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

Issue Date: 10/05/2012 Expiration Date: 10/06/2013

Property Owner: Deborah Edgerton c/o:

Address: [redacted]

Telephone: (Home) [redacted] (Work)

Installer: Terry Oedewaldt License No. 2

__XX__ New Installation _____ Existing System

_____ Repair _____ Replacement _____ Extension _____ Other

Describe: Installing pressure-dosed system per DEQ approval requirements.

Parcel Description:

Legal: Lot 6 in Pines at Fisher Subdivision

Address or Location: 645 Brookie Way

Approved Design Criteria:

Bedrooms: 3 Septic Tank Size: 1000 gallons Drainfield Size: 252 Linear Feet

Dosing Tank Size: 500 gallons

SYSTEM MUST INCLUDE INSTALLATION OF EFFLUENT FILTER AT SEPTIC TANK OUTLET !!

Special Instructions: INSTALL PRESSURE-DOSED 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: *Kendra J. Lind, 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:* _____

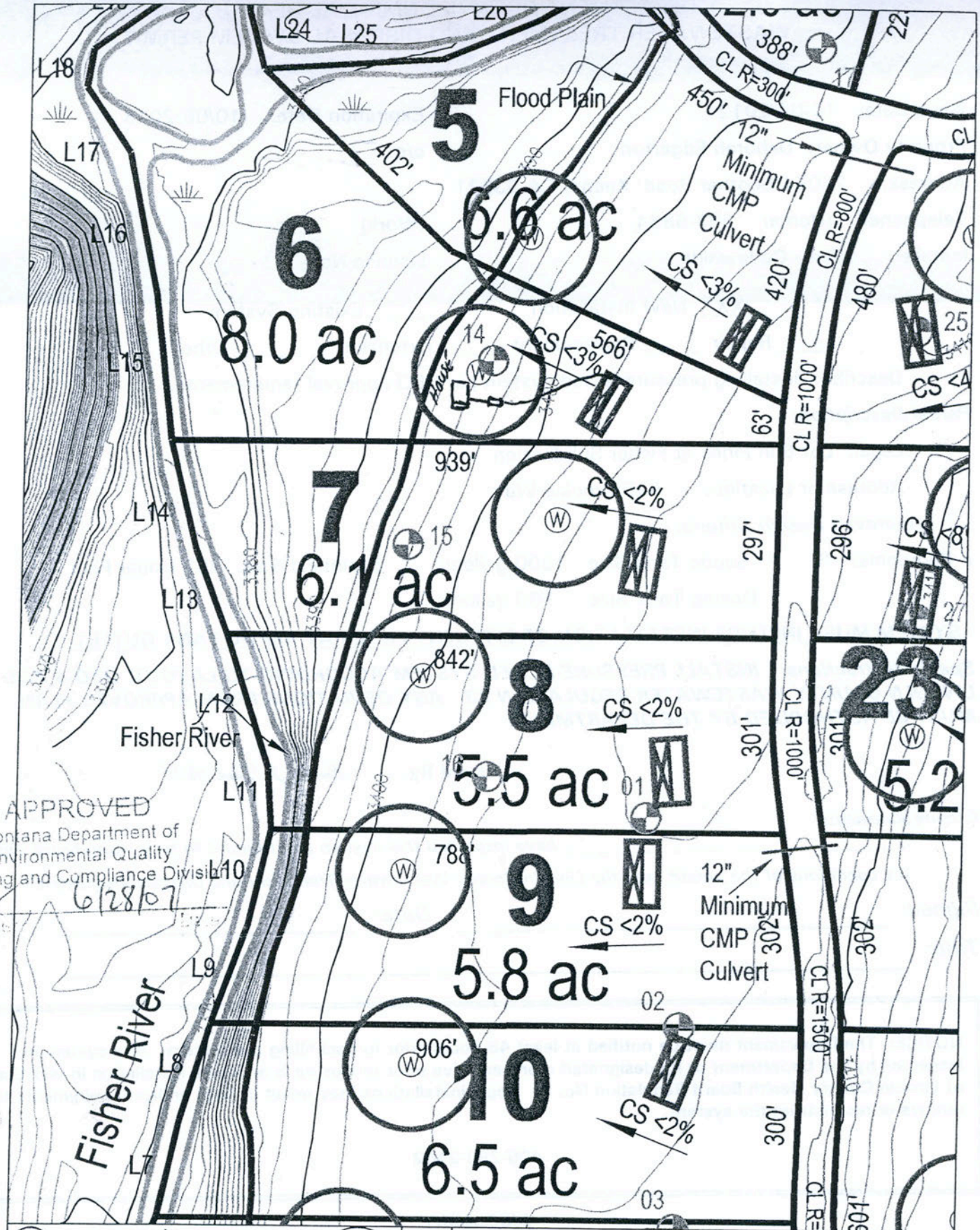
Title: _____

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.



APPROVED
Montana Department of
Environmental Quality
Permitting and Compliance Division
6/28/07

3/13