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

Issue Date: 04/23/2026 Expiration Date: 04/22/2027 Permit#26-834

Property Owner: JEF Separate Property Trust

Mailing Address: [redacted]

Installer: Buck Schermerhorn License #: 135

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

☐ Replace Drainfield ☐ Replace Tank ☐ Extension

Describe: Installation of new pressure dosed system for 3 Bedroom House.

Parcel Description:

Legal: WHISPERING PINES KOOCANUSA 6, S06, T34 N, R26 W, LOT 29, ACRES 5.015, PM 2652

Property Address: 6544 Meadow Creek Rd., Fortine, MT 59918 Assessment Code: 834

DEQ COSA: E.Q.#27-74-K158 Whispering Pines No 6 Date: 10/18/74

Approved Design Criteria: Installation of new pressure dosed system for 3 Bedroom House with 4 Laterals @ 56' with reduction for chambers.

# of Bedrooms: 3 Septic Tank Size: 1000/500 gallons Trench Width: 36"

# of Laterals: 4 Length of Laterals: 56' 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. Reduction given for chambers. 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, RS*

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.**

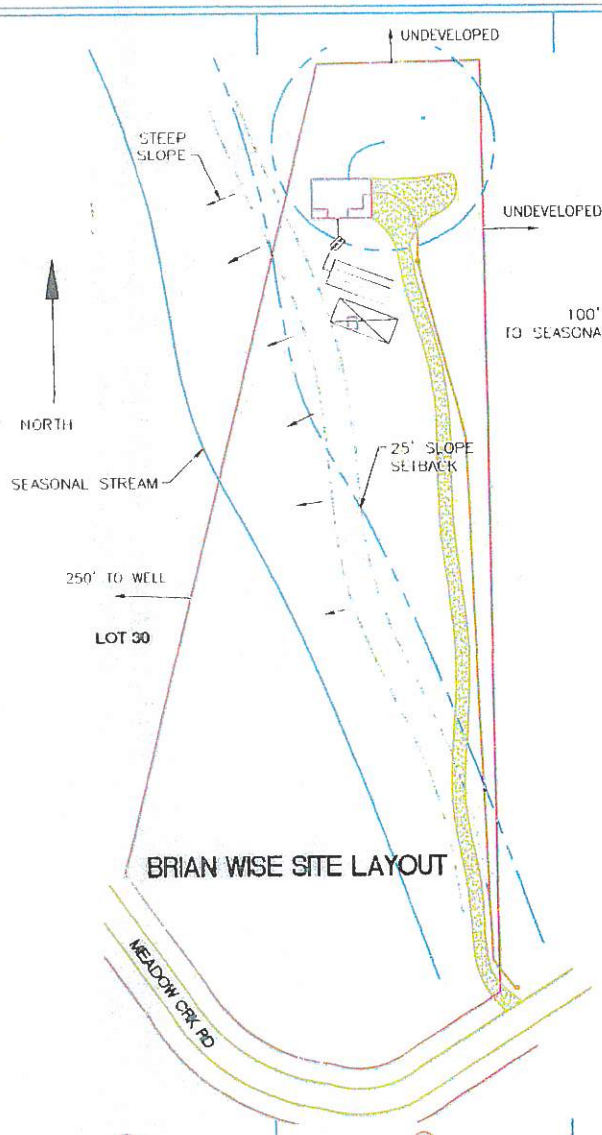
Closure Statement:

