Permit # 23-11132

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

Issue Date: 07/13/2023 Expiration Date: 07/12/2024

Property Owner: Cam Foote

Mailing Address: [redacted]

Telephone: [redacted] E-mail: [redacted]

Installer: Homeowner License #:

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

☐ Replace Drainfield ☐ Replace Tank ☐ Extension

Describe: Installation of new gravity system with 3 laterals @ 68'.

*Parcel Description:*

Legal: WILDERNESS PLATEAU, S19, T31 N, R33 W, BLOCK 003, LOT 034, ACRES 0.506, *11132*

Property Address: Snowshoe Ln., Troy, MT 59935 Lot 34 Assessment Code: 11132

DEQ COSA: EQ# Date:

*Approved Design Criteria: Installation of gravity system with 3 laterals @ 68'. Five feet of native soil between trenches. Trenches 24" wide and 24"-36" deep.*

| | | |
|---|---|---|
| # of Bedrooms: 3 | Septic Tank Size: 1000 gallons | Trench Width: 24" |
| # of Laterals: 3 | 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, 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:* John Blumberg *Date:* 8/7/23

__V__ 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.

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Assessment Code _____

## LOT LAYOUT

