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

Issue Date: 12/6/2017 Expiration Date: 12/6/2018

Property Owner: Ron Colvard c/o: Barb Renkema

Address: PO BOX 1693 Eureka, MT 59923

Telephone: (Home) [redacted] (Work)

Installer: Barb Renkema License No. 78

__xx__ New Installation ____ Existing System

____ Repair ____ Replacement ____ Extension ____ Other

Describe: One 85' lateral using gravelless chambers for shop restroom

Parcel Description:

Legal: S30 T36 R26

Address or Location: Parcel A CS 2675

Geo/Assessors code: 0000013915

Approved Design Criteria:

150 gallons/day Septic Tank Size: 1000 gallons Drainfield Size: 85 Linear 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: *Jake Mertes, 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.

RON COLVARD
Parcel A CS 2675
S 30 T 36 N R 27 W

