

WATER AND SEWER PERMIT

Southeastern ^{LM}
District Health Department

PLANNING & ZONING APPROVAL

Name Bright Const. Co. Inc. FOR ORE-IDA	Phone 238-3000	Property Address 221 N. ORE-IDA CT
Address P.O. Box 10 Pocatello, ID		Legal Description S10 T6S R34
Report To 390	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.
836

No. Bedrooms 75	Septic Tank 1000 gal.	Disposal Area 150 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 3x50'	Maximum Depth below Ground Surface 4'	PLOT PLAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>Richard Hallua</i>		Date 12-4-90
Remarks System for Guard Shack			Applicant's Signature <i>Michael M. Bright</i>			Permit Fee

EST. TYPE **0254**

INSPECTION

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

SEPTIC TANK Size 1000 gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth 18"	DEPTH OF Ground Water	Bedrock	Gravel N/A	Rock Under Pipe N/A
Minimum Distances as per Regulations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approved Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area 90 sq. ft.	Installer Jim Estell 03-004			
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 Scott L. Reno, etc			Date 1-24-91	
Remarks INFILTRATOR LEACHING SYSTEM EMPLOYED / 40% REDUCTION IN DISPOSAL AREA ALLOWED						

SOIL TYPE **B₂ Soil #7**

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	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 CITY H₂O				Permit Fee

DIAGRAM

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

TRAVEL TIME 15
INSPEC. TIME 30

APPLICATION & PERMIT VALID FOR ONE YEAR FROM DATE OF ISSUANCE
Tank inspected 12-17-90, approved 58

