

WATER AND SEWER PERMIT

Southeastern
District Health Department

PLANNING & ZONING APPROVAL

Name Stephen Chatterton	Phone 237-5429	Property Address 208 EAST QUINN
Address 208 EAST QUINN		Legal Description S 11-T65-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

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SIZE	No. Bedrooms 4	Septic Tank 1000 gal.	Disposal Area — sq. ft.	TYPE <input type="checkbox"/> Trench <input type="checkbox"/> Pit <input type="checkbox"/> Bed	<input type="checkbox"/> Sand Filter <input type="checkbox"/> E.T. <input type="checkbox"/> Modified	Permit Fee 30.00
Dimensions	Maximum Depth below Ground Surface	PLOT PLAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By A. Hancock	Date 1-11-89	Permit Fee 30.00
Remarks REPLACE SEPTIC TANK ONLY - FROM 500 GALLONS TO 1000 GALLONS				Applicant's Signature Mrs. Stephen Chatterton		Permit Fee 30.00

INSPECTION

The District Health Department shall be notified of installation 48 hrs prior to ^{backfilling} installation

SEPTIC TANK	Size gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth	DEPTH OF	Ground Water	Bedrock	Gravel	Rock Under Pipe
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 sq. ft.		Installer		Date	
EXISTING SYSTEM	Appears to meet Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No		INSTALLATION	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved	By X	Date		
Remarks 5/30/89: Call from Mrs. Chatterton. They are going to hook up to city sewer. The city line will be close enough this summer. A. Hancock								
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		Acceptable Limits	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 X	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.....
INSPEC. TIME.....