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

Issue Date: 10/6/2009 Expiration Date: 10/7/2010

Property Owner: Ben Proodian c/o: A-1 Outack Construction

Address: [redacted]

Telephone: (Home) [redacted] (Work) [redacted]

Installer: Charley Follensbee License No. 96

__XX__ New Installation _____ Existing System

_____ Repair _____ Replacement _____ Extension _____ Other

Describe: Using gravelless chambers for installation – 20% sizing reduction allowed per "Drainfield Size" below.

Parcel Description:

Legal: N-1/2 SE-1/4 SW-1/4 S24 T36 R26

Address or Location: Parcel A of CS #3623FC

Approved Design Criteria:

Bedrooms: 3 Septic Tank Size: 1500 gallons Drainfield Size: 200 Linear Feet

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:* _____

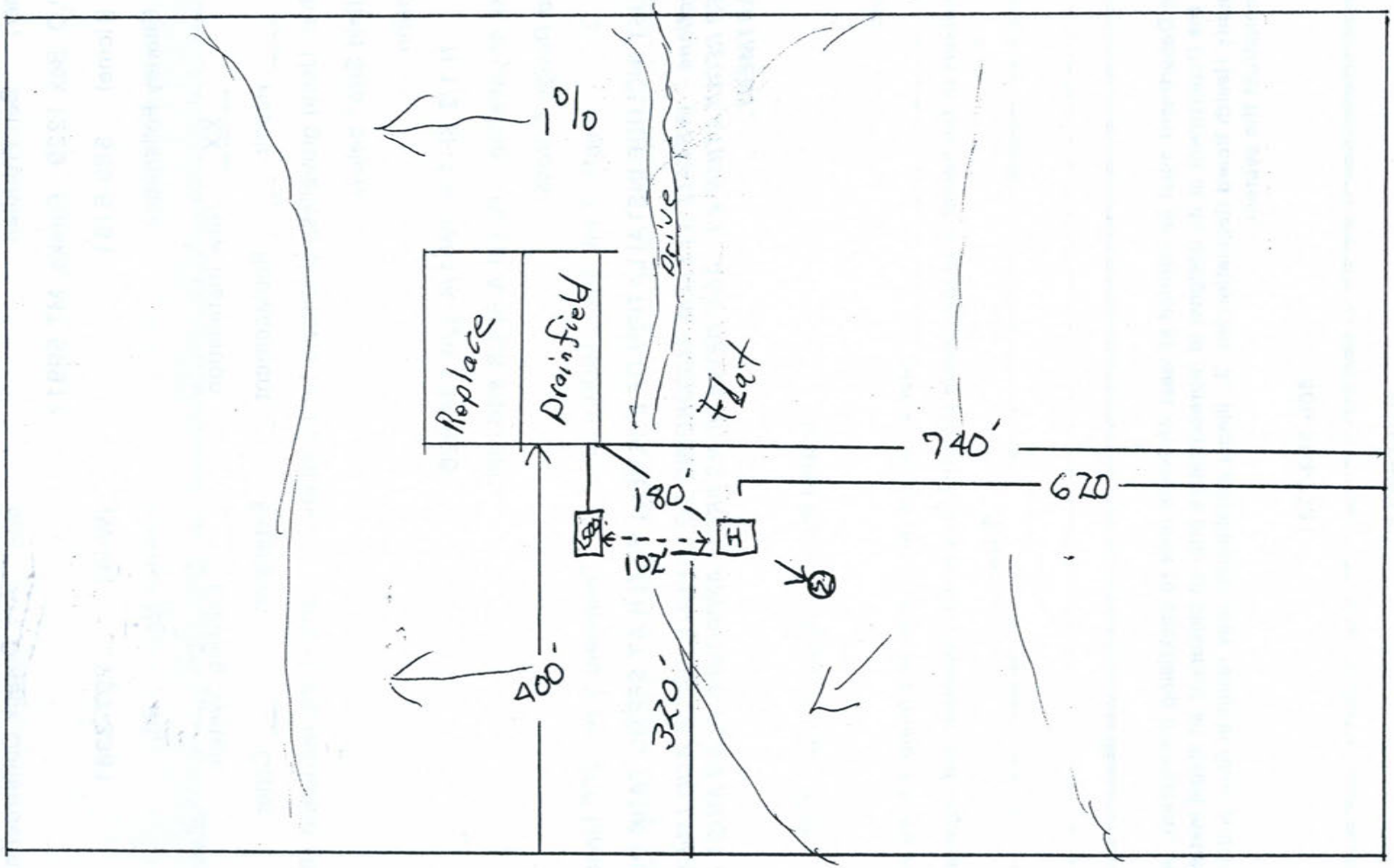
Title: _____

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.



N