

WATER AND SEWER PERMIT *Shw*

Southeastern District Health Department

PLANNING & ZONING APPROVAL

Name (Dawn Nisson) <i>Barbara Madden</i>	Phone <i>233-9960</i>	Property Address
Address <i>RT # 1 TANK FARM Rd</i>		Legal Description <i>Sec 6 T 6 S. R 39</i>
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

SIZE	No. Bedrooms <i>3</i>	Septic Tank <i>1000</i> gal.	Disposal Area <i>555</i> sq. ft.	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	Permit Fee <i>50.00</i>
Dimensions	Maximum Depth below Ground Surface <i>48"</i>		PLOT PLAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>Tom Hopkins</i>		Date <i>8/11/97</i>
Remarks	Applicant's Signature <i>X Dawn M Nisson</i>					Permit Fee	

INSPECTION

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

SEPTIC TANK	Size <i>1000</i> gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth <i>12"</i>	DEPTH OF	Ground Water	Bedrock	Gravel	Rock Under Pipe <i>6"</i>
Minimum Distances as per Regulations <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Approved Aggregate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Effective Disposal Area <i>576</i> sq. ft.		Installer <i>Edwards A. Mangy</i>		
EXISTING SYSTEM	Appears to meet Standards/Regs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		INSTALLATION	<input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved	By <i>X Edwards A. Mangy</i>		Date <i>9-8-88</i>	
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 <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 <i>X</i>
Remarks				Permit Fee

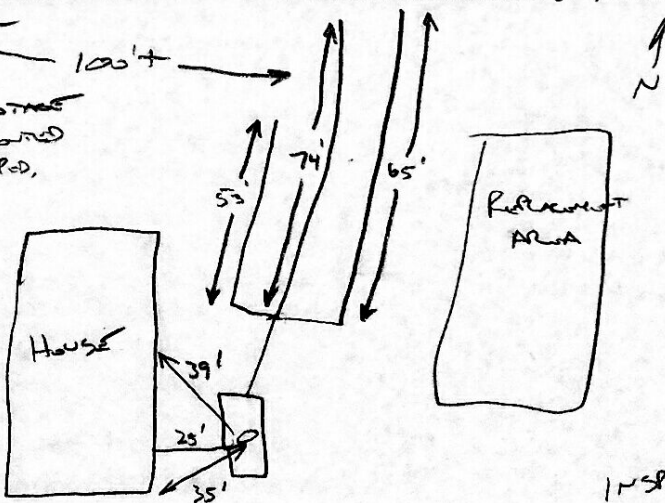
DIAGRAM

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

APPLICATION & PERMIT VALID FOR *(X) year*
ONE YEAR FROM DATE OF ISSUANCE.

9-2-88 Disapproved
NOT ENOUGH SQUARE FOOTAGE
PIPES INTO TANK NOT GRADED
LINES IN TRENCHES NOT CALLED,

MANHOLE CORNER
39' FROM WINDOW
25' FROM DOOR
35' FROM S. CORNER OF HOUSE



INSPECTION 20
TRENCH 15