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

Issue Date: 03/21/2025 (Renewal) 03/07/24 (1st) Expiration Date: 03/20/2026 Permit# 25-7705

Property Owner: Scott Snelson

Mailing Address: [redacted]

Installer: Bradley Persson License #: 159

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

☐ Replace Drainfield ☐ Replace Tank ☐ Extension

Describe: Installation of new gravity system.

Legal: S07, T35 N, R27 W, COS 4919, PARCEL A, ACRES 21.05

Property Address :505 Stacy Hollow Dr. Rexford, MT 59930 Assessment Code: 7705

DEQ COSA: E.Q.# Date:

Approved Design Criteria: Installation of new gravity system with 4 laterals @ 76' with reduction for chambers.

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

# of Laterals: 4 Length of Laterals: 76' Trench Depth: 24"-36"

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, Circular DEQ-4, and COSA(if applies). 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, RS*

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:* 9/15/25

✓ Lincoln County Health Department (LCHD) ____ Licensed Installer w/ approval of LCHD

This permit is not finalized until the system is inspected and the closure statement is signed.

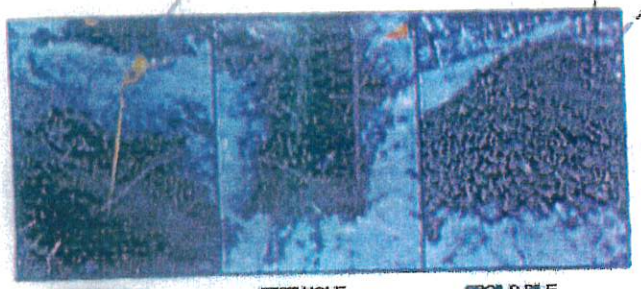
This permit is not a guarantee that the system will function properly for a prescribed period of time.

DRAINFIELD SIZING

(4) BEDROOM= 350 GPD
350 GPD/0.5 APP= 700 SQFT
700 SQ FT/2' CHAMBERS= 350 LF
REDUCTION FOR 0.5 APP= 15%
350' X 0.85= (4)-76' LATERALS

PARCEL A

21.05 ACRES
505 STACY HOLLOW DR, REXFORD, MT 59930
S07, T35N, R27W, COS 4919
ASSESSMENT #0000007705
GEO 56-4716-07-4-01-25-0000



8' TEST HOLE | TEST HOLE | SPOILS PILE

TEST HOLE 2-10-24

0"-24"- TOP SOIL/ROOT DEPTH
24"-80"- LOOSE SILTY LOAM
80"-96"- FIRMER SILTY LOAM/SOME ROCKS
APP RATE= 0.5

SCOTT SNELSON SITE LAYOUT