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

Permit # 24-5906

Issue Date: 04/16/2024 Renewal (07/21/2022) Expiration Date: 04/15/2025

Property Owner: Taylor Wilson c/o Christina Wilson

Mailing Address: [redacted]

Installer: Homeowner License #:

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

☐ Replace Drainfield ☐ Replace Tank ☐ Extension

Describe: Chambers, gravelless trenches, gravity system, 100' laterals required

Parcel Description:

Legal: S20 T31N R33W, Gov't Lot 4

Property Address: 2335 Kootenai River Rd., Troy, MT 59935 Assessment Code: 5806

DEQ COSA: E.Q.# Date:

Approved Design Criteria: Installation of new gravity system with 3 laterals @ 100' and minimum of 190' to river.

# of Bedrooms: 4 Septic Tank Size: 1500 gallons Trench Width: 24"

# 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. 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.

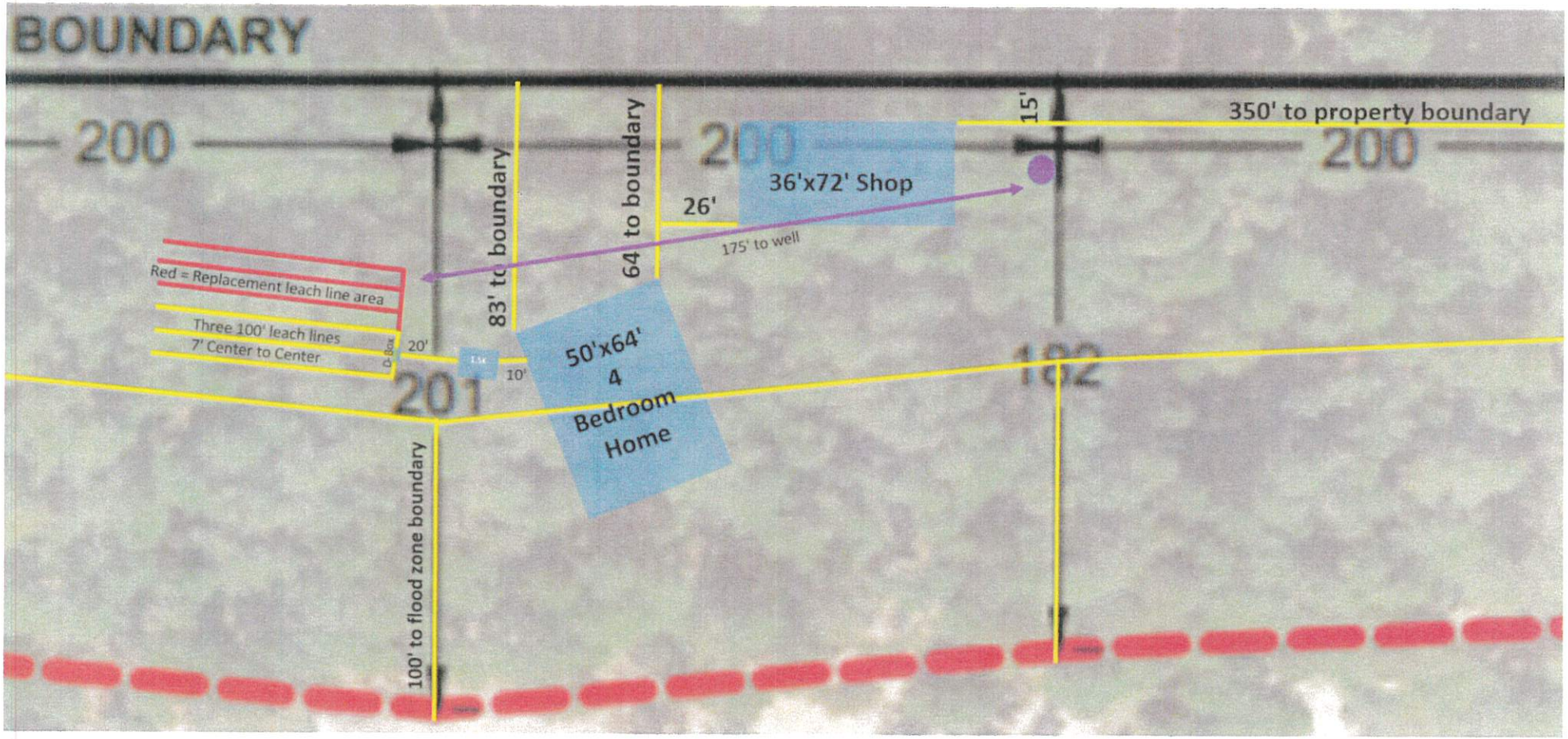
Signed: Thomas J Cole *Date:* 6-9-24

____ 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.

5 ✓


BOUNDARY
200
200
200
83' to boundary
64' to boundary
15'
350' to property boundary
36'x72' Shop
26'
175' to well
Red = Replacement leach line area
Three 100' leach lines
7' Center to Center
20'
10'
50'x64'
4
Bedroom
Home
201
182
100' to flood zone boundary