

WATER AND SEWER PERMIT (B)

Southeastern District Health Department

PLANNING & ZONING APPROVAL

Name David R Byington	Phone 233-5675	Property Address 134 Kraft Rd. Pocatello
Address 134 Kraft Rd. ; Pocatello, Ida. 83201		Legal Description T-650. Rwy. 34 E.B.M. Sec. 21 N.W. 1/4 of N.E. 1/4
Report To	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

Permit No. 1975	Permit Fee \$30.00		
SIZE No. Bedrooms: 2	Septic Tank EXISTING gal.	Disposal Area 250 sq. ft. <i>*see below</i>	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Pit <input type="checkbox"/> Sand Filter <input type="checkbox"/> Bed <input type="checkbox"/> E.T. <input type="checkbox"/> Modified
Dimensions	Maximum Depth below Ground Surface ~5'	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Fred Huffman
Remarks	Applicant's Signature X David R Byington		Date 3/11/83
			Permit Fee Pd.

INSPECTION

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

SEPTIC TANK Size EXISTING gal.	STANDPIPE <input type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth	DEPTH OF Ground Water	Bedrock	Gravel	Rock Under Pipe 1 1/2 - 2'
Minimum Distances as per Regulations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>See below</i>		Approved Aggregate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area 200 sq. ft. <i>*see below</i>	Installer TOM TOLSON		
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 Fred Huffman		Date 3/29/83	
Remarks 2 lines 50' x 2' drainfield is 95' from River						

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 <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	
Remarks				Permit Fee

DIAGRAM

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

* with 18" + gravel under pipe, this reduced to 165 ft² required.

See attached

x This is the issuance of a permit for a system that failed. After investigation of property, determined 95-100' to be the furthest that the drainfield could be placed from the Portneuf River. Variance granted for such distance.