

WATER AND SEWER PERMIT

Southeastern
District Health Department

KP

PLANNING & ZONING APPROVAL

Name J. R. Simplot Co.	Phone 232-6620	Property Address
Address		Legal Description Sec 7 T6S R34
Report To	Funding	Loan No.
	<input type="checkbox"/> Governmental <input type="checkbox"/> Individual	<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	Septic Tank 1000 gal.	Disposal Area 600 sq. ft.	TYPE	<input type="checkbox"/> Trench <input checked="" type="checkbox"/> Bed	<input type="checkbox"/> Pit <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified	Permit No. 950 3599	Permit Fee 50 00
Dimensions 20' x 30'	Maximum Depth below Ground Surface 48"	PLOT PLAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Tom Hopkins	Date 11-4-86	Remarks		
Applicant's Signature <i>John J. Franicec</i>				Permit Fee 50 00 #36867				

INSPECTION

The District Health Department shall be notified of installation **48 hrs** prior to ^{**BACK. 26**} installation

SEPTIC TANK Size 1000 gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth 18"	DEPTH OF	Ground Water	Bedrock	Gravel	Rock Under Pipe 12"	
Minimum Distances as per Regulations <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area 693 sq. ft.	Installer Tom Liddil	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 AL HANCOCK			Date 5/8/87		Remarks			

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				Permit Fee

DIAGRAM

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

APPLICATION & PERMIT VALID FOR
ONE YEAR FROM DATE OF ISSUANCE.

NOTE: ¹ Bottom of Absorption Bed is NOT to be Driven on with a Rubber TIRE piece of equipment during excavation.
² This system is designed to serve a single water closet with accompanying hand sink for approximately 6 employees.