

WATER AND SEWER PERMIT

Southeastern *DM*
District Health Department *DM*

PLANNING & ZONING APPROVAL

Name EARL R. TERRY	Phone 277 8521	Property Address W. MEADOWLARK LN
Address 269 FAIRWAY DR		Legal Description NW 1/4 NE 1/4 Sec 33 T6S R34E
Port To County 0300	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. 1002						
No. Bedrooms 3	Septic Tank 1000 gal.	Disposal Area 556 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 50⁰⁰
Dimensions see below	Maximum Depth below Ground Surface 4'	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Mark Lowe, EHS		Date 3-15-91	
Applicant's Signature X [Signature]					Permit Fee	

T. TYPE 0251

INSPECTION

The District Health Department shall be notified of installation _____ prior to installation

STANDPIPE 1000 gal.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth 1'	DEPTH OF -	Ground Water -	Bedrock -	Gravel -	Rock Under Pipe 6"
Maximum 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 600 sq. ft.	Installer CRAWFORD 03-D14		Date 4-30-91		
EXISTING SYSTEM <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Appears to meet Standards/Regs	INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Mark Lowe, EHS		Date 4-30-91		

SOIL TYPE B-2

WATER SYSTEM

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
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	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	
Drinking Water System appears to comply with all requirements with 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 Well NOT INSTALLED YET				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 50
INSPEC. TIME 30

