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

Issue Date: 08/14/2026 Expiration Date: 08/13/2027 Permit#26-60296

Property Owner: Finely Finished Development LLC. (North Star Landing Subdivision)

Mailing Address: [redacted]

Installer: Royden Caldwell License #: 171

*Approved Work:* Effluent Lift Tank Connection to Main

Parcel Description:

Legal: NORTHSTAR LANDING, S06, T36 N, R27 W, LOT 34, ACRES 0.77, PM 7291

Property Address: 52 Origin Lane, Eureka, MT 59917 Assessment Code: 60296

DEQ COSA: E.Q.# 24-2554 Date: 6/19/2025

*Approved Design Criteria:*

*Install the sewage treatment system for 2 Bedroom residence (max 300 gallons per day) as approved in the North Star Landing Subdivision design and specifications, and Certificate of Subdivision Approval EQ#24-2554*

*Special Instructions: System will consist of septic tank, an Orenco Advantex AX20 for Level II treatment system, and a recirculating pump. Tank to be two compartments, 1,500 gallon for 3-bdrm. This system requires an Operation & Maintenance contract to include a bi-annual on-site inspection of all major components of the wastewater treatment system for the first two (2) years after use of the system begins, and annually thereafter per ARM 17.30.718(8) and Circular DEQ 4 Appendix D. Annual sampling in accordance with Circular DEQ 4 Appendix D is required for the life of the system. It is the installer's responsibility to ensure that all required horizontal setbacks are met. CHANGES OR DEVIATIONS FROM THE APPROVED PLAN MUST BE PRE-AUTHORIZED BY DEQ AND THE LINCOLN COUNTY HEALTH 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.

Lot 34

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## LOT LAYOUT

