

~~1117814~~ WATER AND SEWER PERMIT

Southeastern District Health Department

PLANNING & ZONING APPROVAL

Name <b>Jerry L Facer 237-4140</b>	Phone <b>4-0754</b>	Property Address <b>Facer Mtn Dr.</b>
Address <b>8728 N Facer Mtn Dr. Pocatello, Id. 83204</b>	Legal Description <b>T65-R34E-sec 21</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. **4082**

SIZE No. Bedrooms: <b>4</b>	Septic Tank <b>1000</b> gal.	Disposal Area <b>667</b> sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Pit <input type="checkbox"/> Sand Filter <input type="checkbox"/> Bed <input type="checkbox"/> E.T. <input type="checkbox"/> Modified	Permit Fee <b>50.00</b>
Dimensions	Maximum Depth below Ground Surface <b>4'</b>	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <b>Al Hancock</b>	Date <b>4-11-88</b>
Remarks	Applicant's Signature <b>X Jerry L Facer</b>			Permit Fee

INSPECTION

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

SEPTIC TANK Size: <b>1000</b> gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth <b>18"</b>	DEPTH OF Ground Water	Bedrock	Gravel <b>12"</b>	Rock Under Pipe <b>6"</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>765</b> sq. ft.	Installer <b>Joe Crawford goes Excavation</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>X Margaret M Simons</b>			Date <b>4-13-89</b>	
Remarks						

WATER SYSTEM

Plans Approved <input checked="" 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 checked="" 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 checked="" 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				

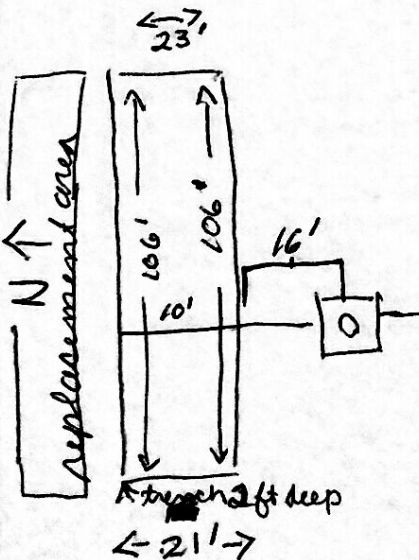
DIAGRAM

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

APPLICATION & PERMIT VALID FOR ONE YEAR FROM DATE OF ISSUANCE

**TEST HOLE REQUIRED**  
1. silt loam soil  
2. No bed rock encountered to 9' depth.

TRAVEL TIME **40**  
INSPEC. TIME **90**



Mobile home site  
(Home not there yet)

3ft wide trenches

well  
150' ±  
septic tanks

*Druewady*