MILLER SANITARY RESTRICTION REMOVAL

NE1/4 SE 1/4 SECTION 27-T37N-R28W
LINCOLN COUNTY

DRAINFIELD SIZING: ALL

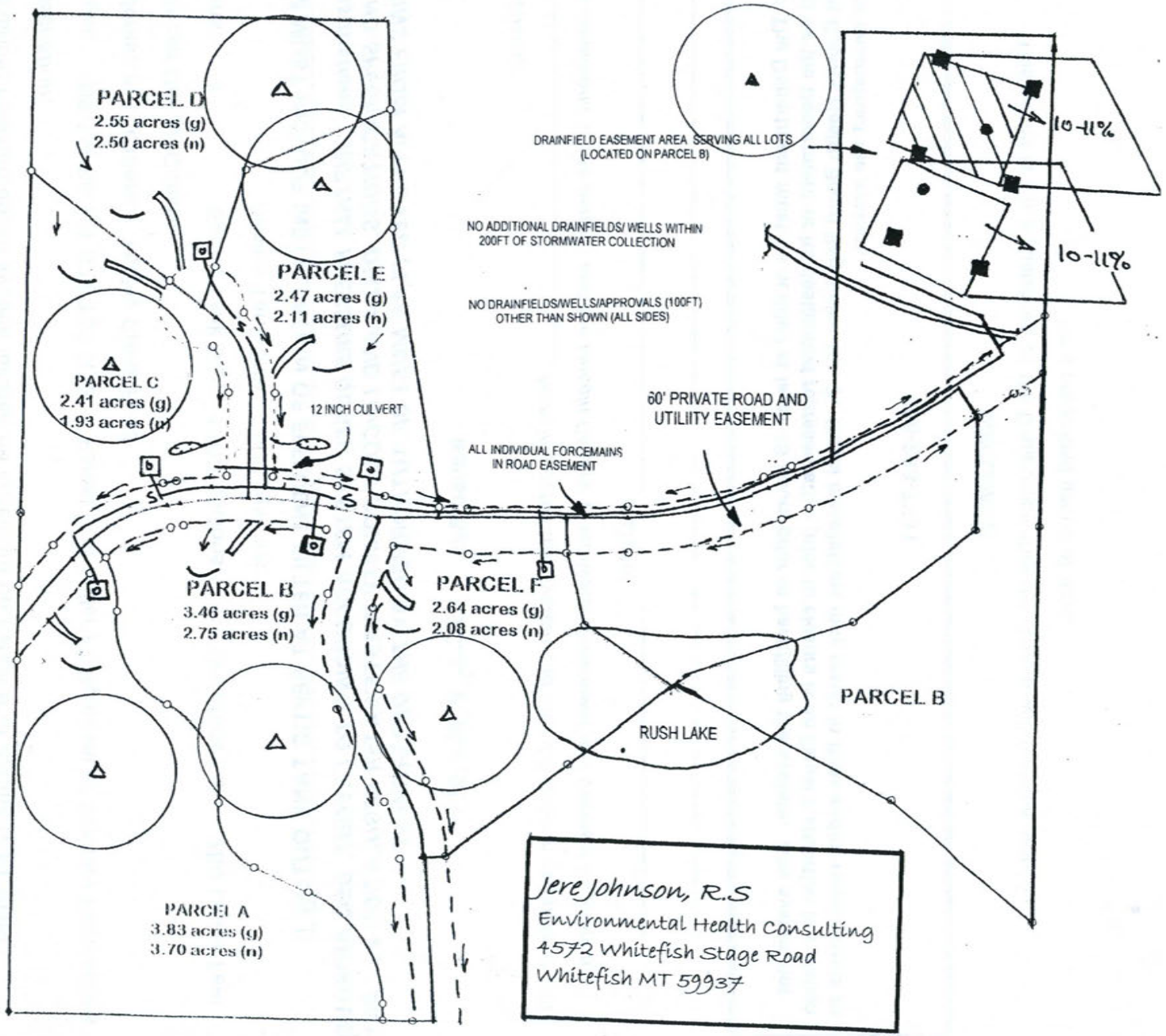
DEQ=0.4gpdpsf
300/0.4 = 750sf
UPD = 750sf/3 = 250lf / 2 = 2-125ft laterals
Proposed: 2-125ft laterals , 7ft centers, 3ft trench depth

LEGEND

- PRIMARY / REPLACEMENT DRAINFIELD
- △ PROPOSED WELL
- ▲ EXISTING WELL
- ■ TEST HOLE
- ● PERC TEST
- SEPTIC TANK/ EFFLUENT PUMP CHAMBERS
- — S — EFFLUENT FORCEMAINS
- DETENTION SWALE

34 ft X 3ft X 1ft retention/detention basin below building site or in natural topographical low, and full length 3ft wide X 1ft deep with 3:1 slopes ditch along both sides of driveway.

NOTE:
ALL STORMWATER SHALL BE RETAINED ON THE PROPERTY. DRIVEWAY AND BUILDING CONSTRUCTION MUST BE COMPLETED SUCH THAT RUNOFF WILL NOT FLOW OFF PROPERTY.



Jere Johnson, R.S
Environmental Health Consulting
4572 Whitefish Stage Road
Whitefish MT 59937

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

Issue Date: 12/14/2009 Expiration Date: 12/15/2010

Property Owner: Laura Miller c/o: Jere D. Johnson, R.S.

Address: [redacted]

Telephone: [redacted]

Installer: Installation to be supervised, tested and signed off on by Jere D. Johnson, R.S.

__XX__ New Installation _____ Existing System

_____ Repair _____ Replacement _____ Extension _____ Other

Describe: Pressure-dosed system located on easement on Parcel B of Zimmerly FT ROSR

Parcel Description:

Legal: NE-1/4 SE-1/4 S27 T37 R28 Parcel C of Miller FT Removal of Sanitary Restrictions

Address or Location: Tooley Creek Road

Approved Design Criteria:

Bedrooms: 3 Septic Tank Size: 1000 gallons Drainfield Size: 250 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 APPROVED PLANS AND SPECIFICATIONS, 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.