

WATER AND SEWER PERMIT

Southeastern 20
District Health Department

PLANNING & ZONING APPROVAL

Name Dick Smith	Phone 7-1244	Property Address Route 1 North Rio Vista Rd
Address 83 Rio Vista Rd. Pocatello Idaho		Legal Description SW 1/4 SW 1/4 section 5 Township 6 North R34E 6.M.
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

No. Bedrooms 2	Septic Tank 1000 gal.	Disposal Area 330 sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Pit <input type="checkbox"/> Bed <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified	Permit No. —
Dimensions 24x35x3'	Maximum Depth below Ground Surface 2-3'	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Fred Huffman		Date 6-30-80
Remarks			Applicant's Signature X Mrs Dick Smith		Permit Fee —

INSPECTION

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

SEPTIC TANK Size 1000 gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth 12"	DEPTH OF 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		Effective Disposal Area 375 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 X Fred Huffman	
Remarks						Date 8/1/80

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 type="checkbox"/> Private
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			Complies with Health Dist. and/or State of Idaho Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	
INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved			By X Fred Huffman	
Remarks				Date 6-30-80

DIAGRAM

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

