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

Permit # 24-11038

Issue Date: 07/22/2024 Expiration Date: 07/21/2025

Property Owner: Overdale Lodge LLC.

Mailing Address: [redacted]

Installer: Patriot Property Services License #: 196

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

☒ Replace Drainfield ☒ Replace Tank ☐ Extension

Describe: Installation of replacement pressure dosed system.

Parcel Description:

Legal: S11, T35 N, R32 W, COS 788, ACRES 158.7156, HES 452

Property Address: 1076 Overdale Lodge Rd., Troy, MT 59935 Assessment Code: 11038

DEQ COSA: EQ# Date:

Approved Design Criteria: Installation of replacement pressure dosed system. A Variance was granted on July 2 by the Lincoln County-City Board of Health for drainfield reduction from 333'-300'. The variance must be recorded on the property with the Lincoln County Clerk & Recorder. No other extensions or modifications are allowed.

# of Bedrooms: 3 Septic Tank Size: 1000/500 gallons Trench Width: 36"

# of Laterals: 3 Length of Laterals: 100' 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, R.S.*

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.

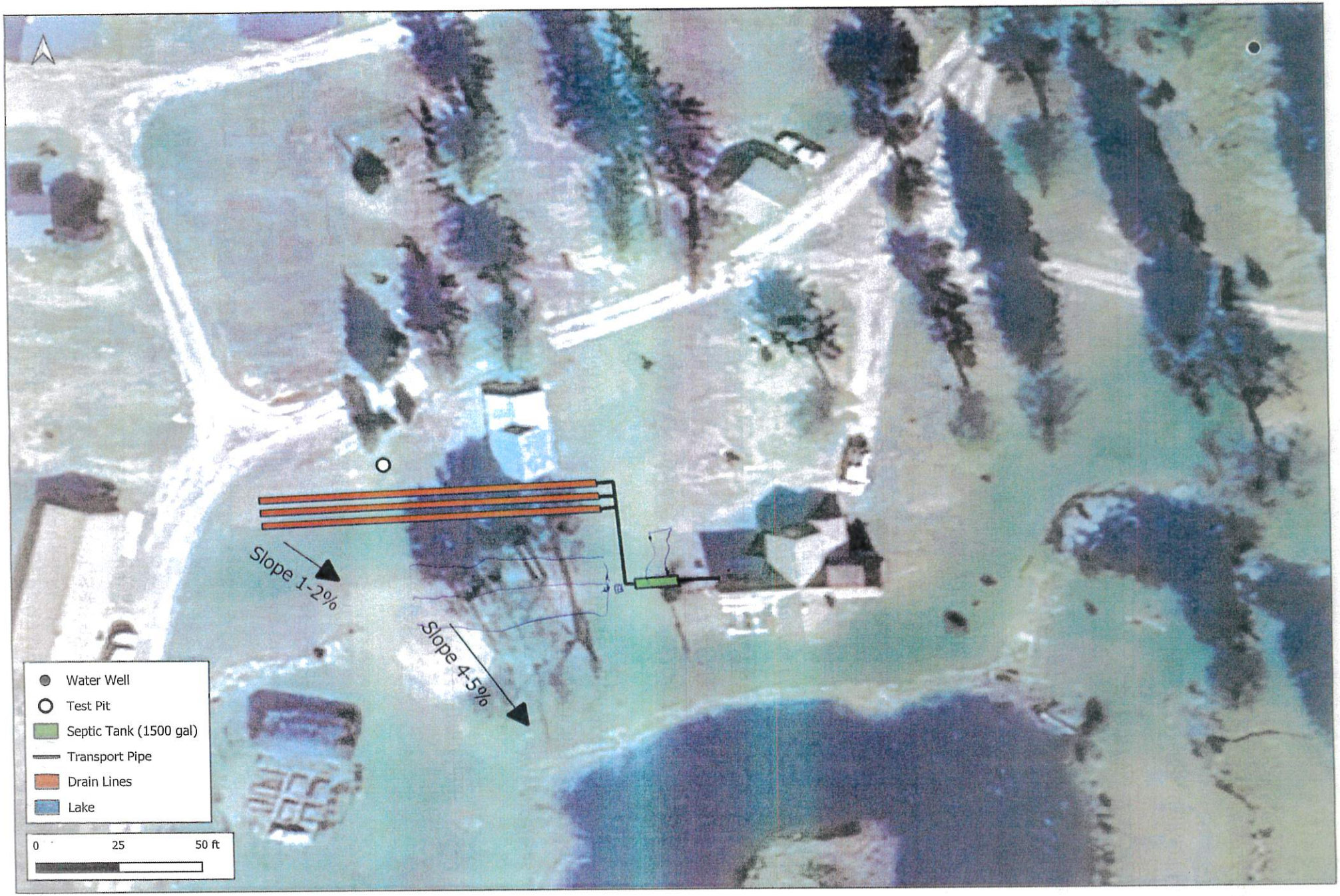
Signed: _____ *Date:* _____

_____ 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.

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Proposed Lot layout