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

Issue Date:10/19/2021 Expiration Date: 10/19/2022

Property Owner: Lonney Ohara & James Walters

Address: [redacted]

Telephone: [redacted] (Work)

Installer: Charley Follensbee License No.96

___ New Installation ____ Existing System

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

Describe: Four @ 88' laterals.

*Parcel Description*:

Legal: S32, T35 N, R25 W, C.O.S. 30, PARCEL C, PART S2NWNW OR TR 4H 5.053 ACRES

Address or Location: TR 4H

Geo/Assessors code: 0000010971

*Approved Design Criteria*:

# Bedrooms 4 Septic Tank Size: 1500 gallons Drainfield Size: 350 Lineal Feet

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

***Special Instructions: 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, _____, 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.

[redacted]

NORTH

