LINCOLN COUNTY HEALTH DEPARTMENT Permit #24-10426
ENVIRONMENTAL HEALTH
WASTEWATER TREATMENT AND DISPOSAL SYSTEM PERMIT

Issue Date: 04/15/2024 Expiration Date: 04/14/2025

Property Owner: Joel Sieler

Mailing Address: [redacted]

Installer: Bradley Persson License #: 159

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

☒ Replace Drainfield ☒ Replace Tank ☐ Extension

Describe: Installation of replacement wastewater system.

Legal: S01, T36 N, R28 W, COS 4159, TRACT 2

Property Address: 34 Joe Rd., Eureka, MT 59917 Assessment Code: 10426

DEQ COSA: E.Q.#99-2025 Date: 01/25/1999

Approved Design Criteria: Installation of replacement wastewater system.

# of Bedrooms: 3 Septic Tank Size: 1500gallons Trench Width: 24"

# of Laterals: 5 Length of Laterals: 48' 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. 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, 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: Robin Blumberg *Date:* 4/11/24

✓ 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.

A well.

Assessment Code _____

N

LOT LAYOUT

PARCEL B

