

PLANNING & ZONING APPROVAL

WATER AND SEWER PERMIT

Southeastern District Health Department

Name Parrish	Phone 237 2211	Property Address 4660 Hawthorne
Address 4537 N. Yellowstone		Legal Description MW 1/4, Sect 10, T6S, R34E
Report To	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. 2959
Permit Fee 50.00
Date 1-23-85
Permit Fee pd ck# 2137

SIZE 3	No. Bedrooms 3	Septic Tank 1,000 gal.	Disposal Area 375 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
Dimensions	Maximum Depth below Ground Surface 18'-0	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Tom Hopkins		Date 1-23-85	
Remarks Parrish Co Referral					Permit Fee pd ck# 2137	

INSPECTION

The District Health Department shall be notified of installation **48** prior to ^{backfilling} installation

SEPTIC TANK 1000 gal.	Size 1000 gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth 24"	DEPTH OF -	Ground Water -	Bedrock -	Gravel 18"	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 414 sq. ft.		Installer Clayton Koger		
EXISTING SYSTEM <input type="checkbox"/> Yes <input type="checkbox"/> No			INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		By Tom Hopkins		Date 1-25-85	
Remarks P.T. 15 x 8 x 9'-0 below inlet								

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 checked="" type="checkbox"/> Disapproved	By X	
Remarks				Permit Fee

DIAGRAM

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

Plot plan attached!

Connected to City WATER - Chubbuck

See Attached letter from City of Chubbuck