Authentisign ID: FC985071-4335-F111-8EF2-000D3A55CAFE

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

Issue Date: 01/23/2014 Expiration Date: 01/24/2015

Property Owner: Dave Puttkemery c/o:

Address: P.O. Box 976 Eureka, MT 59917

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

Installer: Charley Follensbee License No. 96

__XX__ New Installation _____ Existing System

_____ Repair _____ Replacement _____ Extension _____ Other

Describe: Systems requires Level II treatment system per DEQ approval. This is a shared system, serving one 3-bedroom living unit on each lot.

Parcel Description:

Legal: NW-1/4 S14 T36 R28

Address or Location: Lots 4A and 4B of Hurricane Ranch III

Approved Design Criteria:

Bedrooms: 6 Septic Tank Size: 2000 gallons Drainfield Size: 180 Linear Feet

System post-septic tank includes Advantex Level II treatment unit discharging to pressure-dosed field.

SYSTEM MUST INCLUDE INSTALLATION OF EFFLUENT FILTER AT SEPTIC TANK OUTLET !!

Special Instructions: INSTALL PRESSURE-DOSED LEVEL II SYSTEM ACCORDING TO MDEQ APPROVAL SPECIFICATIONS, 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, Charley Follensbee _____, *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: Charley Follensbee by Jessica Peltier his Attorney-in-Fact *Date:* 7/24/2014

Title: Licensed Installer

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.

406-283-2442

DISCLAIMER

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

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