LINCOLN COUNTY HEALTH DEPARTMENT Permit # 24-54842
ENVIRONMENTAL HEALTH
WASTEWATER TREATMENT AND DISPOSAL SYSTEM PERMIT

Issue Date: 09/03/2024 Expiration Date: 09/02/2025

Property Owner: Michael and Julie Gordon

Mailing Address: [redacted]

Installer: Elmer Brenneman License #: 170

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

☐ Replace Drainfield ☐ Replace Tank ☐ Extension

Describe: Installation of new gravity septic system to replace unused system.

Parcel Description:

Legal: JENNINGS, S26, T36 N, R28 W, LOT 4A, ACRES 3.96, CS 4184 IN SWNW

Property Address: LOT 4A Kootenai Echo Trail Rexford, MT 59930 Assessment Code: 54842

DEQ COSA: EQ# 05-1483 Date: 12/14/2004

Approved Design Criteria: Installation of new gravity septic system for 3 Bedroom House with 5 Laterals @ 68' with reduction for chambers.

# of Bedrooms: 3 Septic Tank Size: 1000 gallon Trench Width: 24"

# of Laterals: 5 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:

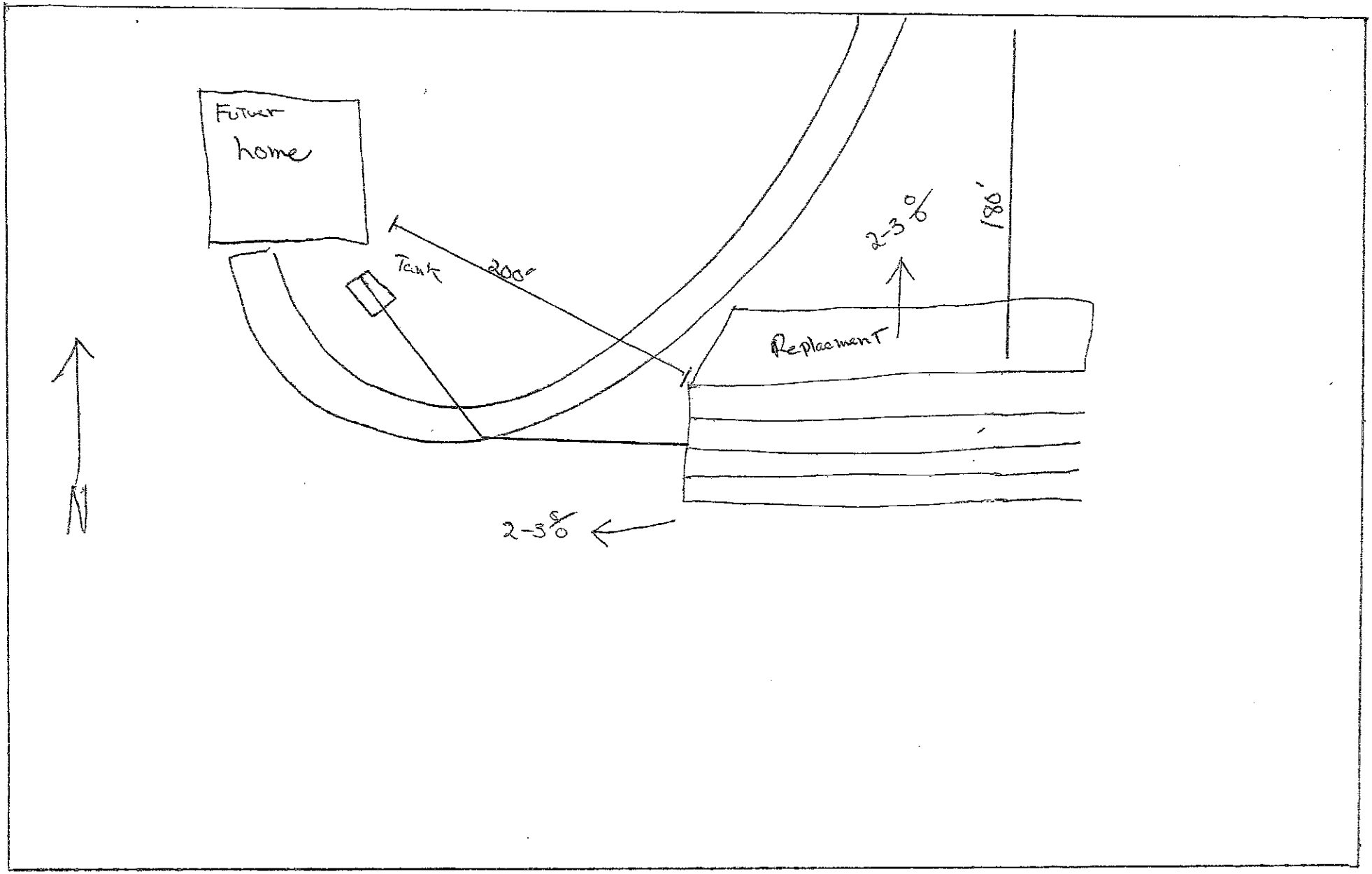
This system is in compliance with the approved design criteria and Lincoln County's Wastewater Treatment and Disposal Regulation.

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

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

DISCLAIMER

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


Future
home
Tank
200'
2-3%
180'
Replacement
N
2-3%