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

Issue Date: 09/30/2025 Expiration Date: 09/29/2026 Permit#25-54765

Property Owner: David Cleary

Mailing Address: [redacted]

Installer: Elmer Brenneman License #: 170

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

☐ Replace Drainfield ☐ Replace Tank ☐ Extension

Describe: Installation of new siphon system for 3 Bedroom House to replace illegal system to be abandoned. **Well must be drilled in COSA approved location or COSA rewrite is required.**

Legal: S18, T36 N, R27 W, COS 3598, ACRES 2.25, TRACT 4 IN NENW

Property Address: 121 Cleary Lane, Rexford, MT 59930 Assessment Code: 54765

DEQ COSA: E.Q.#06-3260 Date: 09/11/2006

Approved Design Criteria: Installation of new siphon system for 3 Bedroom House to replace illegal system to be abandoned. **Well must be drilled in COSA approved location or COSA rewrite is required.** With 3 Laterals @ 63' with reduction for chambers.

# of Bedrooms: 3 Septic Tank Size: 1000/500 Trench Width: 36"

# of Laterals: 3 Length of Laterals: 63' 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.

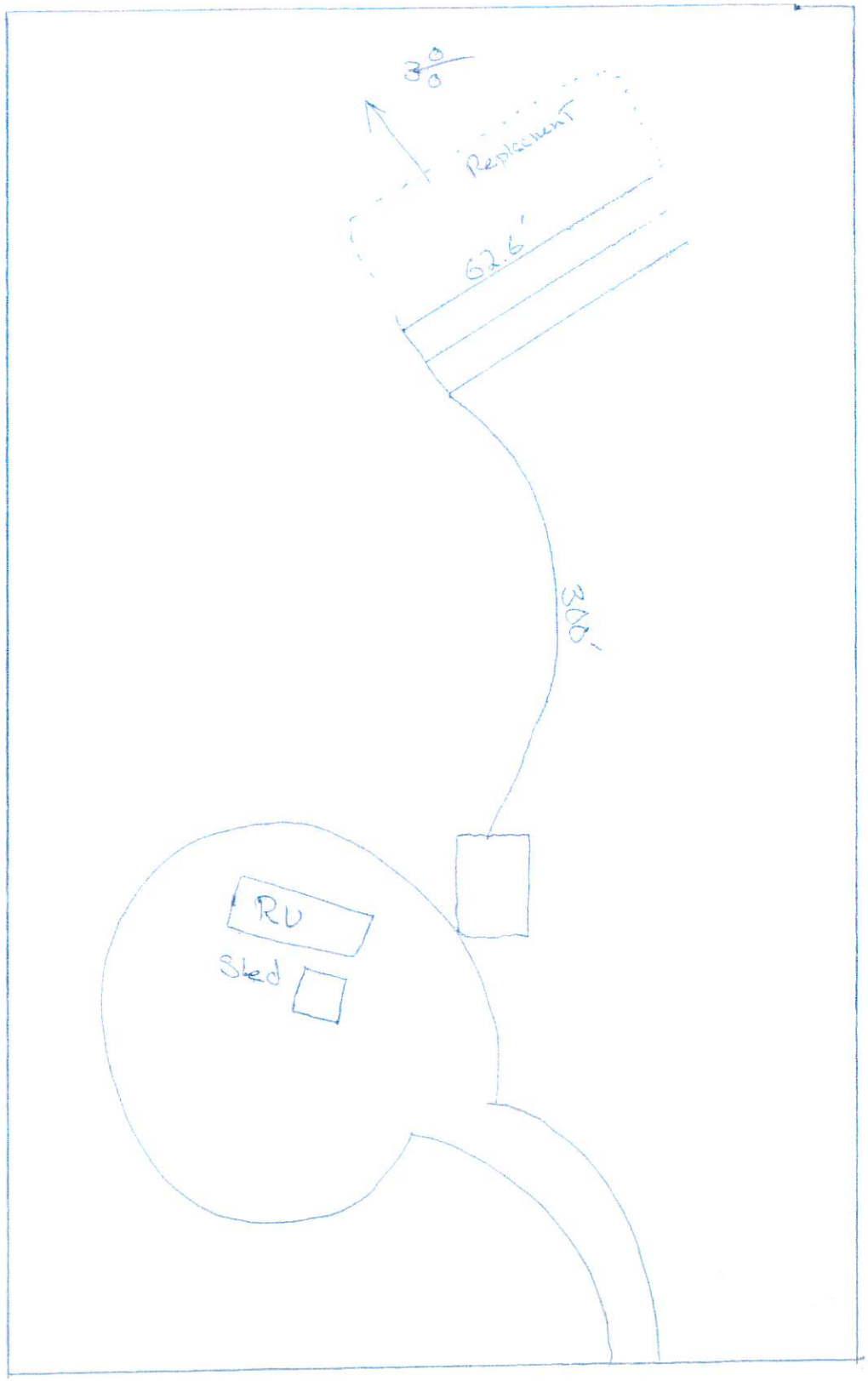
Signed: [signature] *Date:* 10/17/25

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.

Assessment Code _____

LOT LAYOUT



no pwr
no well