

3-3571 x 1st

WATER AND SEWER PERMIT

Pat Kent Southeastern District Health Department

PLANNING & ZONING APPROVAL

Name Keith W and Rick Lynn Facer	Phone 3-8926 3-8650	Property Address Box 134 A Rt 1 No. Facer Mtn view Dr
Address Box 133 Kraft Rd		Legal Description SE 1/4 NW 1/4 Sect 21 T6S-R34EBM
Report To	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	Loan No. <input type="checkbox"/> Conventional <input type="checkbox"/> Existing

SEWAGE SYSTEM

Installation shall comply with all requirements of Health District and/or State of Idaho sewage disposal rules, regulations and standards

SIZE No. Bedrooms 4	Septic Tank 1000 gal.	Disposal Area 848 sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Pit <input type="checkbox"/> Bed <input type="checkbox"/> E.T.	Permit Fee
Dimensions 3-3' x 95'	Maximum Depth below Ground Surface 3-4'	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Patricia M. Kent	Date 6/25/79
Remarks interconnected lines		Applicant's Signature Margaret Kay Facer		

INSPECTION

The District Health Department shall be notified of installation 48 hrs. prior to installation backfilling

SEPTIC TANK Size 1000 gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth	DEPTH OF Ground Water	Bedrock	Gravel	Rock Under Pipe
Minimum Distances as per Regulations <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area 864 sq. ft.	Installer Browning Const.			
EXISTING SYSTEM Appears to meet Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		By Fred Huffman 5/24/79 - cert.		Date received + attached	
Remarks fold for Certification - TH 9-13-79						

WATER SYSTEM

Plans Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	State Laboratory indicates intestinal bacteria <input type="checkbox"/> were <input type="checkbox"/> were not found in water.	Sample Collected By	Date	Permit Fee
Min. Distances as per Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	CHEMICAL TOLERANCES Acceptable Limits <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Chk'd	System <input type="checkbox"/> Public <input type="checkbox"/> Private	Complies with Health Dist. and/or State of Idaho Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	
Existing System appears to comply with all requirements of Health Dist. and State of Idaho Drinking Water Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No		INSTALLATION <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved	By X	
Remarks				

DIAGRAM

Where applicable, diagram shall include orientation of components of water and sewage systems

