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

Issue Date: 04/17/2023 Expiration Date: 04/16/2024

Property Owner: Irene Basham

Mailing Address: [redacted]

Telephone: E-mail:

Installer: Tally Hoe License #: 1

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

☐ Replace Drainfield ☒ Replace Tank ☐ Extension

Describe: Replace Old Metal Tank

Parcel Description:

Legal: Mahoney's Suburban Addn S32, T31, N, R31 W, Block 004, Acres0.558, Lots 3 & N2 of 4 BLK 2

Property Address: 60 Conifer Rd, Libby, MT 59923 Assessment Code: 9687

DEQ COSA: Date:

Approved Design Criteria: Pressure-Dosed, Shallow Capped System

# of Bedrooms: 3	Septic Tank Size: 1000 gallons	Trench Width:
# of Laterals:	Length of Laterals:	Trench Depth:

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. It is the installer's responsibility to ensure that all required horizontal setbacks are met. Reduction given for chambers. CHANGES MUST BE PRE-AUTHORIZED BY THE DEPARTMENT.

Issued By: Robin Blumberg, SIT

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 Thomas J. Cole *Date:* 4-24-23

____ 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.

REPLACEMENT

SEPTIC TANK PERMIT for LINCOLN COUNTY

Phone 293-3652

Permit Sent ____

Date 5-7-81

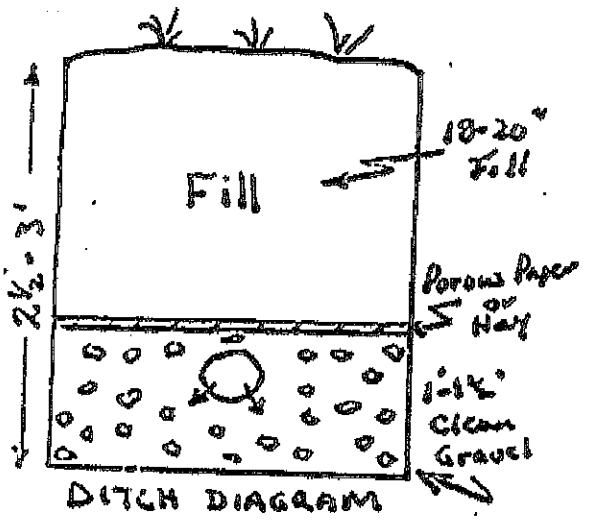
Property Owner IRENE BASHAM Address ____
c/o FRANK SCHAD. P.O. Box 992 - Libby
Lot, Block Number, or legal description of Property LINCOLN HILLS LOT

To be built by: Self Square feet absorption area. 300

Septic Tank Size - # of bedrooms 2 Water Supply City

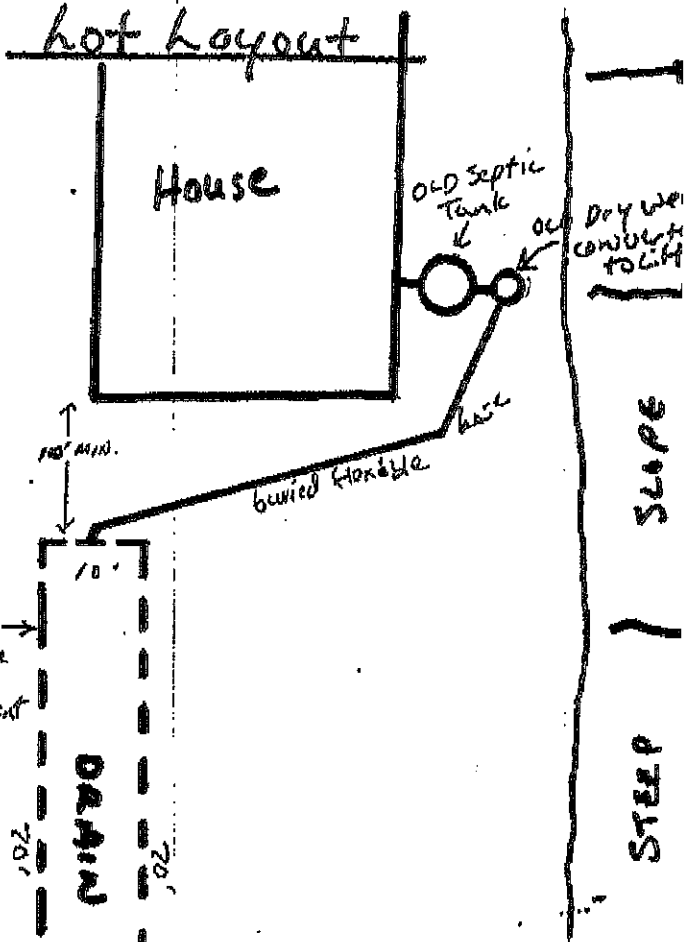
Description of Absorption Area: Dig a ditch 150' long x 2½-3' deep x 2' wide according to lot layout and ditch diagram. Slope of pipe should not exceed a 1% drop. Use attached diagram as guide for lift station construction.

Sketch; Must include property lines, buildings, and proposed septic tank-drainfield layout. Sketch must show distance from absorption area to wells, springs, streams, or lakes. Indicate depth of water table. Indicate slope.



DITCH DIAGRAM

Alternate



SOIL: Silty loam

SLOPE: 0-1%

Issued by Johnes. Peterson, R.S. Inspected by ____

Date 5-7-81