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

Issue Date: 05/14/04 Expiration Date: 05/15/05

Property Owner: Karen M. Leque c/o:

Address: [redacted]

Telephone: [redacted] (Work)

Installer: John Kampfe License No. 15

__XX__ New Installation _____ Existing System

_____ Repair _____ Replacement _____ Extension _____ Other

Describe:

*Parcel Description*:

Legal: N-1/2 S29 T29 R33

Address or Location: Lot 14, Block 5 Angel Island

*Approved Design Criteria:*

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

**SYSTEM MUST INCLUDE INSTALLATION OF EFFLUENT FILTER AT SEPTIC TANK OUTLET !!**

***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:* _____ *Date:* _____

*Title:* _____

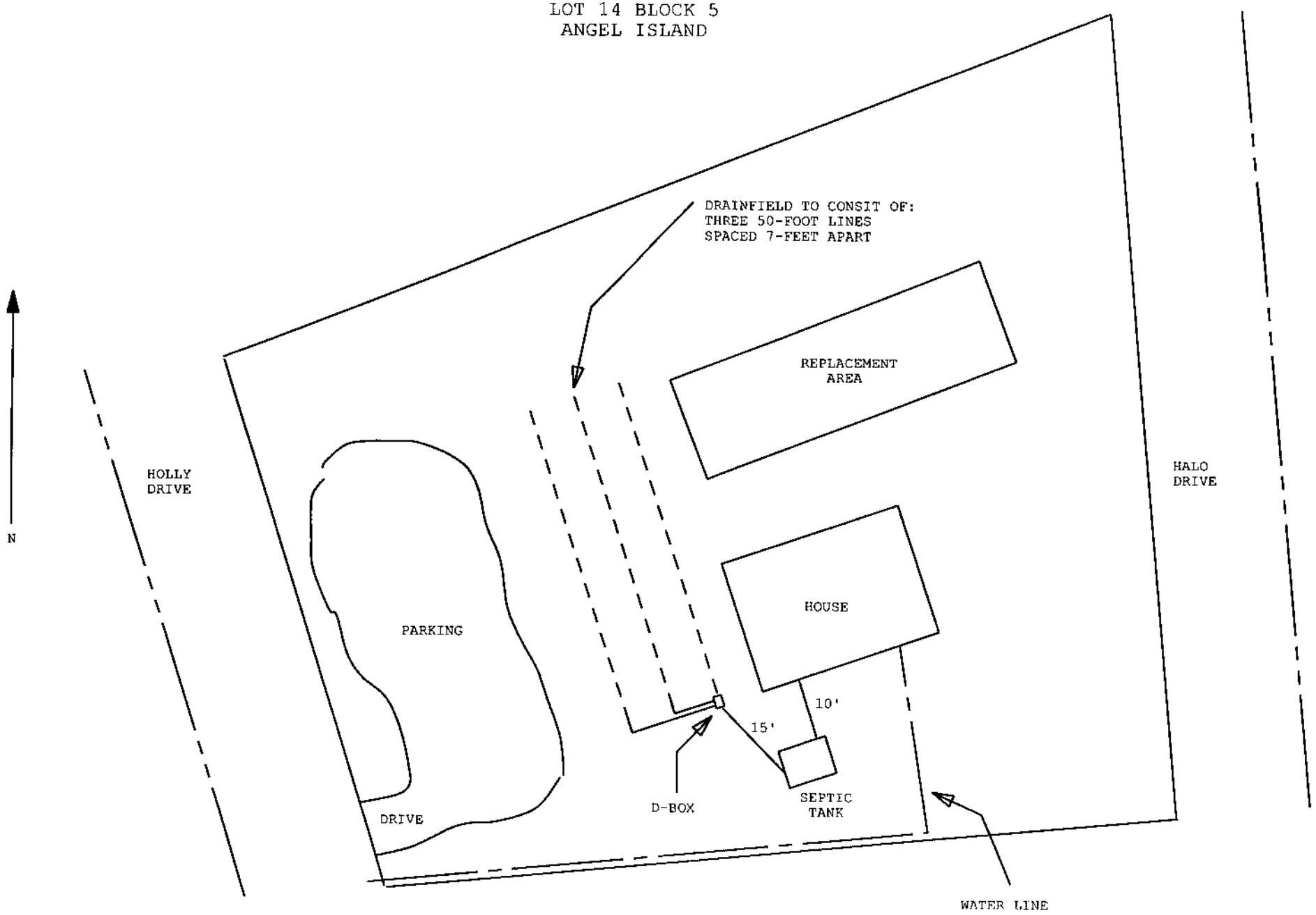
**NOTICE: The Department must be notified at least 48 hours prior to backfilling the system. Any system not inspected by the Department or its designated representative prior to closure is an illegal installation in violation of Lincoln County Health Board Regulation No. 3. Illegal installations may 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
KAREN M. LEQUE
LOT 14 BLOCK 5
ANGEL ISLAND




SCALE: 1" = 20'