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

Issue Date:11/17/2021 Expiration Date: 11/17/2022

Property Owner: Robin & Dawn Mickelson c/o:

Address: [redacted]

Telephone: [redacted] (Work)

Installer: Timberline Properties License No.

__XX__ New Installation ____ Existing System

____ Repair ____ Replacement ____ Extension ____ Other- Renewal (MD)

Describe: Level II pressure dosed, graveless system with 3 laterals @ 75-feet each. Level II system to be installed per layout and design provided by Glacier Precast Concrete.

Parcel Description:

Legal: TWO LAKES, S24, T27 N, R28 W, Lot 6A, ACRES 1, PM 7135

Address or Location: Lot 6A

Geo/Assessors code: 0000056153

Approved Design Criteria:

Bedrooms: 2 Septic Tank Size: 1500/500 gallons Drainfield Size: 225 pressure Lineal Feet

Special Instructions: This permit applies to a system adequate for a 2-bedroom home. The level II system has been downsized from the Certificate of Subdivision Approval accordingly and as detailed on the layout/design provided by Glacier Precast Concrete. For this permit to be considered valid, the installer must provide signed closure statement along with an as-built layout depicting the final location of the drainfield.
INSTALL SYSTEM ACCORDING TO LAYOUT, DEQ-4 AND LINCOLN COUNTY WASTEWATER REGULATION #3. ANY DEVIATIONS FROM APPROVED PLAN MUST BE AUTHORIZED BY THE DEPARTMENT.

Issued By: Kathi Hooper, R.S.

Closure Statement:
I, See attached, *have inspected this system and found it to be in compliance with the conditions of the permit, and the Lincoln County Wastewater Treatment and Disposal Regulation.*

Signed: _____ *Date:* _____

Title: _____

NOTICE: The Department must be notified at least 48 hours prior to backfilling the system. 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 No. 3. Illegal installations may result in fines and/or requirements to remove or reconstruct the system.

406-283-2442

DISCLAIMER

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

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

Issue Date:11/17/2021 Expiration Date: 11/17/2022

Property Owner: Robin & Dawn Mickelson c/o:

Address: [redacted]

Telephone: [redacted] (Work)

Installer: Tally Hoe License No. 1

XX New Installation ___ Existing System

___ Repair ___ Replacement ___ Extension ___ Other- Renewal (MD)

Describe: Level II pressure dosed, graveless system with 3 laterals @ 75-feet each. Level II system to be installed per layout and design provided by Glacier Precast Concrete.

Parcel Description:

Legal: TWO LAKES, S24, T27 N, R28 W, Lot 6A, ACRES 1, PM 7135

Address or Location: Lot 6A

Geo/Assessors code: 0000056153

Approved Design Criteria:

Bedrooms: 2 Septic Tank Size: 1500/500 gallons Drainfield Size: 225 pressure Lineal Feet

***Special Instructions:** This permit applies to a system adequate for a 2-bedroom home. The level II system has been downsized from the Certificate of Subdivision Approval accordingly and as detailed on the layout/design provided by Glacier Precast Concrete. For this permit to be considered valid, the installer must provide signed closure statement along with an as-built layout depicting the final location of the drainfield.*
INSTALL SYSTEM ACCORDING TO LAYOUT, DEQ-4 AND LINCOLN COUNTY WASTEWATER REGULATION #3. ANY DEVIATIONS FROM APPROVED PLAN MUST BE AUTHORIZED BY THE DEPARTMENT.

Issued By: Kathi Hooper, R.S.

Closure Statement: I, Talon Widger have inspected this system and found it to be in compliance with the conditions of the permit, and the Lincoln County Wastewater Treatment and Disposal Regulation.

