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

Issue Date: 12/06/2022 Expiration Date: 12/05/2023

Property Owner: Laurie & Kerry Richardson

Mailing Address: [redacted]

Telephone:

Installer: Elmer Brenneman License #: 120

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

Describe: Connection to approved multi-user, community or public system

Parcel Description:

Legal: Indian Springs Phase 1, Lot 62, S36 T37N R27W, 0.14 acres

Property Address: 165 Leonard Ln, Eureka, MT Assessment Code: 55162

Approved Design Criteria:

Per the application and Indian Springs Ranch Design Review Committee (DRC) approval, this lot is approved for a 3-bedroom house. This structural size may not be exceeded and wastewater flows are prohibited from exceeding 300 gallons per day. Any proposed increase in wastewater flows must be reviewed by and receive the approval of the DRC and the Montana DEQ Subdivision Section. Any activity that increases wastewater flows without prior review and approval is in violation of the conditions of approval and subject to enforcement action.

Special Instructions: INSTALL 1,000 GALLON SEPTIC TANK, 500 GALLON PUMP TANK/CHAMBER, AND SEWERLINE CONNECTION TO THE SEWER MAIN LINE FOR DRAINFIELD ACCORDING TO THE ATTACHED LOT LAYOUT AND DEQ APPROVAL STATEMENT. ANY DEVIATIONS FROM APPROVED PLAN MUST HAVE PRIOR AUTHORIZATION FROM THE INDIAN SPRINGS RANCH DRC, DEQ AND 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, _____, have inspected this system and found it to be in compliance with the conditions of the permit and the DEQ Approval Statement requirements.

Signed: _____ *Date:* _____

_____ Lincoln County Health Department (LCHD) __X__ Licensed Installer w/ approval of LCHD

DISCLAIMER

This permit is not a guarantee by the Department that this connection will function properly for a prescribed period of time.

Laurie & Kerry Richardson

