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

Issue Date: 08/13/2026 (Renewal) 05/09/2025 Expiration Date: 08/12/2027 Permit# 25-53993

Property Owner: Ben Deets

Mailing Address: [redacted]

Installer: Dallas Pluid License #: 216

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

☐ Replace Drainfield ☐ Replace Tank ☐ Extension

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

Parcel Description:

Legal: S02, T36 N, R27 W, COS CS 3426, PARCEL B, IN E2SE 5 ACRES

Property Address: Spring Lane, Eureka, MT 59917 Assessment Code: 53993

DEQ COSA: EQ# 00-1515 Date: 10/06/99

Approved Design Criteria: Installation of new sand lined pressure dosed system for 3 Bedroom House with 2 Laterals @ 50' with reduction for chambers.

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

# of Laterals: 2 Length of Laterals: 50' 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, R.S.*

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:

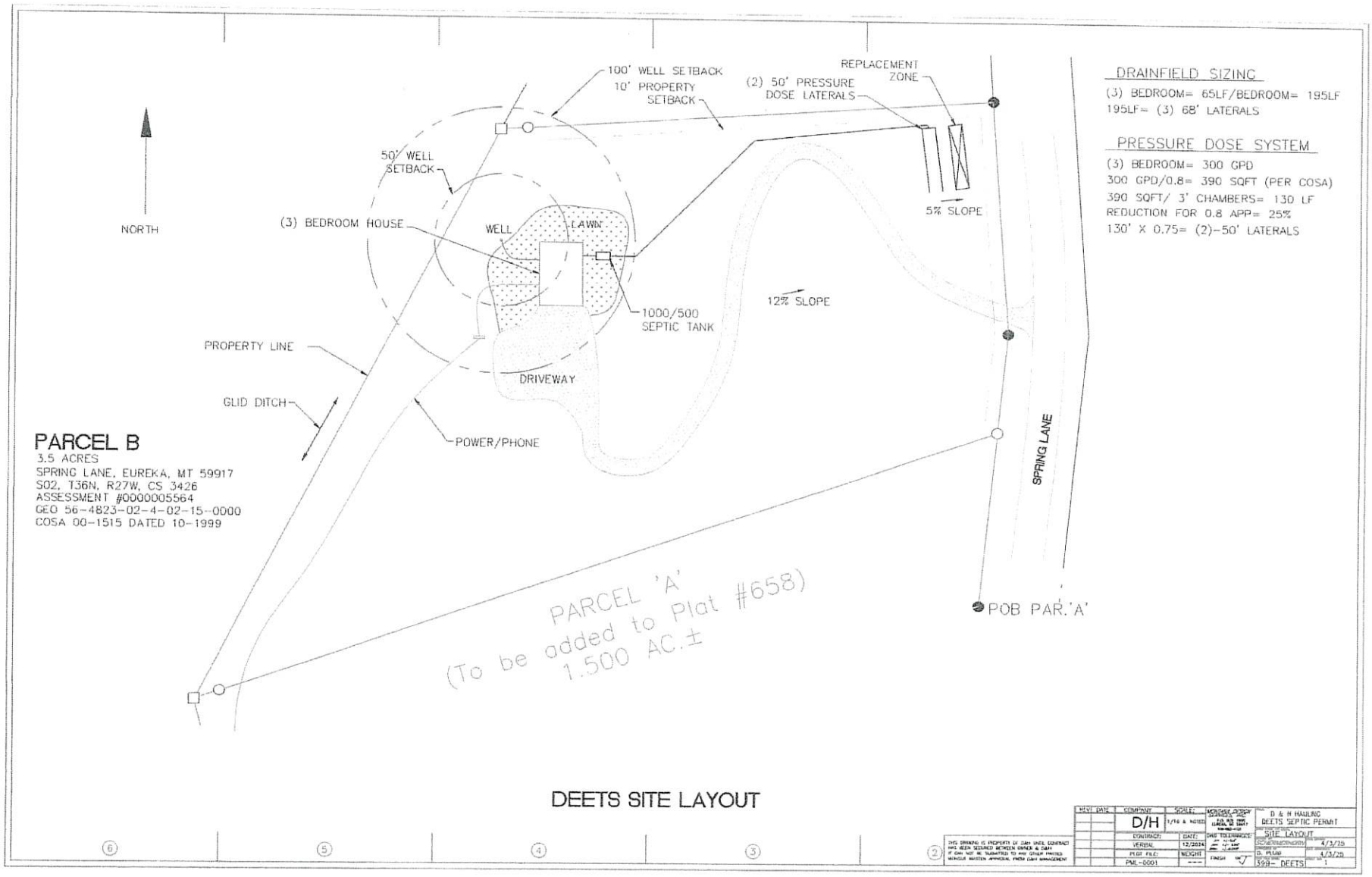
This system is in compliance with the approved design criteria and Lincoln County's Wastewater Treatment and Disposal Regulation.

Signed: _____ *Date:* _____

_____ Lincoln County Health Department (LCHD) _____ Licensed Installer w/ approval of LCHD

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.



PARCEL B

3.5 ACRES
SPRING LANE, EUREKA, MT 59917
S02, T36N, R27W, CS 3426
ASSESSMENT #0000005564
GEO 56-4823-02-4-02-15-0000
COSA 00-1515 DATED 10-1999

DRAINFIELD SIZING

(3) BEDROOM= 65LF/BEDROOM= 195LF
195LF= (3) 68' LATERALS

PRESSURE DOSE SYSTEM

(3) BEDROOM= 300 GPD
300 GPD/0.8= 390 SQFT (PER COSA)
390 SQFT/ 3' CHAMBERS= 130 LF
REDUCTION FOR 0.8 APP= 25%
130' X 0.75= (2)-50' LATERALS

DEETS SITE LAYOUT

REVISIONS					
REV	DATE	COMPANY	SCALE:	D & H HAULING	
		D/H	1/16 & NOTED	DEETS SEPTIC PERMIT	
		CONTRACT:	DATE:	SITE LAYOUT	
		VERBAL	12/2024	SCREENCHECK	4/3/25
		PLOT FILE:	WEIGHT	D. PUBS	4/3/25
		PVE-0001	---	599- DEETS	1

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