LINCOLN COUNTY HEALTH DEPARTMENT Permit #24-55688
ENVIRONMENTAL HEALTH
WASTEWATER TREATMENT AND DISPOSAL SYSTEM PERMIT

Issue Date: 08/28/2024 Expiration Date: 08/27/2025

Property Owner: Adam DeNio

Mailing Address: [redacted]

Installer: Bubba Persson License #: 197

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

☐ Replace Drainfield ☐ Replace Tank ☐ Extension

Describe: Installation of new pressure dosed system for 4 Bedroom House.

Parcel Description:

Legal: MOONSHINE MOUNTAIN MEADOWS 2, S07, T35 N, R27 W, ACRES 9.82, LOT 1 PM 7053

Property Address: 801 Moonshine Mtn. Trail, Rexford, MT 59930 Assessment Code: 55688

DEQ COSA: EQ# 24-2081 Date: 07/16/24

Approved Design Criteria: Installation of new pressure dosed system for 4 Bedroom House with 4 Laterals @ 68' with reduction for chambers.

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

# of Laterals: 4 Length of Laterals: 68' 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, R.S.

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:

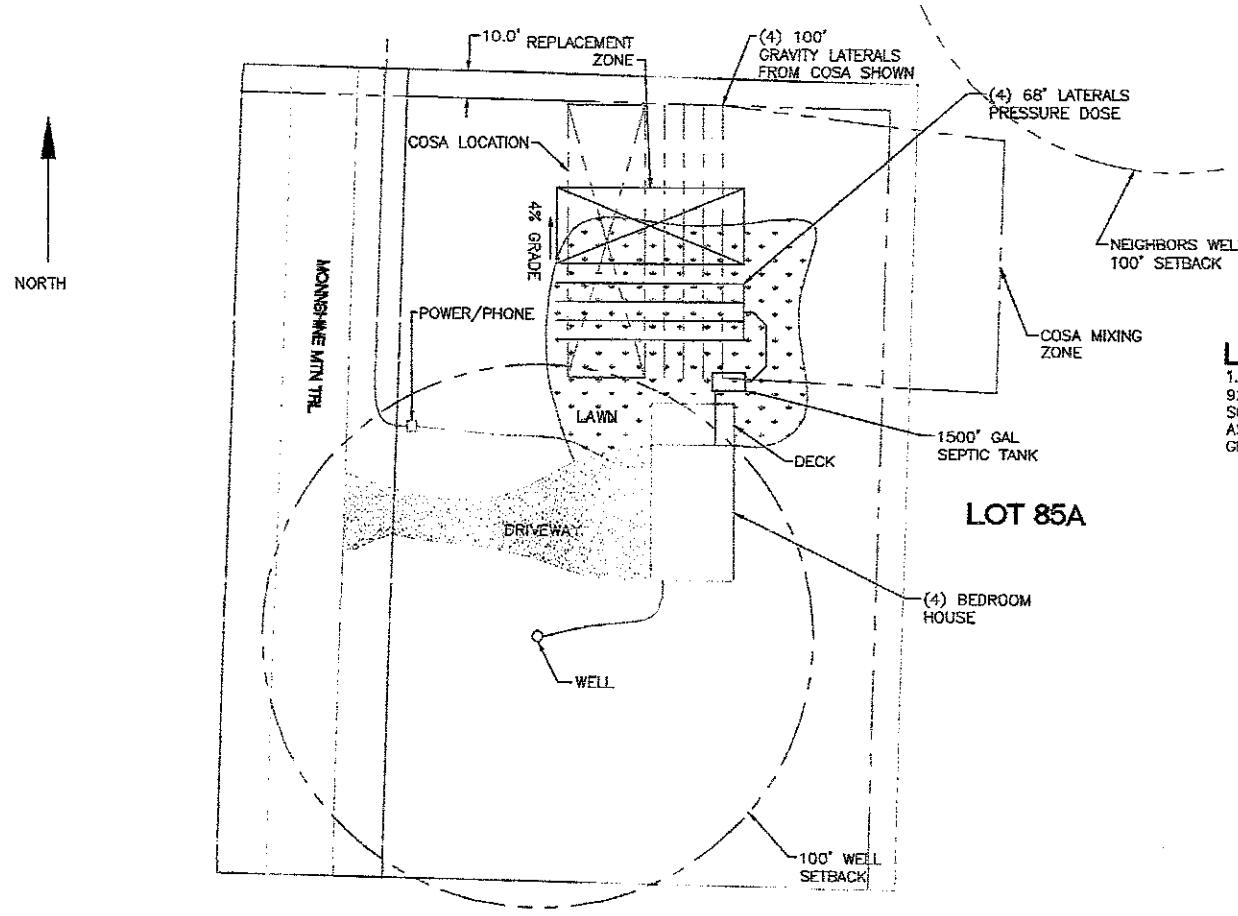
This system is in compliance with the approved design criteria and Lincoln County's Wastewater Treatment and Disposal Regulation.

Signed: Robin Blumberg *Date:* 9/18/24

✓ 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.



DRAINFIELD SIZING

(4) BEDROOM= 350 GPD
350 GPD/0.4 APP= 875 SQFT
875 SQ FT/3' CHAMBERS= 291.6 LF
REDUCTION FOR 0.4 APP= 10%
291.6' X 0.90= (4)–68' LATERALS

LOT 1A

1.67 ACRES
929 MOONSHINE MTN TRL, REXFORD, MT 59930
S07 T35N, R27W, MOONSHINE MTN MEADOWS
ASSESSMENT #0000055688
GEO 56–4716–07–1–02–25–0000

DENIO SITE LAYOUT

MONTANA DESIGN SERVICES
DENIO SEPTIC
SITE LAYOUT
2/21/25
6/6/24
SAS_001
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