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

Issue Date: 11/01/2022 Expiration Date: 10/31/2023

Property Owner: David Crabtree

Mailing Address: [redacted]

Telephone: [redacted] Email:

Installer: Bill Avants License #: 121

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

☐ Replace Drainfield ☐ Replace Tank ☐ Extension

Describe: Gravity system with gravelless trenches, 2nd system on lot

Parcel Description:

Legal: S1 T31N R31W, Tr 1A or SWNE Tr 1B, 60.00 acres

Property Address: 1234 Doak Creek Rd, Libby, MT Assessment Code: 2953

Approved Design Criteria:

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

# of Laterals: 2 Length of Laterals: 72 feet Trench Depth: 24-36 inches

SYSTEM MUST INCLUDE INSTALLATION OF EFFLUENT FILTER AT SEPTIC TANK OUTLET!!

Special Instructions: Install system according to the lot layout, the Lincoln County Wastewater Treatment and Disposal Regulation, and Circular DEQ-4. 25% reduction given for chambers. ANY 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:

I, Maranda Davis *, have inspected this system and found it to be in compliance with the approved design criteria and Lincoln County's Wastewater Treatment and Disposal Regulation.*

Signed: Maranda Davis, Envir. Health Tech. *Date:* 11/30/22

✓ 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.

SV

Assessment Code _____

LOT LAYOUT