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

Issue Date: 05/12/2023 Expiration Date: 05/11/2024

Property Owner: Ron Miller

Mailing Address: [redacted]

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

Installer: Terry Oedewaldt License #: 002

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

☐ Replace Drainfield ☒ Replace Tank ☐ Extension

Describe: Replacement tank

Parcel Description:

Legal: AUSTIN ACRES, S23, T30 N, R31 W, BLOCK 2, LOT 20

Property Address: 232 Farm to Market Rd. Libby, MT 59923 Assessment Code: 3433

DEQ COSA: Date:

Approved Design Criteria: Replacement tank 1000 gallon.

# of Bedrooms: Septic Tank Size: 1000 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: _____ *Date:* _____

_____ Lincoln County Health Department (LCHD) _____ Licensed Installer w/ approval of LCHD

This permit is not finalized until the system is inspected and the closure statement is signed.

This permit is not a guarantee that the system will function properly for a prescribed period of time.

Assessment Code _____

LOT LAYOUT

