DEPARTMENT of ENVIRONMENTAL HEALTH
Wastewater Treatment and Disposal System
PERMIT

Returned (Signed)

Issue Date: 10/8/98 Expiration Date: 10/8/99

Property Owner: ISABEL HEATHER TRUST C/O [redacted] HEATHER

Address: [redacted]

Telephone: (Home) [redacted] (Work) 406-752-8693

Installer: JOHN KAMPFE EXCAVATING License No. 15

____ New Installation ____ Existing System

____ Repair _X_ Replacement ____ Extension ____ Other

Describe: _____

Parcel Description:

Legal: SE¼ SE¼ Soc 29 T29 R33

Address or Location: 15294 BULL LAKE ROAD, TROY

Approved Design Criteria:

Bedrooms 3 Septic Tank Size: 1000 gallons Drainfield Size: 180 lineal feet

INSTALL SYSTEM AS PER APPROVED SITE PLAN (LOT LAYOUT) AND LINCOLN COUNTY WASTEWATER REGULATION #3.

Special Instructions: _____

Issued By: Ronald K Anderson RS

Closure Statement:

I, JOHN KAMPFE, *have inspected this system and found it to be in compliance with the conditions of the permit, and the Lincoln County Wastewater Treatment and Disposal Regulation.*

Signed: John Kampfe Date: 10-18-98

Title: INSTALLER

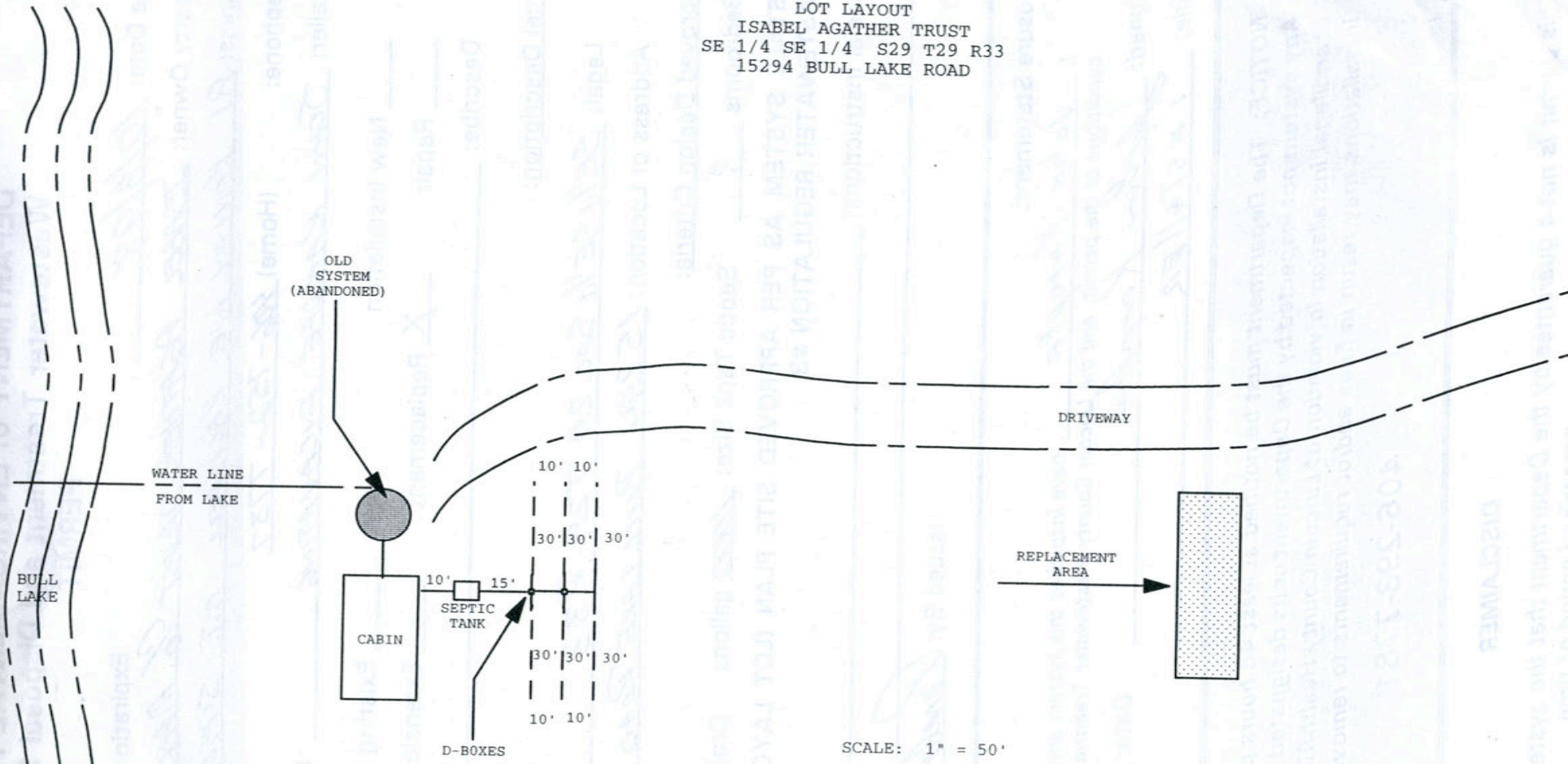
NOTICE: The Department must be notified at least 48 hours prior to backfilling the system. Any system not inspected by the Department or its designated representative prior to closure is an illegal installation in violation of Lincoln County Health Board Regulation No. 3. Illegal installations may result in fines and/or requirements to remove or reconstruct the system.

406-293-7781

DISCLAIMER

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

LOT LAYOUT
ISABEL AGATHER TRUST
SE 1/4 SE 1/4 S29 T29 R33
15294 BULL LAKE ROAD



SCALE: 1" = 50'