

WATER AND SEWER PERMIT

Southeastern
District Health Department

PLANNING & ZONING APPROVAL

Name Joel Chandler	Phone 232-8004	Property Address 8321 N. Gathe Rd.
Address 8321 N. Gathe Rd.		Legal Description S21 T6 R34 Eastquarter
Report To 300	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.
112

SIZE 2	No. Bedrooms 2	Septic Tank 1000 gal.	Disposal Area 667 sq. ft.	TYPE <input checked="" type="checkbox"/> Bed <input type="checkbox"/> Trench <input type="checkbox"/> Pit <input type="checkbox"/> E.T.	Permit Fee 50-
Dimensions 21x33'		Maximum Depth below Ground Surface 4'		PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date 3-22-90
Remarks Since this is less than 1 acre (0.8 acre) be sure to measure everything for minimum distances, will hook up to city water when available				Applicant's Signature Joel Chandler	Permit Fee 50- pd.

INSPECTION

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

SEPTIC TANK 1000 gal.	Size 1000 gal.	STANDPIPE <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Manhole Depth 18"	DEPTH OF Ground Water Bedrock Gravel Rock Under Pipe 6"
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 777 sq. ft.
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 Steven Pew Date 5-2-90
Remarks				

SOIL TYPE **B-2**

WATER SYSTEM - will hook up to city water when available

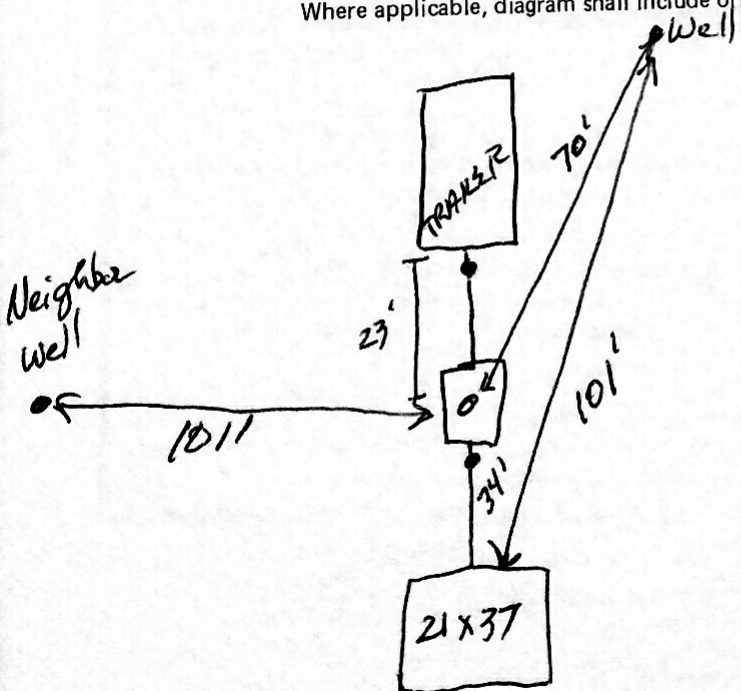
Very gravelly silt loam

SEE ATTACHED

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 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	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 X Date
Remarks				

DIAGRAM

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



TRAVEL TIME 10
INSPEC. TIME 55