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

Issue Date: 09/27/2024 Expiration Date: 09/26/2025

Property Owner: Eric and Nicole Kapan

Mailing Address: [redacted]

Installer: Tom Cole License #: 1

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

☒ Replace Drainfield ☒ Replace Tank ☐ Extension

Describe: Installation of gravity septic system for 4 Bedroom house and abandon old system.

Parcel Description:

Legal: S01, T29 N, R31 W, COS 1057, ACRES 8.85, TR 1E3 IN NW4NW4

Property Address: 1075 Mountain Meadow Rd. Libby, MT 59923 Assessment Code: 3017

DEQ COSA: EQ# Date:

Approved Design Criteria: Installation of gravity septic system for 4 Bedroom House with 3 Laterals @ 55' with reduction for chambers.

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

# of Laterals: 3 Length of Laterals: 55' 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. Reduction given for chambers. 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, 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:

This system is in compliance with the approved design criteria and Lincoln County's Wastewater Treatment and Disposal Regulation.

Signed: Robin Blumberg *Date:* 7/30/25

DISCLAIMER

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

