

WATER AND SEWER PERMIT

Southeastern *LM*
District Health Department

PLANNING & ZONING APPROVAL

Name <i>Thomas Robbins</i>	Phone	Property Address <i>8699 Kraft Rd.</i>
Address <i>8699 Kraft Rd. Pocatello</i>		Legal Description <i>NE4SE4NE9 Sec 21 T6S R34E</i>
Report To <i>City 0390</i>	Funding <input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Governmental <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. 1003					
SIZE No. Bedrooms <i>2 SR</i>	Septic Tank <i>900 gal.</i>	Disposal Area <i>N/A</i> sq. ft.	TYPE <input type="checkbox"/> Trench <input type="checkbox"/> Bed <input checked="" type="checkbox"/> Pit <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified	Permit Fee <i>30.00</i>
Dimensions <i>N/A</i>	Maximum Depth below Ground Surface <i>N/A</i>	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>Scott L. Rego</i>		Date <i>3-21-91</i>
Remarks <i>Tank Replacement Only</i>			Applicant's Signature <i>James R. Cital</i>		Permit Fee <i>30.00 PAID</i>

EST. TYPE *53*

INSPECTION

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

SEPTIC TANK Size <i>900</i> gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth <i>6"</i>	DEPTH OF Ground Water	Bedrock	Gravel	Rock Under Pipe
Minimum Distances as per Regulations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Approved Aggregate <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Effective Disposal Area <i>N/A</i> sq. ft.	Installer <i>J.J. EXCAVATING 03-004</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>Mark Lowe</i>		Date <i>3-22-91</i>	
Remarks <i>TANK REPLACEMENT ONLY</i>						

SOIL TYPE *N/A*

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 <input checked="" type="checkbox"/>	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 *N ↑*

