

WATER AND SEWER PERMIT

Southwestern District Health Department

PLANNING & ZONING APPROVAL

Name C. LeRoy Anderson	Phone 2374007	Property Address NELSON LANE C Hub buck, Idaho
Address 310 E. GRIFFITH RD POCTY/10, Idaho		Legal Description Part of SE 1/4 NW 1/4 of Sec 5 Township 6 So. 8 RENSE 34 E of Boise meridian BENNECK CO 34
Report To	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	<input type="checkbox"/> Conventional <input type="checkbox"/> Existing Loan No. 5

SEWAGE SYSTEM

Installation shall comply with all requirements of Health District and/or State of Idaho sewage disposal rules, regulations and standards

Permit No. 3045	Permit Fee \$50.00					
SIZE 3	No. Bedrooms 3	Septic Tank 1000 gal.	Disposal Area 300 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 13x6'74	Maximum Depth below Ground Surface 12 ft.	PLOT PLAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Tom Hopkins	Date 5-29-85	Permit Fee \$8325
Remarks 14x14x6x4	Applicant's Signature Tom Hopkins					

INSPECTION

The District Health Department shall be notified of installation _____ prior to installation

SEPTIC TANK Size 1,000 gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth 4'	DEPTH OF Ground Water -	Bedrock -	Gravel 4'	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 336 sq. ft.	Installer Rich Nelson		Date 1/3/85	
EXISTING SYSTEM Appears to meet Standards/Regs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Steven J. Anderson	Date 1/3/85			
Remarks small percentage of rock exceeds 2 1/2" in D.						

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 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	
Remarks casing extends 16" above grade; sanitary well seal vent hole open and not				Permit Fee

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

14
6
84
4
176
336

