

WATER AND SEWER PERMIT

Southeastern
District Health Department

PLANNING & ZONING APPROVAL

Name CHEURON PIPE LINE CO	Phone 233-1856	Property Address SAME
Address RT 1 Rowland Rd		Legal Description T 65 - R 34 E SEC. 7
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. 092					
No. Bedrooms 8 Employees	Septic Tank 1000 gal.	Disposal Area 356 sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Pit <input type="checkbox"/> Bed <input type="checkbox"/> E.T.	Sand Filter <input type="checkbox"/> Modified	Permit Fee 50.00
Dimensions Maximum Depth below Ground Surface 2'		PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By D. Hancock		Date 10-19-89
Remarks (3900)			Applicant's Signature [Signature]		Permit Fee 50.00

INSPECTION

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

SEPTIC TANK 1000 gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth 6"	DEPTH OF Ground Water	Bedrock	Gravel	Rock Under Pipe 18"
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 360 sq. ft.	Installer SELF	
EXISTING SYSTEM Appears to meet Standards/Regs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		By [Signature]		Date 10-27-89
Remarks						Permit Fee

SOIL TYPE B2

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 NONE COLLECTED.	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
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"/> X
Remarks EXISTING DRILLED WELL - OK.				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.

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TRAVEL TIME 10
INSPEC. TIME 20

