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

Issue Date: 8/8/2016 Expiration Date: 8/8/2017

Property Owner: Doug Wilkerson c/o: Barb Renkema

Address: PO BOX 1693

Telephone: (Home) [redacted] (Work)

Installer: Barb Renkema License No. 78

__xx__ New Installation ____ Existing System

____ Repair ____ Replacement ____ Extension ____ Other

Describe: Five 85' laterals using gravelless chambers

Parcel Description:

Legal: S34 T36 R26

Address or Location: Tract 2 S2NWSW & SWSW

Geo/Assessors code: 0000011531

Approved Design Criteria:

Bedrooms 5 Septic Tank Size: 1500 gallons Drainfield Size: 425 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.

DOUG WILKERSON

S 34 T 36 N R 26 W

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