

WATER AND SEWER PERMIT

AUG 20 1980
Southeastern
District Health Department

PLANNING & ZONING APPROVAL

llo

Name <i>J.R. Smaplot Mineral & Chem. Div.</i>	Phone Ext 318 <i>232-6620</i>	Property Address <i>same</i>
Address <i>P.O. Box 912 Pocatello, Id. 83201</i>		Legal Description
Report To <i>Kenn Poole</i>	Funding <input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Governmental <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

Permit No.		
SIZE * <i>0</i>	No. Bedrooms	Septic Tank <i>2/500 gal.</i>
Disposal Area <i>375 sq. ft.</i>	TYPE <input type="checkbox"/> Trench <input type="checkbox"/> Bed	<input checked="" type="checkbox"/> Pit <input type="checkbox"/> E.T.
Dimensions <i>11.5 dia</i>	Maximum Depth below ground surface	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified
<i>12 below inlet</i>	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>Fred Huffman</i>
Remarks <i>* Tank to be made at Smaplot & plans approved before const.</i>	Applicant's Signature <i>Kenn Poole</i>	Date <i>9/9/80</i>
		Permit Fee

INSPECTION

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

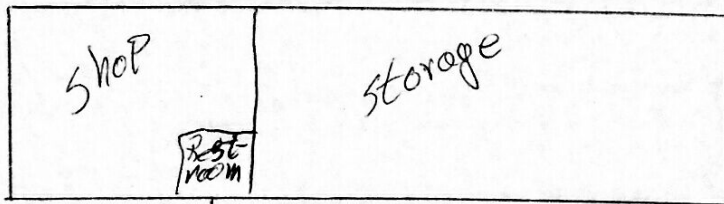
SEPTIC TANK <i>1000 gal.</i>	Size	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth <i>12"</i>	DEPTH OF <i>below 30 ft.</i>	Ground Water	Bedrock <i>unknown</i>	Gravel <i>22 ft.</i>	Rock Under Pipe <i>.5-1 ft</i>
Minimum Distances as per Regulations <input type="checkbox"/> Yes <input type="checkbox"/> No		Approved Aggregate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Effective Disposal Area <i>540 sq. ft.</i>		Installer <i>Tom LIDOK</i>		
EXISTING SYSTEM <input type="checkbox"/> Yes <input type="checkbox"/> No	Appears to meet Standards/Regs		INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>Tom Hopkins</i>		Date <i>11-19-80</i>		
Remarks <i>Approve for Certification - 11-19-80 TH</i>								

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 checked="" type="checkbox"/> Disapproved	By <i>X</i>	Date
Remarks				Permit Fee

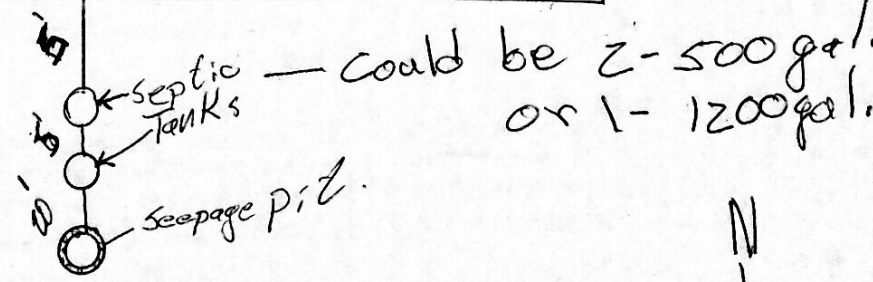
DIAGRAM

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



* Change to 1000 gallon
manoe tank OK
FH

Land sloping
this way



* 8-12 person work area
at 50 gal/day per person

