

WATER AND SEWER PERMIT

Southeastern
District Health Department

PLANNING & ZONING APPROVAL

Name <i>(Robert Kennedy)</i> Quality Fabrication + Supply	Phone 237-5771	Property Address
Address 5122 Hawthorne Chubbuck		Legal Description NE 1/4 SE 1/4 MC 6 T6S R34E
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.
4156

No. Bedrooms 6 employees	Septic Tank 750 gal.	Disposal Area 267 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 50.00
Dimensions 48"	Maximum Depth below Ground Surface	PLOT PLAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>Margaret M. Simons</i>		Date 5-9-88
Remarks			Applicant's Signature <i>[Signature]</i>		Permit Fee	

INSPECTION

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

SEPTIC TANK Size 1000 gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth ~ 24"	DEPTH OF Ground Water	Bedrock	Gravel	Rock Under Pipe 12" +
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 300 + sq. ft.	Installer SELF			
EXISTING SYSTEM <input type="checkbox"/> Yes <input type="checkbox"/> No	Appears to meet Standards/Regs	INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>D. Hancock</i>		Date 7-27-88	
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 5-9-88	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 type="checkbox"/> Disapproved	By <input checked="" type="checkbox"/>	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.

TRAVEL TIME.....**15**.....
INSPEC. TIME.....**25**.....