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

Issue Date: 12/28/2023 Expiration Date: 12/27/2024

Property Owner: Lincoln County (Eureka Road Department)

Mailing Address: [redacted]

Telephone: 406-212-0457 E-mail: road3@libby.org

Installer: License #:

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

☒ Replace Drainfield ☒ Replace Tank ☐ Extension

Describe: Installation of gravity system with 2 laterals @ 100' each, chambers

Parcel Description:

Legal: S04 T36N R27W, COS PM 6918, remainder parcel TRS 6-6A-5 & CS 294 TR 5B

Property Address: 141 Iowa Flats Rd, Eureka, MT Assessment Code: 6943

Size: 88.6 Acres

Approved Design Criteria: 3 bedroom mobile home and shop with 7 employees

Estimated Flow: 400 gpd Septic Tank Size: 1500 gallons Trench Width: 24"

# of Laterals: 2 Length of Laterals: 100' each Trench Depth: 24"-36"

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

Special Instructions: Install system according to the 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. CHANGES MUST BE PRE-AUTHORIZED BY THE DEPARTMENT.

Issued By: *Kathi Hooper, RS*

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: _____ *Date:* 1-4-24

X 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.

Assessment Code _____

LOT LAYOUT

