Licensed Installer
Sign & Return

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

Issue Date: 09/10/98 Expiration Date: 09/11/99

Property Owner: Harold & Abby Magnuson c/o: _____

Address: [redacted]

Telephone: (Home) _____ (Work) _____

Installer: Tally Hoe License No. 1

XX New Installation _____ Existing System

_____ Repair _____ Replacement _____ Extension _____ Other

Describe: _____

Parcel Description:

Legal: S20 T29 R33

Address or Location: Lot 9 Block 5 Angel Island

Approved Design Criteria:

Bedrooms 2 Septic Tank Size: 1000 gallons Drainfield Size: 130 lineal feet

INSTALL SYSTEM ACCORDING TO LOT LAYOUT AND LINCOLN COUNTY WASTEWATER REGULATION #3.

Special Instructions: ***DEVIATIONS FROM APPROVED PLAN MUST BE AUTHORIZED BY THE DEPARTMENT.***

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

Closure Statement:

I, Tom Cole *, 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: Thomas J. Cole *Date:* 9-18-98

Title: OWNER/ OPERATOR

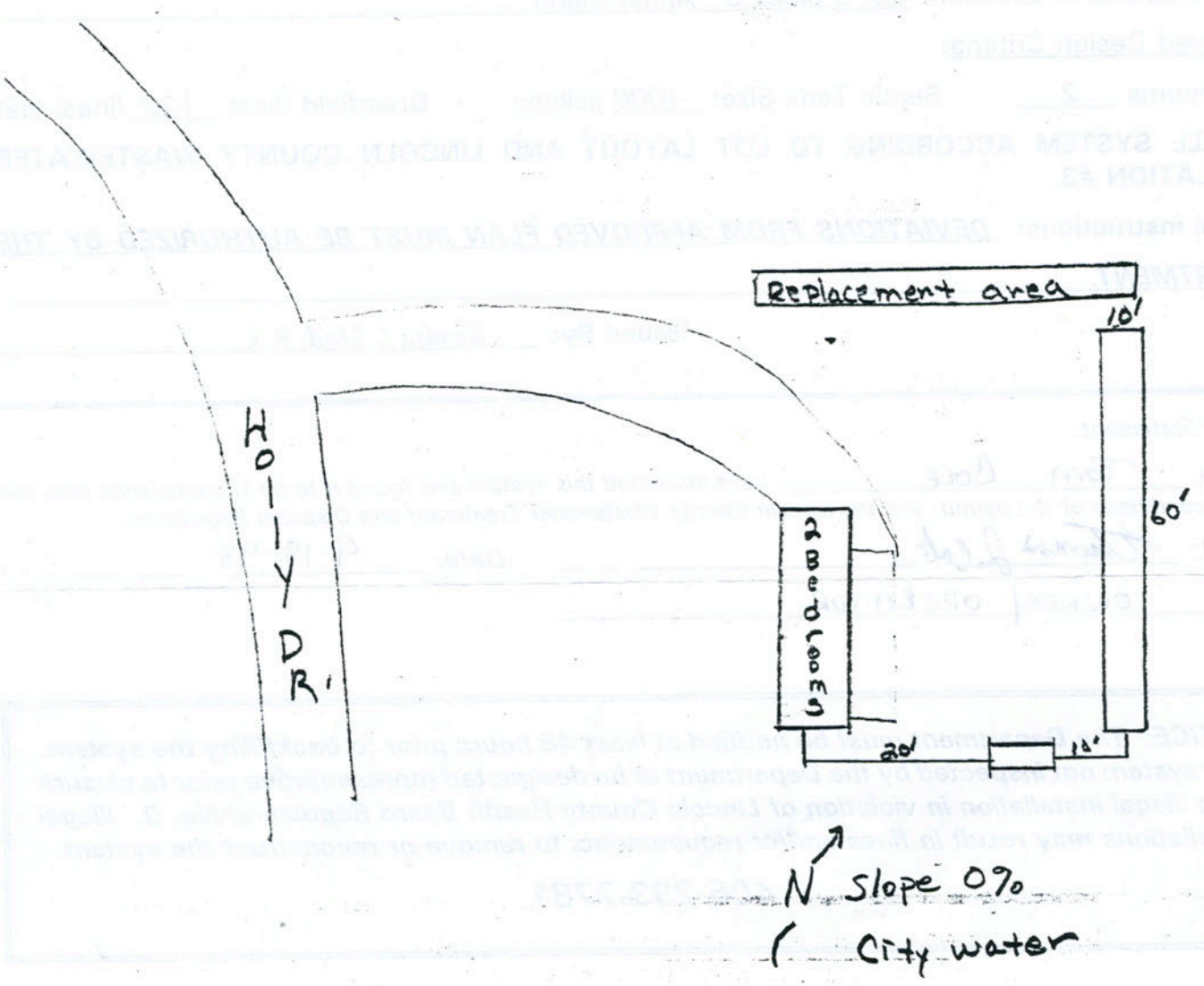
NOTICE: The Department must be notified at least 48 hours prior to backfilling the system. Any system not inspected by the Department or its designated representative prior to closure is an illegal installation in violation of Lincoln County Health Board Regulation No. 3. Illegal installations may result 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


Replacement area
10'
60'
20'
12'
Existing House
HOLLY DR.
N
Slope 0%
City water