

WATER AND SEWER PERMIT

Southeastern *lo*
District Health Department

PLANNING & ZONING APPROVAL

Name Charlie Frasure	Phone 2372541	Property Address Rt# 1 No. Box 101
Address 5050 Yellowstone		Legal Description SW 1/4 of Sec. 5 Twp 6 South
Report To	Funding	Permit No.
	<input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Individual	<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 3	No. Bedrooms 3	Septic Tank 1000 gal.	Disposal Area 300 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 2 lines 3x50'		Maximum Depth below Ground Surface		PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>Mike Arnold</i>	Date 13 Apr '79
Remarks Do Not Back Fill Without Prior Notice x Charlie Frasure				Applicant's Signature <i>Charlie Frasure</i>		Permit Fee

INSPECTION

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

SEPTIC TANK 1000 gal.	Size 1000 gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth 18"	DEPTH OF Ground Water	Bedrock	Gravel	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 300 sq. ft.		Installer Self	
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 Tom Hopkins		Date 10-9-79	
Remarks							

WATER SYSTEM

Plans Approved <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Private	Complies with Health Dist. and/or State of Idaho Standards/Regs <input checked="" 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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		By Tom Hopkins	Date 10-2-79
Remarks					

DIAGRAM

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

