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

Issue Date: 09/12/2025(Final Renewal) 09/13/2023(Renewal) Expiration Date: 09/11/2026 Permit#25-6618

Property Owner: John and Janet DeLeo

Mailing Address: [redacted]

Installer: Homeowner License #:

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

☐ Replace Drainfield ☐ Replace Tank ☐ Extension

Describe: Installation of new gravity system with 6 laterals @42'.

Parcel Description:

Legal: S01, T31 N, R34 W, COS 3311, ACRES 4.83, TR 2A IN S2SWSWSW

Property Address: 513 DeLeo Rd., Troy, MT 59935 Assessment Code: 6618

DEQ COSA: EQ Date:

Approved Design Criteria: Installation of new gravity system with 6 laterals @ 42'. Trenches are 24" wide with a minimum of 5' between trenches.

# of Bedrooms: 3 Septic Tank Size: 1500gallon Trench Width: 24"

# of Laterals: 6 Length of Laterals: 42' 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. 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.

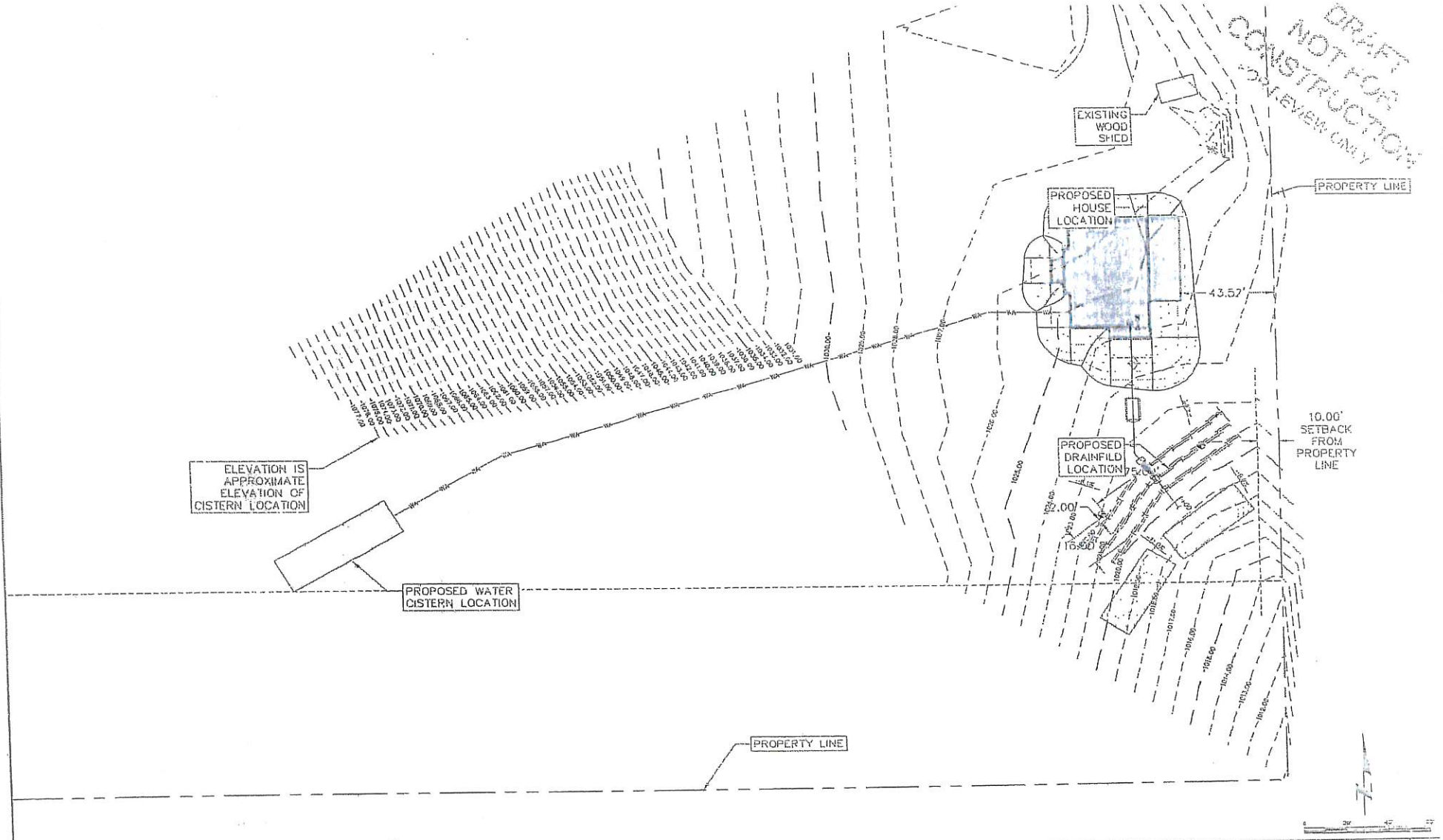
Closure Statement:

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

Signed: _____ *Date:* _____

DISCLAIMER

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



			DRAWN: EAS	PROJECT NO:	LION ENGINEERING & CONSTRUCTION, PSC	CLIENT:	PROJECT:
			ENGINEER: JAD	SCALE: AS NOTED			
			CHECKED: JAD	APPROVED:			PROJECT DESCRIPTION
NO.	DATE	REVISIONS	BY	DATE: 11/29/2019		LIONS	SHEET 1