Signed: Talon Widger Date: 12-25-22

Title:

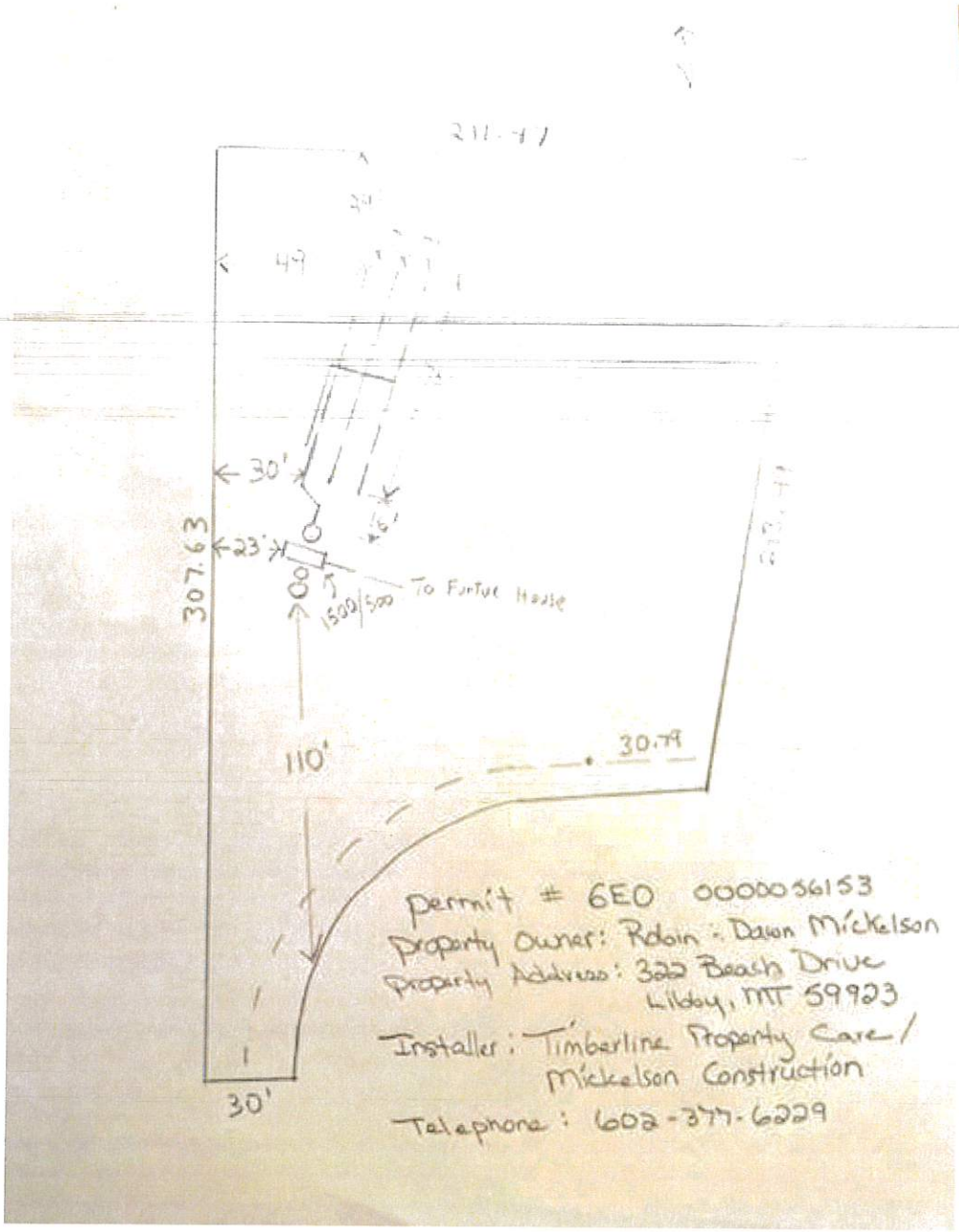
NOTICE: The Department must be notified at least 48 hours prior to backfilling the system. Any system not inspected by the Department or its designated representative prior to closure is an illegal installation in violation of Lincoln County Health Board Regulation No. 3. Illegal installations may result in fines and/or requirements to remove or reconstruct the system.

406-293-2442

DISCLAIMER

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

5/


211.41
49
30'
23'
6'
307.63
To Furture House
150'/500'
110'
30.79
30'
Permit # 6EO 0000056153
Property Owner: Rdoin : Daron Mickelson
Property Address: 320 Beach Drive
Kilday, MT 59923
Installer: Timberline Property Care/
Mickelson Construction
Telephone: 602-377-6229