

WATER AND SEWER PERMIT

Southeastern District Health Department *elo*

PLANNING APPROVAL

Name: DALE KIRKHAM		Phone: 2-6886	Property Address: KRAFT ROAD and NORTH MAIN
Address: Box 4026, Pocatello		Legal Description: THE W 1/2 OF W 1/2 OF SEC 22 TWP 6S - R34E8M	
Report To:	Funding: <input type="checkbox"/> Governmental <input type="checkbox"/> Conventional <input type="checkbox"/> Individual <input type="checkbox"/> Existing	Loan No.:	

SEWAGE SYSTEM

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

Permit No. _____

No. Bedrooms: _____	Septic Tank (1000) Size: 750 gal.	Disposal Area: 150 sq. ft.	TYPE: <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Pit <input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified	Permit Fee: _____
Dimensions: 2 lines 3' x 25'	Maximum Depth below Ground Surface: _____	PLOT PLAN: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By: Patricia M. Kent	Date: 9/5/79
Remarks: Seepage pit 8' diameter 10' below outlet			Applicant's Signature: X Dale B Kirkham	Permit Fee: _____

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: 12"	DEPTH OF: 460 sq. ft.	Ground Water: _____	Bedrock: _____	Gravel: _____	Rock Under Pipe: _____
Minimum Distances as per Regulations: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approved Aggregate: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Installer: _____		Date: 10/3/79			
EXISTING SYSTEM: <input type="checkbox"/> Yes <input type="checkbox"/> No	Appears to meet Standards/Regs: <input type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By: X Patricia M. Kent		Date: 10/3/79		
Remarks: vent holes should be knocked out on both ends of septic tank							

WATER SYSTEM

Permit No. _____

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: <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 type="checkbox"/> Disapproved	By: X	Date: _____	
Remarks: _____				Permit Fee: _____

DIAGRAM

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

