

WATER AND SEWER PERMIT

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Southeastern
District Health Department

210

PLANNING & ZONING APPROVAL

Name AmeriGas Company	Phone none	Property Address J.R.Simplot plant site W of Pocatello
Address P.O. Box 965, Valley Forge, PA 19482		Legal Description See Exhibit A Sec 7 T65 R34
Report To Tom Gari	Funding <input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Governmental <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.
2668

No. Bedrooms 100 N/A	Septic Tank 1000 gal.	Disposal Area 266 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 Fee 50.00
Dimensions	Maximum Depth below Ground Surface 18'-0"	PLOT PLAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Tom Hopkins	Date 3-16-89	
Remarks	Applicant's Signature X Charles Williamson				Permit Fee Ad.	

INSPECTION

The District Health Department shall be notified of installation **78 hrs** prior to installation **Backfill**

SEPTIC TANK Size 1000 gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth 24"	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 468 sq. ft.	Installer Tom Lippie			
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 4-17-89	Remarks Seepage Pit: 15 x 11 x 9'-0 Deep		

WATER SYSTEM

Permit No.

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	Permit Fee
Remarks				Permit Fee

DIAGRAM

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

NOTE: This permit issued based on 4 full time employees with the only usage being a maximum of 2 water closets and 2 hand sinks,