

WATER AND SEWER PERMIT

(R)

Southeastern District Health Department *llj*

PLANNING & ZONING APPROVAL

Name <i>Richard Zuzigant</i>	Phone <i>233-8086</i>	Property Address
Address <i>40 Oakwood #110</i>	Legal Description <i>Lot 3 - Section 2 - T. 6S - R. 34E BM</i>	
Report To	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

Permit No. **2122**

SIZE 2	No. Bedrooms 2	Septic Tank 1000 gal.	Disposal Area 500 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 50.00
Dimensions 165 x 528	Maximum Depth below Ground Surface		PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>Tom Hopkins</i>		Date 6-3-83	
Remarks			Applicant's Signature <i>Richard Zuzigant</i>			Permit Fee PR CK # 665	

INSPECTION

The District Health Department shall be notified of installation **48** days prior to installation *backfilling*

SEPTIC TANK 1000 gal.	Size	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth ~8'	DEPTH OF 170	Ground Water	Bedrock -	Gravel -	Rock Under Pipe 6" +
Minimum Distances as per Regulations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 150' to well		Approved Aggregate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1/2"		Effective Disposal Area 510 sq. ft.		Installer self		
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 10/2/84	
Remarks 53 x 2 + 52 x 2 = 210 - 6' emb. 204 x 2 1/2' = 510 <i>106 104</i>								

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Chk'd	System <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Complies with Health Dist. and/or State of Idaho Standards/Regs <input checked="" 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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		By Fred Huffman
Remarks			Date 10/2/84	
Permit Fee				

DIAGRAM

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

