose across the entire distribution system, and demonstrate minimum pressure as required in Circular DEQ 4. With prior approval, a portion of the system may be covered and the squirt test observed at the ends of each lateral.
- (4) The applicant or licensed installer shall notify the Department at least forty-eight (48) hours three business days prior to backfilling, so that arrangements for an inspection can be made.
- (5) If the inspection shows that the system is not in compliance with the permit, the system cannot be backfilled until it is brought into compliance. The Department may charge a re-inspection fee to return and re-inspect the system after violations have been corrected or require that the licensed installer provide evidence that the deficiency has been corrected.
- (6) The Department inspector, or licensed installer, shall provide the Department with a signed endorsement attesting that the system has been installed in compliance with the permit. Licensed installers, after receiving approval from the Department, may inspect their own installation and certify the system is installed in compliance with these regulations on forms provided by the Department when Department personnel are unable to inspect the system within three (3) business days of the requested inspection time. The installer must submit a completed inspection of the system, including an As-Built and photo documentation, to the Department within seven (7) days after receiving permission to self-inspect.

(7) Application for a permit confers upon the Department the authority to access the installation site at reasonable times to inspect or collect samples.

3.2.1065 DESIGN AND CONSTRUCTION STANDARDS:

(1) General

- (a) On-site wastewater treatment and disposal systems shall be designed and constructed in accordance with the requirements described in A.R.M. Title 17, Chapter 36 and Montana Department of Environmental Quality Circular Circular-DEQ 4 which are included in A.R.M. Title 17, Chapter 36 by reference unless a more specific requirement is included in this regulation. Copies of the Regulation and Circulars can be obtained from the Department.
- (b) Minimum Horizontal Setbacks must conform to ARM 17.36.323 or ARM 17.36.918, whichever is applicable to the specific parcel.
- (c) Applicants proposing a new wastewater treatment and disposal system, or increased use of a system, must designate a full sized replacement area that meets all the criteria for the initial drainfield or absorption system.
- (d) Projected residential wastewater flows will be based on the number of bedrooms. A bedroom is any room that is or may be used for sleeping. For purposes of sizing, an unfinished basement or a bathroom in a shop/garage are considered to be an additional bedroom. Facilities for dumping wastewater from an RV are considered an additional bedroom with a wastewater flow rate of 50 gallons per day if no water hookup is provided and 100 gallons per day if water hookup is provided.
- (e) Site evaluation requires percolation test(s), a soil profile description to a minimum depth of 8-10 feet, depth to groundwater, and distance to surface water. Groundwater monitoring may be required at marginal sites.
- (f) A structure, movable or immovable, may not be located over or moved onto any part of the drainfield. The drainfield or other absorption system must be located and protected in a manner that prevents vehicles from passing over or parking on top of the system. This area must be kept free of all obstructions, including pavement, which will prevent air from penetrating the soil.

(2) Design

- (a) Wastewater Treatment and Disposal Systems may be designed by the Department, a licensed professional engineer, a licensed installer, a qualified site evaluator, or a registered sanitarian.
- (b) The Department may require a wastewater treatment and disposal system be designed by a professional engineer or a registered sanitarian when the system:
 - i. is an experimental, alternative or advanced treatment system
 - ii. requires a Request for Variance from regulations
 - iii. serves a commercial or industrial establishment, or a multi-family residence
 - iv. is located on a site with difficult site conditions
- (c) No system or any portion of a system may be located on a slope that exceeds 25%. Systems installed on slopes between 15% and 25% will require an engineer's soil stability report.
- (d) Drainfields may not be located within 100 horizontal feet of a floodplain or flood-prone area as delineated by the most current FEMA floodplain maps. If the floodplain has not been designated and its elevation relative to a wastewater treatment and disposal system is in question, the applicant must submit evidence adequate to establish the location of the floodplain. Replacement of systems legally installed in the floodplain or flood-prone area are allowed as described in these regulations.
- (e) Reduction of drainfield size up to 25% may be allowed per the following table if infiltrators are installed:

<u>Percolation Rate (mpi)</u>	<u>Application Rate (gpd/sf)</u>	<u>Reduction %</u>
<u><3</u>	<u>0.8</u>	<u>25</u>
<u>3 - <6</u>	<u>0.8</u>	<u>25</u>
<u>6 - <10</u>	<u>0.6</u>	<u>20</u>
<u>10 - <16</u>	<u>0.5</u>	<u>15</u>
<u>16 - <31</u>	<u>0.4</u>	<u>10</u>
<u>31 or more</u>	<u>0.3 or less</u>	<u>0</u>

SUBCHAPTER 3: ENFORCEABILITY AND PENALTIES

3.3.101 ENFORCEABILITY: The provisions of this regulation are enforceable by the Lincoln County Sheriff's Office, the Health Officer, the Department, or any other law enforcement personnel with jurisdiction.

3.3.102 POWERS AND DUTIES OF THE DEPARTMENT:

- (1) The Health Officer is hereby authorized to enter upon private property to make such inspections as are necessary to determine satisfactory compliance with this regulation.
- (2) The owner or occupant of a property shall give the Health Officer free access to the property at reasonable times for the purpose of making such inspections as are necessary to determine compliance with the requirements of this regulation.
- (3) The Health Officer will determine whether or not this regulation applies after an inspection of the property or area.
- (4) The Health Officer will serve a written Notice of Violation and/or Notice to Appear and Complaint on the person who owns, leases or occupies the property on which a violation of this regulation exists. The notice(s) may be served in person or by certified mail with return receipt.
- (5) The Health Officer can set a deadline for compliance and approve/disapprove a proposed compliance plan.
- ~~(6)~~ (6) If the violation has not been corrected by the deadline, the Health Officer, or their contractor or designee, may enter onto the property for the specific purpose of abating or mitigating the violation.
- ~~(6)~~(7) To the extent the actions contemplated in this Section are subject to the Lincoln County Notice of Violation & Abatement Order Review Process, the terms of that Regulation are incorporated herein.

3.3.103 PENALTIES:

- (1) Violation of any part of this regulation shall constitute a misdemeanor punishable by a fine of not less than Fifty Dollars (\$50.00) nor more than Five Hundred Dollars (\$500.00). Each day of violation will constitute a separate offense. The first day of violation shall be the date of the Notice of Violation.
- (2) Actions to recover the expenses incurred under 3.3.102(6) shall be brought in the name of the county as provided by MCA 50-2-123.

SUBCHAPTER 4: SEVERABILITY AND CONFLICT OF ORDINANCE

3.4.101 CONFLICT: In any case where a provision of this regulation is found to be in conflict with a provision of any zoning, building, fire, safety or health regulation of Lincoln County, existing on the effective date of this regulation, the provision which establishes the higher standard for the protection of public health and safety shall prevail.

3.4.102 SEVERABILITY: If any provision of this regulation is declared invalid by any court or tribunal, the remaining provisions of this regulation shall not be affected thereby.

Board Chair
City-County Board of Health for Lincoln County, MT

Date

HEREBY ADOPTED:

|

Board Chair
Governing Body – Lincoln County Board of Commissioners

Date