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

Issue Date: 06/07/2010 Expiration Date: 06/08/2011

Property Owner: Mildred Johnson c/o: Don Johnson

Address: [redacted]

Telephone: (Home) [redacted] (Work)

Installer: Owner License No.

____ New Installation __XX__ Existing System

_____ Repair _____ Replacement _____ Extension _____ Other

Describe: Replacing failing system

Parcel Description:

Legal: Johnson's Mobil Home Park

Address or Location: 733 McKay Street

Approved Design Criteria:

Bedrooms: 3 Septic Tank Size: 1000 gallons Drainfield Size: 3-Ring Drywell Bed

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: *Kendra J. Lind, R.S.*

Closure Statement:

I, KENDRA J. LIND *, 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:* 8/20/2010

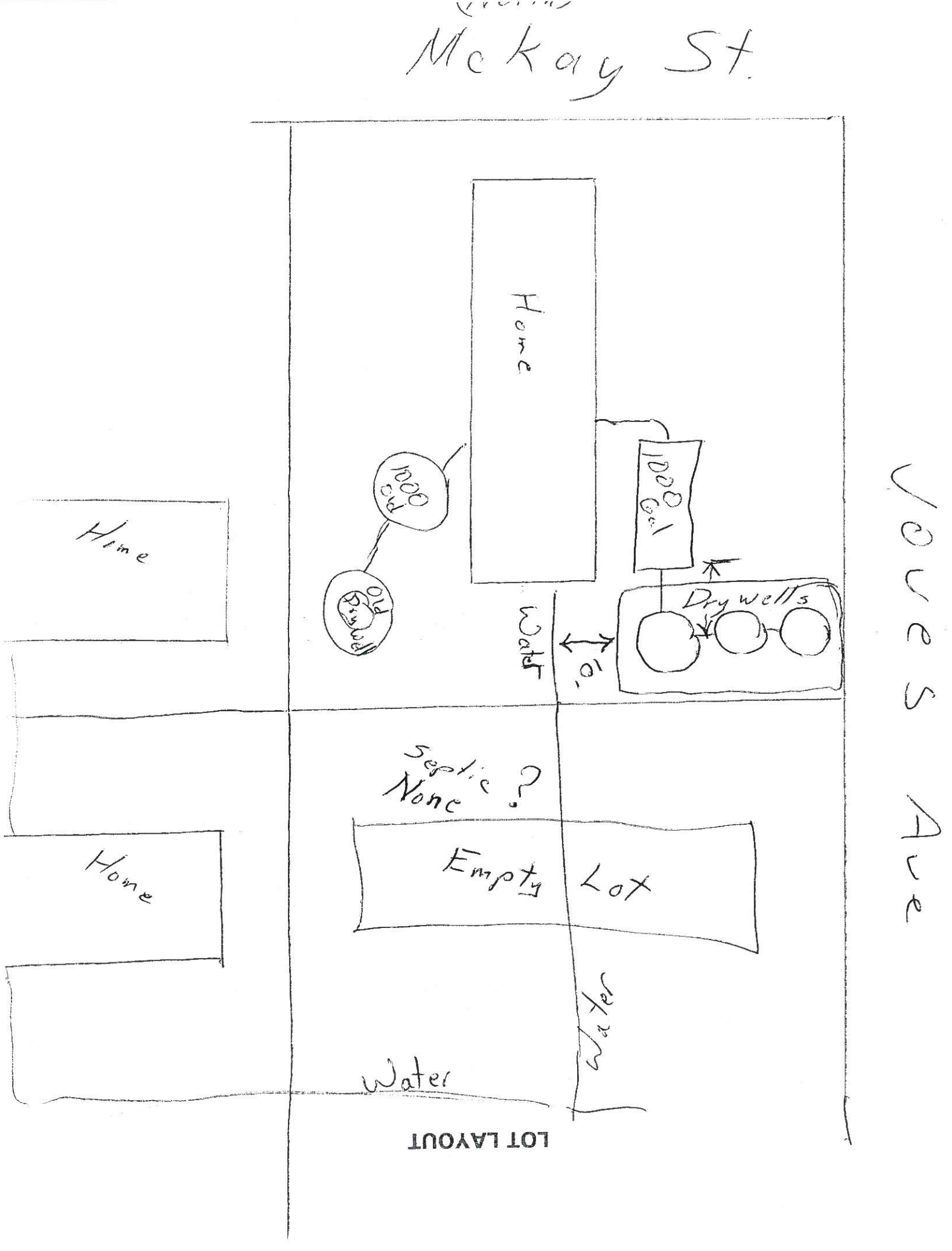
Title: R.S.

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.

406-293-7781

DISCLAIMER

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


McKay St
Home
1000 Gal
1000 Gal
Old Dry well
Dry wells
Water
10'
Home
Home
Septic ?
None
Empty Lot
Water
Water
Vouves Ave
LOT LAYOUT