

WATER AND SEWER PERMIT

Southeastern District Health Department 20

PLANNING & ZONING APPROVAL

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Name Charlie Frasure / Byron Fisher 237-2541	Phone	Property Address
Address 5050 Yellowstone Chubbuck Id.	Legal Description SW 1/4, SW 1/4, S5 T6S R34E Bm	
Report To	Funding <input type="checkbox"/> Governmental <input checked="" 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

SEWAGE SYSTEM	SEPTIC TANK SIZE 3 No. Bedrooms 1000 gal.	DISPOSAL AREA 255 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 20.00
Dimensions	Maximum Depth below Ground Surface	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Jack E. Lemond		Date 9/14/83	Permit No.
Remarks Do Not Back Fill without Prior Notice						Permit Fee PAID

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 12"	DEPTH OF Ground Water —	Bedrock —	Gravel 24"	Rock Under Pipe 6"
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 300' 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 X Tom Hopkins		Date 11-30-83
Remarks						

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 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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		By X Tom Hopkins
Remarks Well is 120' deep				Date 11-30-83

DIAGRAM

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

