

WATER AND SEWER PERMIT

(Y)

Southeastern District Health Department *elo*

PLANNING & ZONING APPROVAL

Name Golden Millward	Phone 233-8105	Property Address GATHE DRIVE
Address Gathe Drive		Legal Description SEC 22 T. 65 R. 34E TRNW 4SW 4 TAX NO 432
Report To Golden Millward	Funding <input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Governmental <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

No. Bedrooms 2	Septic Tank 1000 gal.	Disposal Area 250 sq. ft.	TYPE <input type="checkbox"/> Trench <input type="checkbox"/> Bed	<input checked="" type="checkbox"/> Pit <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified	Permit No. 1444	Permit Fee \$50.00
Dimensions 10' deep below inlet pipe	Maximum Depth below Ground Surface 12' foot	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Fred Hoffman		Date 7/1/82	Applicant's Signature Sandra Millward Pd.	

INSPECTION

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

SEPTIC TANK Size 1000 gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth 21"	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 250 + sq. ft.	Installer Joe Crawford		Date 7/26/82		
EXISTING SYSTEM <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Appears to meet Standards/Regs	INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Steve Adams		Remarks Dimensions: 17ft x 6ft deep		

WATER SYSTEM

existing well

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

DIAGRAM

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

