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

Issue Date: 07/12/2023 Expiration Date: 07/11/2024

Property Owner: Teresa McLeod

Mailing Address: [redacted]

Telephone: 406-293-0797 E-mail:

Installer: Patriot Property Services License #: 196

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

☒ Replace Drainfield ☒ Replace Tank ☐ Extension

Describe: Installation of replacement system with four 3' dry wells.

Parcel Description:

Legal: PIONEER JUNCTION, S26, T30 N, R31 W, BLOCK 005, LOTS 28 THRU 36 BLK 5, ASSR

Property Address: 585 Granite Ave., Libby, MT 59923 Assessment Code: 3200

DEQ COSA: Date:

Approved Design Criteria: Installation of replacement system. A variance was issued by BOH allowing the drainfield to be within the 100' well isolation zone at a distance of 80'. No additions or change of use will be allowed.

# 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. 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: Robin Blumberg *Date:* 7/14/23

✓ 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.

Teresa Mcleod

Assessment Code _____

LOT LAYOUT

