

WATER AND SEWER PERMIT

Southeastern District Health Department

dlw

PLANNING & ZONING APPROVAL

Name <i>Ralph Heckard or Linda Popelka</i>	Phone <i>233-5012</i>	Property Address <i>238 Oakwood</i>
Address <i>238 Oakwood, Pocatello, ID</i>		Legal Description <i>T6S, R34E, Sec 27</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

No. Bedrooms <i>2</i>	Septic Tank <i>1000 gal.</i>	Disposal Area <i>1111 (Δ) sq. ft.</i>	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 No. <i>024</i>	Permit Fee <i>30.00</i>
Dimensions	Maximum Depth below Ground Surface <i>4'</i>	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>AL HANCOCK</i>		Date <i>4/19/89</i>	Permit Fee <i>2605</i>	<i>30.00</i>
Remarks <i>REPLACEMENT SYSTEM</i>			Applicant's Signature <i>Linda Popelka</i>		Date <i>6-13-89</i>		

INSPECTION

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

SEPTIC TANK Size <i>1000 gal.</i>	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth	DEPTH OF Ground Water	Bedrock	Gravel <i>64</i>	Rock Under Pipe <i>7</i>
Minimum Distances as per Regulations <input type="checkbox"/> Yes <input type="checkbox"/> No		Approved Aggregate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area <i>567</i> sq. ft.	Installer <i>J+J</i>		
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 Simons</i>		Date <i>6-13-89</i>	
Remarks						

SOIL TYPE *BR GRAVELLY LOAM (Δ)* WATER SYSTEM

Very Gravelly Sand

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 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 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>	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.

TRAVEL TIME *15*
INSPEC. TIME *45*

