Revised Installer
Sign + Return

LINCOLN COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
WASTEWATER TREATMENT AND DISPOSAL SYSTEM PERMIT

Issue Date: 06/25/02 Expiration Date: 06/26/03

Property Owner: Robert Cubr c/o: Ben Ulrick

Address: [redacted]

Telephone: (Home) [redacted] (Work)

Installer: John Kampfe License No. 15

__XX__ New Installation _____ Existing System

_____ Repair _____ Replacement _____ Extension _____ Other

Describe:

Parcel Description:

Legal: S20 T29 R33

Address or Location: Lot 22, Block 5 Angel Island -- Halo Drive

Approved Design Criteria:

Bedrooms 2 Septic Tank Size: 1000 gallons Drainfield Size: 150 Linear Feet

Special Instructions: INSTALL SYSTEM ACCORDING TO LAYOUT AND LINCOLN COUNTY WASTEWATER REGULATION #3. ANY DEVIATIONS FROM APPROVED PLAN MUST BE AUTHORIZED BY THE DEPARTMENT.

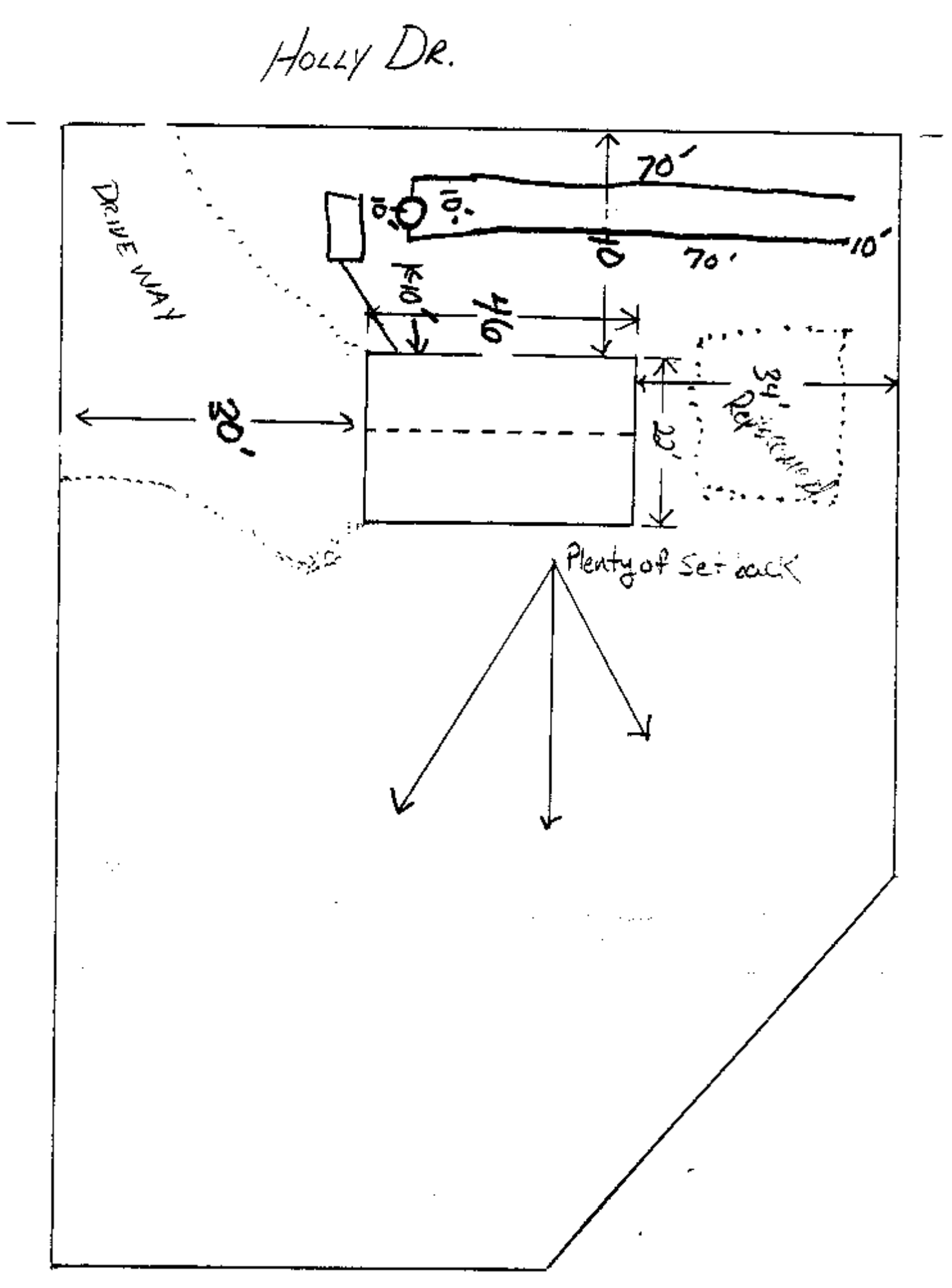
Issued By: Kendra J. Lind, R.S.

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:* 6-27-02

Title: INSTALLER


HOLLY DR.
DRIVE WAY
70'
10'
70'
10'
10'
40'
30'
23'
34'
Plenty of Set back