

WATER AND SEWER PERMIT

Southeastern District Health Department

PLANNING & ZONING APPROVAL

Name Roy Lacey Jr.	Phone	Property Address Trail Creek
Address Trail Creek	Legal Description attached T6 R34 S33	
Report To IB&T main office	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	<input checked="" 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 4	Septic Tank 1000' gal.	Disposal Area 660 sq. ft. * see below	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 No. 2040	Permit Fee \$50.00
Dimensions	Maximum Depth below Ground Surface	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Fred Huffman		Date 4/7/83	Permit Fee Ad.	
Remarks		Applicant's Signature * Robert S. Johanson					

INSPECTION

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

SEPTIC TANK Size 1000 gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth 12	DEPTH OF Ground Water -	Bedrock -	Gravel 2 1/4'	Rock Under Pipe 2 1/4'
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 540 sq. ft.	Installer OW 101		Date 6/21/83	
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 Robert S. Johanson		Date 6/21/83	
Remarks subject to covering each line with min. 2" of clean gravel						

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

2
180
3
590

See att. Diagram

* with 24" gravel under the pipe, total ft² size reduced to 410 minimum. 7H
660 x .62 factor = 410 ft²

* See attached note on variance from 300' drainfield requirement. 7H

3/18/83 - Plan approved for reinstallation on the other side of the house. Modified plan drawn by Mr. Lacey Attached. All distances from creek, well, etc are OK as plan and about the same as the original plan. 7H