

WATER AND SEWER PERMIT

Southeastern *do*
District Health Department

PLANNING & ZONING APPROVAL

Name DALE O. KENDALL	Phone 237 6030	Property Address west Chubbuck Road
Address 1134 Yellowstone #25		Legal Description T 6 R 34 S 8
Report To	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	<input type="checkbox"/> Conventional <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

SEWAGE SYSTEM	SEPTIC TANK Size: 2 No. Bedrooms 1000 gal.	Disposal Area 250 sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Bed	<input type="checkbox"/> Pit <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified	Permit Fee
Dimensions <i>Example 2' x 3' x 50'</i>	Maximum Depth below Ground Surface	PLOT PLAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By JACK E. BROWN		Date 9 July '79
Remarks DO NOT BACK FILL WITHOUT PRIOR NOTICE		Applicant's Signature Dale O. Kendall		Permit Fee		

INSPECTION

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

SEPTIC TANK Size: 1000 gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth 18"	DEPTH OF ~150	Ground Water	Bedrock	Gravel 2' fine	Rock Under Pipe 6"
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	Effective Disposal Area 250 sq. ft.	Installer Arnold Construction			
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 Patricia M. Kent		Date 7/16/79		
Remarks Standpipe must be grouted on if graded over 24" and come to within 18" of finished grade.							Permit Fee

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 <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

