

WATER AND SEWER PERMIT

Southeastern
District Health Department

PLANNING & ZONING APPROVAL

Name DUANE GAGON	Phone 287-3203	Property Address ROUTE 1 RIO VISTA ROAD
Address R3 RIO VISTA RD. POCAHONTO IDAHO		Legal Description S 1/4, S 1/4, SECTION 5 TOWNSHIP 8 SOUTH R34 E
Report To	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

No. Bedrooms 2	Septic Tank 1000 gal.	Disposal Area 330 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 55' x 3'	Maximum Depth below Ground Surface 2-3'	PLOT PLAN	By Fred Huffman		Date 6-30-80	
Remarks			Applicant's Signature X Duane Gagon		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 1'	DEPTH OF Ground Water	Bedrock	Gravel	Rock Under Pipe
Minimum Distances as per Regulations <input type="checkbox"/> Yes <input type="checkbox"/> No		Approved Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No		Effective Disposal Area 350 sq. ft.		Installer Self
EXISTING SYSTEM Appears to meet Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No		INSTALLATION <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		By X Jack Remond		Date 6/1/80
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
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 X Fred Huffman
Remarks				Date 6-30-80

DIAGRAM

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

