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

Issue Date: 03/31/2023 Expiration Date: 03/31/2024

Property Owner: Brandon & Jessica Sickler

Mailing Address: [redacted]

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

Installer: Licensed Installer Required License #:

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

☐ Replace Drainfield ☐ Replace Tank ☐ Extension

Describe: Septic for garage with bathroom. Possibly future home.

Parcel Description:

Legal: Parkside @ Fisher S14, T27N, R28W Lot 32

Property Address: 248 Rogers Mountain Loop Assessment Code: 56138

Approved Design Criteria:

# of Bedrooms: 3 Septic Tank Size: ~~1500~~ 1000 gallons Trench Width: 24 inches

# of Laterals: 2 Length of Laterals: 100 lineal feet Trench Depth: ~~18~~ 24 inches

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: Kathi J. Hooper, 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: [signature] *Date:* 6/21/23

_____ 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.

Assessment Code _____

LOT LAYOUT

