LINCOLN COUNTY
DEPARTMENT of ENVIRONMENTAL HEALTH
Wastewater Treatment and Disposal System
PERMIT

Contractor Signature & Date

Issue Date: 9-4-01 Expiration Date: 9-4-02

Property Owner: DARREN COLDWELL

Address: [redacted]

Telephone: (Home) [redacted] (Work) [redacted]

Installer: JOHN KAMPFE License No. 15

✓ New Installation ____ Existing System

____ Repair ____ Replacement ____ Extension ____ Other

Describe: _____

Parcel Description:

Legal: ANGEL ISLAND BLS LOT 17 S½ S20 T29 R33

Address or Location: 240 HALO DRIVE

Approved Design Criteria:

Bedrooms 2 Septic Tank Size: 1000 gallons Drainfield Size: 140 lineal feet

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

Special Instructions: _____

Issued By: John Peterson, RS

Closure Statement:

I, _____, 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: 9-18-01

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

ANGEL ISLAND
BLS, L17

