

LINCOLN COUNTY  
DEPARTMENT of ENVIRONMENTAL HEALTH

Wastewater Treatment and Disposal System

Permit Application

Property Owner: Delbert Miller c/o: Ivan Miller Jr  
Address: 185 Bitterbrush Ln.  
Telephone: 406-889-5562 (Home) Same (Work)  
Signature: Ivan Miller  
Installer: Ivan Miller License No. 52

Proposed Work: (Check One) ☐ New Installation ☐ Existing System

☐ Repair ☒ Replacement ☐ Extension ☐ Other

Explain: Well dug to close to drain field.

Number of other septic systems on lot or parcel: none

Parcel Description:

Legal: W 1/2 W 1/2 NW 1/4 SW 1/4 (W 1/4 corner of section 11 Township 37

Address or Location: 530 Border Ln.

Size or Dimensions: 9.4 Acres

Proposed Use: Home

Number of Bedrooms (Home) 3

Maximum Discharge (Business) \_\_\_\_\_ gallons/day

Parcel COS or Plat has DEQ health approval: ☐ Yes ☐ No

If so: Name \_\_\_\_\_ Date: \_\_\_\_\_

Proposed Design Criteria:

Septic Tank Size: 1000 gallons Sewerline Depth: 24 to 36 inches

Drainfield Size: 300 lineal feet Other Components: \_\_\_\_\_

Describe: \_\_\_\_\_

\*Permit Fee must be attached to the Application\*

New System: \$50.00

Existing System: \$20.00

Make Checks Payable to: Lincoln County

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

Issue Date: 03/11/08

Expiration Date: 03/12/09

Property Owner: Delbert Miller

c/o: Ivan Miller, Jr.

Address: 185 Bitterbrush Lane Rexford, MT 59930

Telephone: (Home)

(Work) 889-5562

Installer: Ivan Miller, Jr.

License No. 52

☐ New Installation

☒ Existing System

☐ Repair ☒ Replacement ☐ Extension ☐ Other

Describe: Well was drilled too close to drainfield after original system installation. System being replaced to provide required minimum 100-foot separation distance between drainfield and well head.

**Parcel Description:**

Legal: W-1/2 W-1/2 NW-1/4 SW-1/4 S11 T37 R28

Address or Location: 580 Border Lane

**Approved Design Criteria:**

# Bedrooms 3 Septic Tank Size: 1000 gallons Drainfield Size: 300 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: *Kenneth J. Lind, P.E.*

**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.



**LINCOLN COUNTY HEALTH DEPARTMENT**  
**ENVIRONMENTAL HEALTH**  
**Wastewater Treatment and Disposal System**  
**Permit Application**

**Property Owner's Information:**

Name: Joseph A Petersheim  
Mailing Address: 580 Border Ln Rexford MT 59930  
Telephone: 406-889-5979 291-9562 Email: timberidge@plainconnect.com

Installer: self/homeowner License #: \_\_\_\_\_

**Proposed Work: (Check One)**  
☐ New Installation ☒ Existing System  
☐ Replace Drainfield ☐ Replace Tank ☐ Extension

Explain: would like to tie into existing drainfield from additional bedroom

**Parcel Description:**

Property Address: 580 Border Ln Rexford MT 59930  
Legal: 37N 28W 11  
Size: 9.99 Acres Assessment Code: 53196

Proposed Use: ☒ Residential - Number of bedrooms 1  
☐ Commercial - Maximum discharge \_\_\_\_\_ gallons/day

Number of other septic systems on lot or parcel: \_\_\_\_\_

☐ Parcel has DEQ COSA: Name: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Parcel requires local review/nondegradation analysis. Add \$200 to permit fee.

**Proposed Design Criteria:**

Septic Tank Size: \_\_\_\_\_ gallons Trench Depth: \_\_\_\_\_ inches  
Drainfield Size: \_\_\_\_\_ lineal feet Trench Width: \_\_\_\_\_ inches  
Chambers/Infiltrators: ☐ Yes ☐ No Pressure Dosed: ☐ Yes ☐ No

Describe: \_\_\_\_\_

Signature: Joseph A Petersheim Date: 05-08-2023

**\*Permit Fee of \$150 (w/ DEQ COSA) or \$350 (local review) must be included with this Application\***  
Permit fee for tank replacement only is \$50. Homeowner Install fee is additional \$200.  
Make Checks Payable to: Lincoln County  
Incomplete applications will not be accepted.

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

Issue Date: 05/15/2023

Expiration Date: 05/14/2024

Property Owner: Joseph Petersheim

Mailing Address: 580 Border Ln., Rexford, MT 59930

Telephone: 406-889-5979

E-mail: timberridge@plainconnect.com

Installer: Homeowner

License #:

Approved Work: (Check One)

☐ New Installation

☒ Existing System

☐ Replace Drainfield

☐ Replace Tank

☒ Extension

Describe: Adding tank and connecting to existing drainfield 1 bedroom cabin and 1 bedroom house.

Parcel Description:

Legal: S11, T37 N, R28 W, ACRES 9.99, BK273 PG950, PARCEL 1

Property Address: 580 Border Ln., Rexford, MT 59930 Assessment Code: 53196

DEQ COSA: E.Q.#

Date:

Approved Design Criteria: Connecting new tank to existing drainfield according to lot layout.

# of Bedrooms: 1 bed cabin and 1 bed house Septic Tank Size: 1000 gallons Trench Width:

# of Laterals: Length of Laterals: Trench Depth:

**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. It is the installer's responsibility to ensure that all required horizontal setbacks are met. Reduction given for chambers. CHANGES MUST BE PRE-AUTHORIZED BY THE DEPARTMENT.*

Issued By: *Robin Blumberg, 517*

**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: *[Signature]*

Date: *5/26/2023*

☒ 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.**

--- Phone line  
- no water lines  
● Well

North

property line

--- Water lines

West Property boundary

