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

Issue Date: 03/25/2010 Expiration Date: 03/26/2011

Property Owner: Dennis Woody

Address: [redacted]

Telephone: [redacted]

Installer: License No.

____ New Installation __XX__ Existing System

_____ Repair __XX__ Replacement_____ Extension _____ Other

Describe: Replacing failing system – space limited property – dry-wells to be used.

Parcel Description:

Legal: S-1/2 SE-1/4 S13 T29 R31 Tracts 1-E11 & 1-BB

Address or Location: 41834 U.S. Highway 2

Approved Design Criteria:

Bedrooms: 2 Septic Tank Size: 1000 gallons Drainfield Size: 3 Dry Well Rings

Dry well rings to be arranged in a triad

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, _____, 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.

406-293-7781

DISCLAIMER

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