LINCOLN COUNTY HEALTH DEPARTMENT Permit #24-5869
ENVIRONMENTAL HEALTH
WASTEWATER TREATMENT AND DISPOSAL SYSTEM PERMIT

Issue Date: 05/02/2024 Expiration Date: 05/01/2025

Property Owner: Tye and Tanya Perrett

Mailing Address: [redacted]

Installer: Patriot Property Services License #: 196

Approved Work: (Check One) ☒ New Installation ☐ Existing System

☐ Replace Drainfield ☐ Replace Tank ☐ Extension

Describe: Installation of new pressure dosed wastewater system.

Legal: UPHAM BEACH, S32, T29 N, R33 W, LOT 15E-15W, ACRES 2.0858

Property Address: 16084 Bull Lake Rd., Troy, MT 59935 Assessment Code: 5869

DEQ COSA: E.Q.# Date:

Approved Design Criteria: Installation of new pressure dosed system with 2 laterals @ 56'.

# of Bedrooms: 4 Septic Tank Size: 1500/500gallons Trench Width: 36"

# of Laterals: 2 Length of Laterals: 56' Trench Depth: 24"-36"

SYSTEM MUST INCLUDE INSTALLATION OF EFFLUENT FILTER AT SEPTIC TANK OUTLET!!

Special Instructions: Install system according to the COSA, lot layout, the Lincoln County Wastewater Treatment and Disposal Regulation, and Circular DEQ-4. Reduction given for chambers. It is the installer's responsibility to ensure that all required horizontal setbacks are met. CHANGES MUST BE PRE-AUTHORIZED BY THE DEPARTMENT.

Issued By: *Robin Blumberg, RS*

NOTICE: The Department must be notified at least 3 business days (72 hours) prior to backfilling the system. Call 406-283-2442. Any system not inspected by the Department or its designated representative prior to closure is an illegal installation in violation of Lincoln County Health Board Regulation Ch. 3. Illegal installations may result in fines and/or requirements to remove or reconstruct the system.

Closure Statement:

This system is in compliance with the approved design criteria and Lincoln County's Wastewater Treatment and Disposal Regulation.

Signed: Robin Blumberg Date: 5/14/24

V Lincoln County Health Department (LCHD) ____ Licensed Installer w/ approval of LCHD

This permit is not finalized until the system is inspected and the closure statement is signed.

This permit is not a guarantee that the system will function properly for a prescribed period of time.

Assessment Code _____

LOT LAYOUT