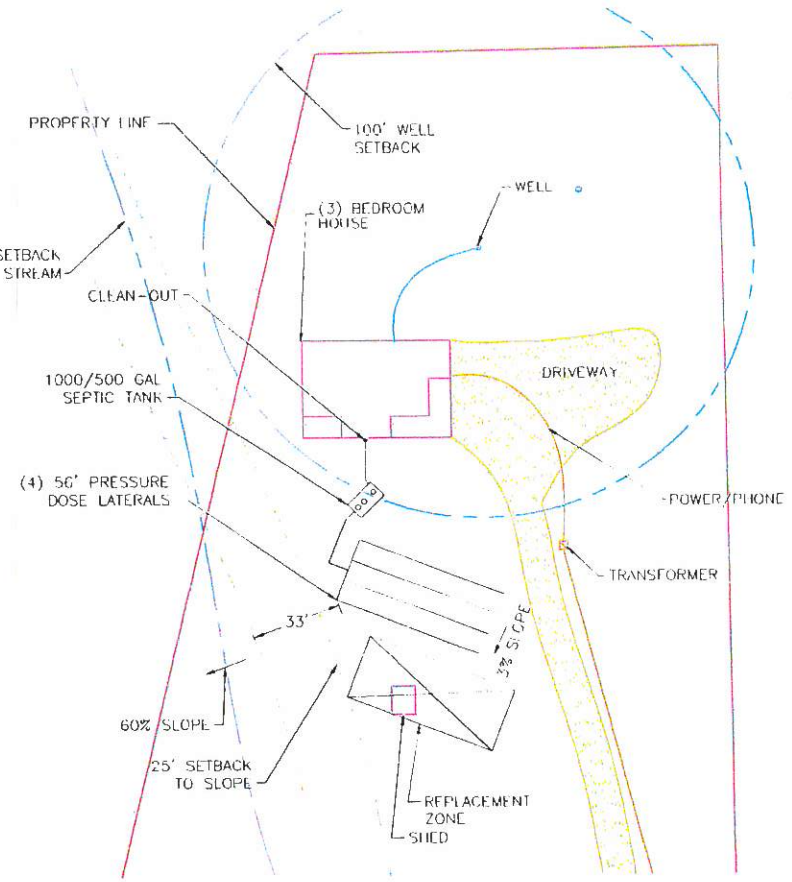
This system is in compliance with the approved design criteria and Lincoln County's Wastewater Treatment and Disposal Regulation.

Signed: _____ *Date:* _____

This permit is not finalized until the system is inspected and the closure statement is signed.

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





REV	DESCRIPTION	BY/DATE	APPR/DATE

PRESSUE DOSE DRAINFIELD SIZING

(3) BEDROOM= 300 GPD
300 GPD/0.4 APP= 750 SQFT
750 SQ FT/3' CHAMBERS= 250 LF
REDUCTION FOR 0.4 APP= 10%
250 LF X 0.9= 225 LF
225 LF= (4) 56' LATERALS

DOSE VOLUME VOLUME

LENGTH OF 2" PIPE= 30FT
LENGTH OF 1-1/2" PIPE= 225FT
30FT x 0.1632 GAL/FT= 5 GAL
225FT X 0.0918 GAL/FT= 21 GAL
TOTAL DISTRIBUTION LINE= 26 GAL
DEQ CIRC #4= 5 TO 10 TIMES VOLUME
26 GAL x 5= 130 GAL DOSE

DISTANCE BETWEEN FLOATS= 14"
IN A 1000 GAL DOSE CHAMBER= 137 GAL

LOT #29

5.015 ACRES
6544 MEADOW CREEK RD, FORTINE, MT 59918
S06, T34N, R26W, WHISPERING PINE KOOCANUSA 6
ASSESSMENT #0000000834
GLO 56-4812-06-1-06-01-0000
COSA #27-74-K1587, DATED 10-1974

REV	DATE	COMPANY	SCALE	MONTANA DESIGN SERVICES, INC. WISE SEPTIC
		MDS	1/16 & NOTED	SITE LAYOUT
		CONTRACT:	DATE: 3/2026	DRAWING NO. 455-001
		VERBAL		
		PUD TEL.	WEIGHT	
		PHL-0001	---	

THIS DRAWING IS PROPERTY OF MDS UNTIL OBJECTIVE AND FROM ACCEPTED AGREEMENT BETWEEN A NOT IT CAN NOT BE SUBMITTED TO ANY OTHER PARTIES WITHOUT WRITTEN APPROVAL FROM MDS MANAGEMENT