

**WATER AND SEWER PERMIT**

*of*  
Southeastern  
District Health Department

PLANNING & ZONING APPROVAL

Name <b>Golden Millward</b>	Phone <b>233-8105</b>	Property Address <b>12909 Millward Ave</b>
Address <b>mailing 2569 N. Harrison</b>		Legal Description <b>T56, R34E, Sec 22</b>
Report To	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	<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. <b>3777</b>
Permit Fee <b>50.00</b>
Date <b>4-7-87</b>
Permit Fee <b>30.00</b> CL#1058

SIZE <b>3</b>	No. Bedrooms <b>3</b>	Septic Tank <b>1000 gal.</b>	Disposal Area <b>417 sq. ft.</b>	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
Dimensions	Maximum Depth below Ground Surface <b>4'</b>	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <b>Dr Hancock</b>	Date <b>4-7-87</b>		
Remarks				Applicant's Signature <b>Golden Millward</b>	Permit Fee <b>30.00</b> CL#1058	

**INSPECTION**

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

SEPTIC TANK Size <b>1000 gal.</b>	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth <b>~ 2'</b>	DEPTH OF Ground Water	Bedrock	Gravel	Rock Under Pipe <b>12"</b>
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 <b>520 sq. ft.</b>	Installer <b>Self</b>		Date <b>6/9/87</b>	
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 <b>Dr Hancock</b>			Date <b>6/9/87</b>	
Remarks						

**WATER SYSTEM**

**(Existing)**

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 <b>X</b>	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.**