

ESTEBAN IBARRA WATER AND SEWER PERMIT

(R)

Southeastern District Health Department

PLANNING & ZONING APPROVAL

Name <i>Richard Nelson</i>	Phone 7-3275	Property Address
Address <i>Resurrection Rd. North city</i>		Legal Description T56 R34E Sec 20 SW4 SE4
Report To <i>Esteban Ibarra</i>	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

SIZE	No. Bedrooms 3	Septic Tank 1000 gal.	Disposal Area 495 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 2-82'±	Maximum Depth below Ground Surface 2'	PLOT PLAN	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>Steve Adams</i>	Date 2-11-82	Remarks	
Application Signature X <i>Rich Nelson</i>				Permit Fee			

INSPECTION

The District Health Department shall be notified of installation _____ prior to installation

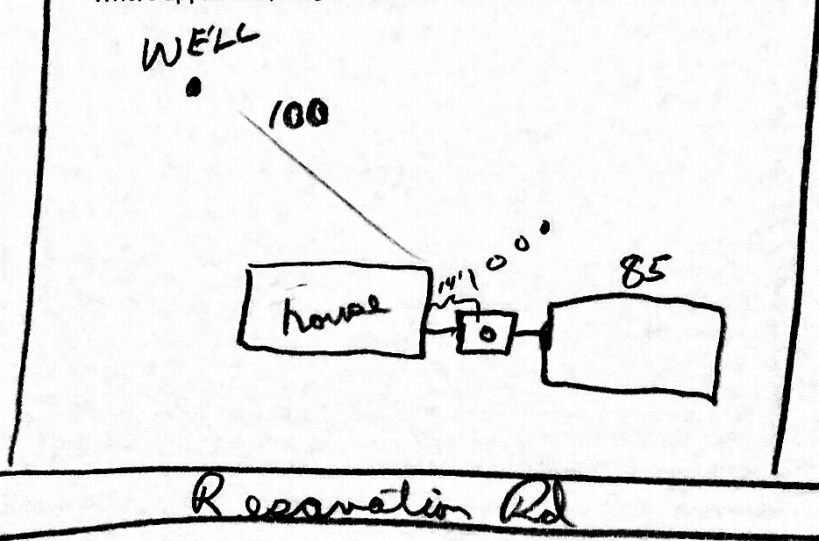
SEPTIC TANK Size 1000 gal.	STANDPIPE 2'	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth 18"	DEPTH OF Ground Water	Bedrock	Gravel	Rock Under Pipe
Minimum Distances as per Regulations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Approved Aggregate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area 540 sq. ft.	Installer <i>RICH NELSON</i>			
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 <i>Fred Huffman</i>	Date 3/16/82		Remarks <i>Hold for certification FH 2/26/82 2 hrs 90' x 3' Cont Recd tapered 3/16/82</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 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	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

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



Linda - Here is the legal - - Ask me if you have more questions. I know where it is and