

WATER AND SEWER PERMIT

Southeastern *DM*
District Health Department

PLANNING & ZONING APPROVAL

Name <i>Lyle Smith</i>	Phone <i>232-8776</i>	Property Address <i>8723 N. Kraft Rd.</i>
Address <i>8723 N. Kraft Rd</i>	Legal Description <i>Sec 21 T6S R34E</i>	
Report To <i>County 0300</i>	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	<input type="checkbox"/> Conventional <input checked="" type="checkbox"/> Existing

SEWAGE SYSTEM

Installation shall comply with all requirements of Health District and/or State of Idaho sewage disposal rules, regulations and standards

Permit No. *1131*

SIZE No. Bedrooms: <i>2</i>	Septic Tank <i>900</i> gal.	Disposal Area <i>444</i> 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 <i>30</i>
Dimensions <i>2, 3' x 74'</i>	Maximum Depth below Ground Surface <i>4 feet</i>	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>Scott L. Reno</i>		Date <i>7-30-91</i>	
Remarks <i>2 3' x 44' trenches approvable w/ infiltrator</i>			Applicant's Signature <i>James R Estel</i>		Permit Fee <i>PAID</i>	

INSPECTION

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

SEPTIC TANK Size: <i>1000</i> gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth <i>2 ft.</i>	DEPTH OF Ground Water: <i>N/A</i>	Bedrock: <i>N/A</i>	Gravel: <i>N/A</i>	Rock Under Pipe: <i>N/A</i>
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 <i>270</i> sq. ft.	Installer <i>Jim Estel 03-004</i>		Date <i>7-31-91</i>	
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 <i>Scott Reno</i>		Date <i>7-31-91</i>		
Remarks <i>INFILTRATOR SYSTEM * 95' TECHNICAL ALLOWANCE TO WELL DUE TO REPLACEMENT</i>						

WATER SYSTEM

Permit No. _____

Plans Approved <input checked="" 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 checked="" 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 <i>X</i>	Date	
Remarks <i>EXISTING WELL</i>				Permit Fee

DIAGRAM

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

TRAVEL TIME *020*
INSPEC. TIME *060*

