

**WATER AND SEWER PERMIT**

Southeastern  
District Health Department

PLANNING & ZONING APPROVAL

**(REPLACEMENT SYSTEM)**

*CP*

Name <b>PACIFIC HIDE # FUR</b>	Phone <b>233-7720</b>	Property Address <b>3575 Hwy 30 W., Pocatello</b>
Address <b>3575 Hwy 30 West, Pocatello, Id.</b>		Legal Description <b>6 34 16</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.  
**3790**

No. Bedrooms <b>16 Employees</b>	Septic Tank <b>1000 gal.</b>	Disposal Area <b>400 sq. ft.</b>	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	Permit Fee <b>30.00</b>
Dimensions <b>10' x 13'</b>	Maximum Depth below Ground Surface <b>No &gt; 18'</b>	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>Margaret M. Amors</i>		Date <b>5/5/87</b>	Permit Fee <b>30.00</b>
Remarks			Applicant's Signature <i>Margaret M. Amors</i>		Permit Fee <b>30.00</b>	

**INSPECTION**

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

SEPTIC TANK	Size <b>1000 gal.</b>	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth <b>36"</b>	DEPTH OF	Ground Water	Bedrock	Gravel	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 <b>130</b> sq. ft.	Installer <b>Frasure Const</b>		Date <b>5-13-87</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 <i>Margaret M. Amors</i>		Date <b>5-13-87</b>	
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 <b>X</b>	
Remarks				

**DIAGRAM**

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

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

