**LINCOLN COUNTY HEALTH DEPARTMENT** Permit #24-562416
**ENVIRONMENTAL HEALTH**
**WASTEWATER TREATMENT AND DISPOSAL SYSTEM PERMIT**

Issue Date: 05/30/2024 Expiration Date: 05/29/2025

Property Owner: Douglas Simonds

Mailing Address: [redacted]

Installer: Doug Simonds License #: 206

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

☐ Replace Drainfield ☐ Replace Tank ☐ Extension

Describe: Installation of new gravity system for a 3 Bedroom House.

*Parcel Description:*

Legal: QUARTZ MOUNTAIN ESTATES, S24, T31 N, R32 W, ACRES 1.442, LOT 8 PM 7039

Property Address: 344 Abbey Rd., Libby, MT 59923 Assessment Code: 56246

DEQ COSA: EQ#24-2529 Date: 05/20/24

*Approved Design Criteria:* Installation of new gravity system for a 3 Bedroom house with 4 Laterals @ 84' with reduction for chambers.

# of Bedrooms: 3 Septic Tank Size: 1000 gallons Trench Width: 24"

# of Laterals: 4 Length of Laterals: 84' 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. Reduction given for chambers. 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:* Robin Blumberg *Date:* 7/22/24

✓ 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.***

DUG. AND JULIA SIMONDS
T 8 QUARTZ MT. ESTATES
REA 1.44 AC




