

WATER AND SEWER PERMIT



Southeastern District Health Department *210*

PLANNING & ZONING APPROVAL

Name <i>Ned G + Jeri L Traugher</i>	Phone <i>775-4559</i>	Property Address <i>Rt. 4 W. Chubbuck</i>
Address <i>PO Box 4164, Pocatello, Id 83205</i>	Legal Description <i>S8-T6S-R34E NE4 NE4</i>	
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

No. Bedrooms <i>3</i>	Septic Tank <i>1000 gal.</i>	Disposal Area <i>345 sq. ft.</i>	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. <i>2800</i>	Permit Fee <i>\$50.00</i>
Dimensions	Maximum Depth below Ground Surface <i>10 feet</i>	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>Eric Mundell</i>		Date <i>6-12-84</i>	Remarks <i>instal. B. Frasure.</i>	
Applicant's Signature <i>Ned G Traugher</i>			Permit Fee <i>plck</i>				

INSPECTION

The District Health Department shall be notified of installation *48 hrs* prior to *backfill* installation

SEPTIC TANK Size <i>1000 gal.</i>	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth <i>Riser at 1ft</i>	DEPTH OF Ground Water	Bedrock <i>NA</i>	Gravel <i>1.5 ft</i>	Rock Under Pipe <i>6"</i>
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 <i>600 sq. ft.</i>	Installer <i>Brad Frasure</i>			
EXISTING SYSTEM <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>Gerald R Campbell</i>		Date <i>June 29, 1984</i>		

Remarks  
*Additional 255 ft<sup>2</sup> will allow construction of at least 1 additional bedroom  
Manhole at 5ft below surface,  
with Riser coming with in 1 ft of the surface.*

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 checked="" 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 checked="" type="checkbox"/> Disapproved	By <i>Gerald R Campbell</i>		Date <i>June 29, 1984</i>	

Remarks  
*Well was sealed with welded top - Disapproved because the system was not completed.*

DIAGRAM

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

